

Allcare Agency Limited

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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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Allcare Agency Limited is a domiciliary care service providing personal care to older people, people with dementia or people with physical disabilities in their own home. At the time of our inspection there were 15 people using the service.

People's experience of the service and what we found:

At the time of the inspection, the location did not provide care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

Right Support

Individual care plans and risk assessments were in place for people. These contained information for people's needs and preferences and gave guidance to staff on how to support people safely. However, we found that some records were lacking in detail.

Staff supported people to make decisions following good practice in decision-making.

The provider supported people to have choice and control to be independent with managing their own lives. People were encouraged to set targets and in some areas of life for example, maintain more independence. However, this wasn't always recorded so it was difficult to see people's progress.

Medicines were managed and administered safely. People were supported with their medicines in a way that promoted their independence and achieved the best possible health outcome. Staff competency to administer medicines was checked, however, we made a recommendation for improvement in this area.

Right Care

People had enough staff to meet their needs and keep them safe. Staff followed appropriate infection control practices. Staff were undergoing satisfactory background checks and induction process. People were supported by person centred practices. Risk assessments were in place for people. The provider acted to protect people from abuse. Staff knew how to report any concerns to the appropriate people. Staff had training on how to recognise and report abuse. Staff knew people well.

Right Culture

An auditing and monitoring system was in place. Issues identified in these audits were mostly followed up by management and then acted upon. We found that not all issues were always identified in audits.

A robust system was in place to ensure safe staff recruitment. Even though solid foundations for safe induction for new staff were in place, we came across gaps in training and in consistent staff development.

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

The last rating for this service was requires improvement published on 25 January 2020. The service remains rated requires improvement. This service has been rated requires improvement for the last five consecutive inspections.

At this inspection we found improvement had been made. However, the provider remained in breach of regulation 17(Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Why we inspected

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

We undertook a focused inspection to review the key questions of safe, effective and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection by selecting the 'All inspection reports and timeline' link for Allcare Agency Limited on our website at www.cqc.org.uk.

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

Enforcement

We have identified breaches in relation to governance.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Recommendations

We made some recommendations to the provider regarding care planning and medication records.

Follow Up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. 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.

<p>Is the service safe?</p> <p>The service was safe not always safe.</p> <p>Details are in our safe findings below.</p>	<p>Requires Improvement ●</p>
<p>Is the service effective?</p> <p>The service was not always effective.</p> <p>Details are in our effective findings below.</p>	<p>Requires Improvement ●</p>
<p>Is the service well-led?</p> <p>The service was not always well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Requires Improvement ●</p>

Allcare Agency Limited

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 team consisted of 1 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.

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.

Notice of inspection

The inspection was announced. We gave the service 72 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. We visited the office location on 15 December 2023.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We also reviewed information we hold about the service as part of our ongoing monitoring approach. 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 1 person who used the service and 3 relatives about their experience of the care provided via telephone. We spoke with 6 members of staff including the registered manager, the deputy manager and 4 care workers. We also sought feedback from professionals who work with the service.

We reviewed a range of records. This included 3 people's care records and medicine administration records. We looked at 2 staff files in relation to recruitment and 2 regarding staff supervision. We also viewed a variety of records relating to the management of the service, including policies and procedures, audits and feedback forms completed by staff. After the inspection we continued to seek clarification from the provider regarding care planning, daily records and contacts for professionals involved in the service to validate evidence found. The provider sent us the documentation we had requested.



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 remained 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.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm.
- People told us they felt safe.
- A safeguarding policy was in place and staff we spoke to were familiar with it. A staff member told us, "I am aware of the signs of abuse and I would raise a concern immediately if I noticed anything."
- All staff we spoke with were confident that management would take appropriate action when required.

Assessing risk, safety monitoring and management

The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.

- Staff were familiar with risk assessment principles and had knowledge of the risks linked to people's specific needs. However, we found one person's care plans did not always contain enough detail to ensure staff are responding proportionately to risk especially should complications arise.
- Updated individual care plans and risk assessments were in place for the people we looked at during the inspection. This ensured staff were given guidance on how to provide care safely and according to people's needs.
- Staff we spoke with knew people's needs and could describe the actions they would take to keep people safe.
- At the time of inspection we were told that no accidents or incidents had taken place so we were not in a position to review those relevant records. A detailed policy was in place to guide staff about action taken in case of an accident or incident.

