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?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This announced inspection took place on 15 September 2017.The service was meeting all legal requirements at the last inspection in June 2015 and was rated "good". We have rated them "requires improvement" at this inspection as we identified areas for development.

All Care Agency Limited provides personal care services to people living in their own homes mainly in the London borough of Havering. On the day of our visit there were 17 people using the service who were mainly privately funded.

On the day of the inspection there was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During this inspection the provider was not meeting legal requirements in relation to record keeping, staff training and appraisals. Training was not up to date in key areas such as first aid infection control and, mental capacity. Similarly appraisals and supervisions were not always completed in a timely manner leaving a greater risk of people receiving inconsistent care from staff who had not updated their knowledge and practice. You can see what action we told the provider to take at the back of the full version of the report.

People told us they felt safe and were happy with the service provided. They said they were treated with dignity and respect by staff who understood their needs. People felt able to express any complaints about their care and told us they were resolved.

Staff were aware of the procedures in place to keep people safe. They were aware of the different types of abuse and how to report any allegations of abuse. Although there had been no recent incidents there were aware of the incident and accident reporting procedures.

There were enough staff to support people. Schedules were prepared a week in advance so staff and people were aware of expected visit times. People received consistent care form a core set of staff in order to encourage continuity of care.

There were effective recruitment practices in place which included appropriate checks to ensure suitable staff were recruited.

People, their relatives and staff thought there was an open and transparent culture where the registered manger was also very visible and hands on.

There were effective systems in place to monitor and receive feedback. However we noted the current

systems in place to monitor staff training, reviews of policies and risks assessments were not consistent and had failed to ensure training, appraisals, spot checks and care plans were updated in a timely manner.

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 remains safe. People told us they felt safe and trusted staff that delivered care.

Medicines were managed safely.

Risks to people and their environment although not always documented were managed safely.

Staff were aware of the procedure in place to report any allegations of abuse and protect people from avoidable harm.

There were safe recruitment practices in place.

Is the service effective?

Requires Improvement

The service was not always effective. We found shortfalls in ensuring training, appraisal, supervision and spot checks were kept up to date and consistent.

People were supported to maintain a balanced diet. They told us staff were helpful and supported them to access healthcare services.

Staff were aware of the Mental Capacity Act 2005 and how it applied in practice. They ensured consent was sought before delivering care.

Is the service caring?

Good

The service was caring. People told us they were treated with dignity and respect by staff who were polite and caring.

Staff spoke fondly of people and had an understanding of individuals preferences.

Is the service responsive?

Good

The service responsive. People told us the service met their needs and that they felt involved in agreeing visit times that suited their schedules.

People and their relatives told us they were able to express any concerns to the registered manager and were confident that their requests would be listened to and acted upon. Complaints were managed appropriately.

However some care records were not up to date so we made a recommendation.

Is the service well-led?

Requires Improvement

The service was not always well-led. There were ineffective systems in place to ensure records and policies were up to date. Although the registered manager was aware of areas that needed to be addressed such as training and appraisals, there were no systems in place to address areas in need of improvement.

People, their relatives and staff told us the registered manager was supportive and listened. They thought there was an open and honest culture where learning was encouraged.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This announced inspection was completed by an adult social care inspector and took place on 15 September 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

Before the inspection we gathered and reviewed information from previous inspection reports and notifications. A notification is information about events that by law the registered persons should tell us about such as safeguarding alerts and serious incidents. We also contacted the local authority but they had no feedback as they currently did not have any people using this service.

During the inspection we spoke with the registered manager, their deputy, a team leader and two care staff. We looked at six care records, three visit schedules three weeks rota for three people. We reviewed six staff recruitment, appraisal, supervision and spot check records. We examined two medicine administration records, policies and seven training records. We saw annual quality assurance records for 2017, six weekly feedback records and staff meeting minutes.

After the inspection we spoke with three people and five relatives over the telephone to get their views about the service.

Good

Is the service safe?

Our findings

People told us they felt safe with staff. They told us staff always announced when they arrived and always ensured their property was secure before leaving. One person told us, "They are very good and always shut the door behind them. A relative told us, "The panic pendant is always left within reach so [person] can call for assistance if required." Staff were able to explain the steps they would take to ensure people were safe, they spoke of removing trip hazards and leaving essentials within reach in order to minimise the risk of falls.

