

Allerton C&S NE Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Allerton C&S NE Limited (previously Navigation Support & Care Services) is a domiciliary care service that provides personal care and support for people in their own homes who have a learning disability or autism. The service can provide care for adults of all ages and covered Lincoln and surrounding areas.

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 providing support for 18 people.

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

People and staff provided positive feedback on the management of the service. Relatives raised some concerns regarding communication; the provider was taking action to address this.

There were systems and processes in place to identify and manage risks to people's care. There were organisational governance processes in place to monitor the quality of the service.

People were supported by sufficient numbers of staff who had been recruited safely. However, the provider did not have an on-going system in place to follow up on the check of criminal records.

People received their medicines from staff who had been trained to safely administer medicines.

Staff had received training on infection prevention and control. Information and guidance on infection control measures were available for staff and people. However, the provider did not have a robust system in place to monitor weekly COVID-19 testing.

People and their relatives told us they felt safe with the staff who supported them. Staff had received safeguarding training and were able to demonstrate their understanding and responsibilities to reduce the risk of harm to people.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture. The service demonstrated person centred care, with open and transparent leadership promoting a positive culture.

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 good (published 10 May 2019).

Why we inspected

We received concerns in relation to the management of the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Allerton C&S NE Limited on our website at www.cqc.org.uk.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Allerton C&S NE 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 Care Act 2014.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses, flats and specialist housing.

Notice of inspection

We gave the service 48 hours' notice to ensure measures could be put in place to reduce COVID-19 risks.

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. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and seven relatives about their experience of the care provided. We spoke with five staff including the provider, registered manager, service manager and care workers.

We reviewed a range of records. This included four people's care records and medication records. We looked at four 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 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 the last inspection this key question was rated as good at this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

- The registered manager confirmed that not all staff completed weekly COVID-19 tests, despite awareness that this was a government policy requirement. A system was in place for staff and people to access testing. However, we found the providers system for collecting testing information was not robust enough to capture weekly evidence of staff testing, meaning the provider did not have a complete understanding of the COVID-19 status of the service, increasing risks to people's health.
- The registered manager also informed us some members of staff had declined to be vaccinated against COVID-19 but were still providing personal care to service users, many of whom were clinically vulnerable, despite knowing this was government best practice guidelines. The registered manager had retrospectively assessed the risks associated with untested and unvaccinated staff following the inspection so they could continue to provide care.
- Staff had received training on how to prevent and control the spread of infection. One staff member told us, "We had training online. We have it [PPE] all around the house, staff wear masks and the correct PPE all the time." People and their relatives told us staff used personal protective equipment (PPE) such as masks, gloves and aprons when providing care. They also told us staff regularly washed their hands and used hand sanitisers.
- We were assured that the provider was making sure infection outbreaks could be effectively prevented or managed. Static teams had been deployed to the services to ensure no cross over of staff between people's homes.

Staffing and recruitment

- Records showed recruitment checks were carried out on staff prior to them starting work. However, we found the provider did not have an on-going system in place to follow up on the check of criminal records. The provider could not demonstrate they were assured staff continued to be suitable to work with people who used the service. This was discussed with the provider and immediate action was taken to resolve the concerns raised.
- Enough staff were employed to provide timely and consistent care for people. One person said, "There's rotas, reduced to a small [staff] team through lockdown, not lots of [staff] changes." Another person told us, "I know who I have got each day, but it does change sometimes."

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe with the staff who supported them. One person when asked if they felt safe said, "Yes, they just help us with everything." A relative told us, "I think it's relatively safe."
- Staff had received safeguarding training and were able to demonstrate their understanding and responsibilities to reduce the risk of harm to people.

- Systems and processes were in place to keep people safe. Safeguarding issues were identified and reported in line with the providers legal responsibility.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's safety were identified, and assessed, with measures in place to mitigate the risks and ensure people's needs were met. Risk assessments were regularly reviewed.
- People who required specialist equipment to maintain their nutrition and hydration were supported by trained staff. There was a protocol to guide staff on how they should support the person and what medical intervention was required.
- A staff member told us "We take a person-centred approach to each person, first identifying the risk. We monitor and review the person regularly to ensure their needs are being met."

Using medicines safely

- People received their prescribed medicines safely and in their preferred way.
- Staff were appropriately trained to administer medicines safely to people. On-going competency assessments were carried out by the provider to ensure staff followed safe practices.
- The provider had a medicines policy in place, which offered information and guidance for staff on best practices.

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 good. At this inspection this key question has now deteriorated to 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

- During our inspection, we identified shortfalls in areas relating to risk management and DBS checks. We did not identify any impact upon people and action was taken to address these issues. However, the provider's quality monitoring system had not identified them.
- There were a range of effective audits in place to monitor the quality of the service people received. These included; auditing of medicines, infection prevention and control, environment and incidents and accidents. We saw actions had been completed to address any outstanding issues.
- Systems and processes were in place to provide oversight of the service. The provider was also based at the location and maintained regular contact with the service engaging with the registered manager and staff.
- The registered manager was aware of their responsibilities to keep us informed of significant events at the service. We received statutory notifications showing how different events had been managed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Communication with relatives needed to be strengthened. We received mixed feedback from relatives. One relative told us, "I don't know who the manager is, I know the carers, it [the service] doesn't feel as friendly." Another relative commented, "We kept ringing and texting, asking what was happening, we didn't hear a thing." However, another relative told us, "I speak to [management], we have no issues, we are quite happy."
- We discussed the concerns relatives raised about lack of communication and responses to their concerns with the registered manager and provider who had already taken action by sending out questionnaires' and inviting relatives to be part of the recruitment process.
- The registered manager and provider had worked to create an open and person-centred culture within the service. One staff member told us, "Yes I know [name of manager], they are always contactable and there if needed." One person said, "We are kept up to date, they have issued leaflets for us all about COVID-19."

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; Continuous learning and improving care

- The provider and registered manager understood their responsibilities to act in an open and honest way if

something went wrong.

- The provider had in place weekly management meetings where all members of the management team had the opportunity to discuss the services and share progress, suggest improvements and update on relevant guidance.
- Monthly meetings for people were in place. One person told us, "There's a meeting where you can raise a concern once a month, I've raised issued and they've got resolved."
- We found an effective system in place for the monitoring and recording of complaints, demonstrating action taken and what lessons had been learnt. For example, a person had increasing health concerns, the provider contacted health professionals resulting in a multi-disciplinary meeting to discuss positive steps forward.

Working in partnership with others

- Staff worked closely with relevant healthcare professionals to ensure people received additional support when needed and in a timely way. Grab sheets had been developed with all relevant information if emergency care was needed to avoid delays and confusion.
- The provider had done extra work with the community so they could gain an understanding of the people they support. This improved relations and reduced concerns raised from members of the public.