Staffing and recruitment

- There was a robust system in place for the recruitment of new staff. Checks were undertaken for each candidate. This included Disclosure and Barring Service (DBS) checks to provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Other employment checks, such as right to work in the UK and employment references, had been completed.
- At the time of inspection there were a suitable number of staff to meet the needs of the people who were using the service.
- We received positive feedback regarding staff's punctuality and communication in case of delays. A relative told us, "They are generally on time, they are dealing with people so sometimes it is later or earlier but we always get a text informing us."

Using medicines safely

At our last inspection the provider had not always managed medicines safely. At this inspection we found that the provider had made improvements.

- People were supported to receive their medicines safely.
- At the time of inspection most of the people were either taking their medication independently or their families were supporting them with this.
- A medication assessment was completed for people when they joined the service and that was reviewed every six months as per the provider's medication policy.
- People had a medication care plan and PRN protocols were in place where appropriate. PRN is medication that is taken as and when needed. Body maps were in place to help staff with the correct application of topical medication. However, we saw a record of a PRN medication having been given without the dosage and the reason being included in the notes.
- A process was in place to assess staff's competency to administer medication yearly. However, at the time of inspection the assessment was taking place by the deputy manager whose competency had not been recently assessed.
- During the inspection we saw a few gaps in staff's medication training records. The manager was able to provide evidence later in the process that staff were receiving medication training.
- We saw records of frequent audits taking place over the medication records. However, the audits did not identify the same issue we did during our inspection.

We recommend the provider ensures PRN medication records always include details regarding dosage, reason and impact of the administered medication.

We discussed with the management team, and we were told there were plans to improve the training record of the deputy manager. For more information regarding staff's training see the Well-led section of this report.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- We saw records showing appropriate amounts of Personal Protective Equipment were kept in stock to supply to care staff.
- Staff were familiar with the provider's infection control policy. A staff member told us, "We have completed online training. We always have enough equipment available".

Learning lessons when things go wrong

The provider did not always learn lessons when things had gone wrong.

- Even though improvements had been made, there were still areas to improve following our previous inspection.
- We were told by the manager and staff that no recorded incidents had taken place so we were not able to review relevant records of learning.
- All staff, people and relatives told us they were confident to raise issues with management and these would be acted upon.

Is consent to care and treatment always sought in line with legislation 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.

The provider was working in line with the Mental Capacity Act.

- We saw evidence of consent having been sought from people receiving care in the care records. A person told us, "I am being asked for permission before I am supported and I am informed of what will happen next."

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 our last inspection we rated this key question Requires Improvement. At this inspection the rating has remained Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

People's needs were assessed and care and support was delivered in line with current standards to achieve effective outcomes.

- Assessments were carried out before people started using the service to ensure their needs could be met. People and family members were involved in these assessments to enable them to make an informed choice about their care. Details such as people's healthcare background and some safety requirements were included. People's protected characteristics under the Equality Act 2010, such as a person's age, ethnicity, religion and marital status formed part of the assessment.

However, these did not always contain appropriate level of detail regarding associated risks to the needs identified. For example, the care plan for someone living with Parkinson's disease did not contain information specific to that condition.

- Care plans were created following the assessment process. These included information about what care people needed. In some areas, details of people's preferences were documented. However, the care plans did not always contain appropriate level of detail to ensure staff had documents to refer to aiming at providing consistent and safe care, for example regarding meal choices or preferred activities.

We found that staff were communicating effectively with each other regarding details of their practice. However, this was not always reflected in the care records. Please, see more details in the Well-led section of this report.

Staff support: induction, training, skills and experience

The service did not always make sure staff had the skills, knowledge and experience to deliver effective care and support.

- Staff we spoke with told us they were supported with an induction process, and they completed shadowing shifts before being asked to work without supervision. This was confirmed by the people and relatives we spoke with.

- The staff team comprised of some longer standing and some newly recruited staff members. We reviewed staff's training records. According to these, even though staff had received training in key areas such as safeguarding and moving and handling, not all staff had been recently trained in fundamental topics for the service provision such as first aid, care planning, dementia and falls awareness.

We found the provider did not always have clear plans for training staff in these areas.

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

People were supported to eat and drink enough to maintain a balanced diet.