There were procedures in place to protect people from avoidable harm. Staff were aware of the different types of abuse and how and where to report it. One staff member told us, "I report any unexplained bruising to the manager. [Manager] reports it to havering safeguarding and yourselves and we also complete an incident form and body map." Another member of staff told us, "We take any report of abuse seriously and we would document and report it straight away to the manager". They had attended training although three out of seven training records showed refresher training was due and yet to be scheduled. There were no safeguarding notifications since our last inspection. The registered manager was aware of the procedure to follow should any safeguarding incidents occur. Similarly there had been no recent accidents or falls. Staff were aware of the documents to complete following a fall or incident and told us these were rare but were always monitored by the registered manager.

We reviewed risk assessments in place for people and their environment, which included mobility and falls. We were told these were to be reviewed annually or as and when people's needs changed. We reviewed mobility risk assessments and continence risk assessments and found although people's condition had not changed these had not been reviewed for more than a year in three out six records we reviewed. Staff told us and people confirmed they always attended in pairs for people who had been assessed as needing assistance using a hoist. Staff told us how they carried out an environment risk assessments for trip hazards, gas and electricity. However, we noted that these home risk assessments of people's environment were not always documented although staff told us how they assessed these on a daily basis and were aware of people's current needs. We recommend formal documentation of any identified risk in order to maintain a consistent approach to risk management.

People and their relatives told us they received their medicines on time. One relative said, "They help [person] with medicine and record what they have given. They always contact me if there are any issues." We looked at medicine administration records and found no discrepancies. Where people had refused medicines, appropriate actions were taken to ensure their doctors were aware. Staff had received training when they first started and were able to demonstrate how they supported people safely. However, we noted and spoke to the registered manager who acknowledged refresher training was now overdue for staff who had been at the service for more than two years.

There were sufficient staff to support people. People told us they saw a consistent core of staff including, the registered manager. One person told us, "The staff always come at the expected time." A relative told us, "It's the same people coming for the week then the next week it maybe another set but they are all pleasant." This meant continuity of care for people and they appreciated knowing in advance who was coming to

support them. Staff told us they received their rota a week in advance. We asked for missed visits and found there had been no missed visits over the last six months. There were sometimes late visits, however this was always communicated to people and their relatives so they were aware the case of the delay and when to expect staff to visit.

We reviewed recruitment records and found safe recruitment practices were in place. Before staff started to work at the service, appropriate recruitment checks were completed to ensure staff were suitable to work in a social care environment. These checks included proof of identity, two references and disclosure and barring checks. Disclosure and Barring Service checks help employers to check before employing staff if they have had any criminal convictions.

Requires Improvement

Is the service effective?

Our findings

Staff did not always receive refresher training in a timely manner as a result most training was overdue at the time of the inspection. We spoke to the registered manager about this, who was aware of the issue and said it was a question of staff not having the time to come to the office and complete the training. For example, moving and handling, safeguarding, first aid, infection control and medicine training was not up to date on the day of inspection. Food hygiene and Mental Capacity Act 2005 (MCA) training was also out of date. One staff member had last received food hygiene training in 2012, and online training in medicines management in May 2015. Another had last had medicines training in December 2013. Although they had completed online training on 13 April 2017 for MCA they had achieved a score of 56% and were yet to repeat this. For two new staff we saw they had started to complete the care certificate workbooks, however these were still to be completed in full. This meant people were supported by staff who had not received up to date training to enable them to support people effectively.

Appraisal was supposed to be biannual according to the services policy and the registered manager. However we noted only two out of the four staff appraisal records we reviewed contained evidence of an appraisal in the last year. We spoke to the registered manager about this and they acknowledged that they needed to have a plan to ensure appraisals were completed biannually as per their policy. Similarly, supervisions (one to one meetings to discuss work related issues) and spot checks (checks to ensure people's care plans were followed and company policies and procedures were adhered to when delivering care) were not consistent. Only two out of six had had a documented supervision and a spot check recorded in the last six months. We spoke to the registered manager about this and they told us they had started to train one of the team leaders to do this. However there were no formal plans in place to ensure supervisions were carried out regularly on all staff. When supervisions did occur, they were not always recorded in order to evidence the support offered or good practice identified. It also meant staff did not always have agreed personal development plans.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they were supported by staff who understood their needs. One person told us, "Staff are very good. They help me get up and heat up my meals." A relative told us, "They have built a good rapport with [person]."