- People at risk of malnutrition and dehydration were identified and a recording system of their daily food choices was in place.
- Staff told us they encouraged people to have their meals at their preferred times and ensured they recorded their choice not to have a meal if they didn't want to. This ensured there was oversight of any changes in people's food intake.
- Staff we spoke with had a good knowledge of the risks around eating and drinking. Staff were able to give examples where they had adapted food to meet the needs of people.
- Care plans included some information about people's dietary needs and requirements and likes and dislikes. However, in some care plans this was very limited to one choice of food. This did not always help care staff ensure that people's needs and wishes were respected and met.
- People who were at risk of choking had been identified and an amended diet was offered to them. However, although staff we spoke with knew the correct actions to take enough detail was not documented in the care plan, for example the expected consistency of meals, the pacing and the positioning prior to offering food. Additionally, we did not see any evidence of the service seeking appropriate support from external experts such as SALT to support people's care planning in this area.

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

The provider ensured the service worked effectively within and across organisations to deliver effective care, support and treatment.

People were supported to live healthier lives, access healthcare services and support.

- The majority of people using the agency had family and some had other paid professionals involved in their care. The manager and staff told us when this was the case, people and their relatives took the lead in managing their care.
- We received positive feedback from other professionals. A health care professional told us, "The carers [of the agency] for [person using the agency] are good, they escalate concerns to the team and follow the advice given. Our team do not have any concerns and have not had any issues." Another external professional told us, "We work very well together. I support them and they support me very much in my role. [Person using the agency] is very happy with the agency."
- People and relatives had confidence that the agency would act effectively on any emerging needs. A relative told us, "The carers are aware if there are any changes and they will let us know."

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.

- The service had a system in place to ensure compliance with the requirements of the MCA. A MCA policy was in place. Care plans we looked at included information about people's mental health and their mental capacity to make decisions and provide consent to their care.
- Staff we spoke with told us that they sought people's consent and supported them to make choices and decisions, to maximise people's control over their lives.

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. At this inspection the rating 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.

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

The provider had not consistently created a learning culture at the service which meant people's care did not always improve.

- The feedback we obtained from people and family members about management was positive. A family member said, "I always had confidence in the manager. They go above and beyond especially for the people who do not have relatives involved in their care. Staff are kind and always treat my relative with compassion."
- People and family members told us that they were able to contact the manager without any hesitation.
- Care records were person-centred and included information regarding people's history. However, they did not always reflect people's individual needs and preferences.
- A training system was in place aiming at ensuring staff would continuously learn and refresh their knowledge. However, even though a training tracker was in place to ensure staff's learning progress was monitored, it identified several gaps in training. We found there were not embedded systems by management to ensure staff were fully trained.
- Staff received regular supervision and attended staff meetings. However, the records we saw did not reflect these were seen as opportunities for learning and staff development by management. For example, the records contained no evidence of individual and professional development.
- A record auditing system was in place. This aimed at identifying gaps or errors in recording and at tracking required actions. We found the identified gaps in the audits were not always addressed. Also, the audits did not always identify the same gaps we found during this inspection.

We found no evidence that people had been harmed however, the training systems were not robust enough to enable the provider to assess, monitor and improve the quality and safety of the services provided. Additionally, we found that records were not always accurate, complete and detailed in respect of each person using the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Regular checks on staff's performance were taking place in the form of spots checks. These helped to identify areas of improvement.

Working in partnership with others. 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 understood their responsibilities under the duty of candour.

- The registered manager understood their responsibilities under the duty of candour when something goes wrong and gave us examples of being open and transparent with the people using the service.
- We received positive feedback from people and relatives regarding communication with management.

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

The provider had made improvements in the management structure that monitored the quality of care to drive improvements in service delivery. However, further improvements were needed .

- A new deputy manager had been appointed and it was evident they had implemented changes regarding monitoring and auditing systems.
- Trackers for care plan reviews, spot checks and staff supervisions had been put in place and were being followed.
- The provider had comprehensive policies in place to support staff's guidance ensuring they were clear about their responsibilities.

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

People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics.

- The provider engaged and involved people using the service and staff, while considering their equality characteristics. A relative told us, "They [agency] deal with my relative directly and make sure that everything is done according to their wishes. They always ask and if something is not done as expected, they make sure they find out and fix it. I am always kept informed."
- All the people and their relatives we spoke to told us the provider asked for their feedback in the form of surveys.
- Staff spoke positively of the support systems in place. A staff member told us, "Management are very supportive. The manager accommodated my needs when my personal circumstances changed and was very supportive during the uncertain times of the pandemic."

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The learning systems were not robust to enable the provider to assess, monitor and improve the quality and safety of the services provided.</p>

The enforcement action we took:

We asked the provider to complete an action plan to ensure the necessary improvements will take place.