Staff told us they were supported to maintain professional development. We saw evidence that some staff had been supported to gain further qualifications in health and social care since starting to work at the service. There were also staff meetings and weekly text messages from the managers to keep staff up to date with any changes such as hospital admissions and visit times. The registered manager told us that they usually worked with all staff members at least once a week.

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. We checked whether the service was working within the principles of the MCA. Before care was delivered, staff sought people's consent. One person told us, "They are quite good, they ask before they start whether I would like a strip was or a shower and what I want to eat." Staff demonstrated an awareness of the MCA and how they applied it daily when supporting clients to make choices about their food, drink, what to wear and other decisions. 75% of the people had capacity to make decisions. For people who lacked capacity staff were aware of relatives who had power of attorney for health. One staff told us, "If we notice anything that indicates someone is no longer able to make certain decisions such as switching off the cooker, we tell the manager. They arrange with the social worker for best interests assessments to take place in order to make sure decisions are made after proper discussion." Another staff told us, "We never force people to do what they don't want. We encourage if they refuse we come back later or let another staff try."

People were supported to maintain a balanced diet. One person told us, "I am happy with the support I receive at mealtimes. I say what I want." Staff told us they assisted people with meal preparation. They told us they would let the registered manager know if they noticed any deterioration in food and fluid intake. They were aware of people who were on special diets and told us they always followed the guidance from the specialists' advice where people had special requirements such as soft diet. Care plans showed people were supported to eat the recommended diets such as soft diets for people with swallowing difficulties.

People were supported to maintain their health and signposted to other healthcare professionals where required. Staff gave examples of where they had helped people contact their GP or district nurses in order to get the necessary support required. We saw examples of this in records we reviewed for people who now required support of moving and handling aids and others who required continence support materials to be ordered, the service had sought input from district nurses.

Good

Is the service caring?

Our findings

People and their relatives told us staff were polite and caring. One person told us, "Staff are very kind". Another said, "They are always polite and respectful." Relatives also confirmed that staff were good and had built a rapport with people. One relative told us, "Staff are very good and have made a positive impact by encouraging [person] to eat, wash and chat. You can see a significant difference in their mood." Staff spoke fondly about people who used the service. They were aware of their likes and dislikes and were able to explain people's routines and addressed them by their preferred names which were noted in care plans. One staff told us, "It's quite good for people to see familiar faces. It helps them relax and we get to know them very well.

The service had supported end of life care in the past with support from district nurses, GPs and palliative care teams. Staff were aware of the need to listen to people's last wishes as well as to support relatives to ensure people were comfortable and pain free during the last days of their life. The manager told us staff would work with people their relatives and healthcare professionals to ensure peoples last wishes were respected." One staff told us, "It is a great feeling when you know you have done your best to support someone till the very end. It's the little things that count like putting on their favourite music licking their favourite ice cream.

People and their relatives told us they were treated with dignity and respect. One person told us, "They listen to me and are quite respectful." "A relative told us, "[Person] has always been a private person so they try and ensure only a few staff come to respect [person's] wish." Staff told us that the importance of ensuring the privacy and dignity of people was emphasised by the registered manager and that they had received training. They were aware of equality and diversity. Staff told us how they ensured religious and cultural preferences were noted in care plans and respected.

Staff were aware of their responsibility to ensure information about people who used the service was treated confidentially. Staff told when they started to work for the service they had attended a session on maintaining confidentiality of information. They stored people's care records in a designated secure place within people's homes and told us they would only divulge any information with people's consent.

People had access to information about how the service was run. They received a service user guide at the beginning of the service. They also received a weekly schedule if requested to notify them of staff who were coming. They told us their relatives would contact the service on their behalf if they needed any further clarification. One relative told us, "We are kept informed of any changes such as recent increases in fees were communicated by letter with a plausible explanation."

Staff had an awareness of the need for advocates for people who had no immediate family support. They told us the registered manager would signpost people to advocacy services when required. However, at present none of the people using the service required an advocate. An advocate is a person who represents people independently of any government in many ways; such as, writing letters for them, acting on their behalf at meetings and/or accessing information for them.

Good

Is the service responsive?

Our findings

People and their relatives thought the service was very flexible and responded to their changing needs well. One person said, "I let them know if there are any changes to my schedule and they change the times so I can carry on with my day as planned." Another person said, "They are very good. They let me know if there are any changes to visit times and I can request changes too." The registered manager and staff told us of how they were flexible about adjusting visit times in order to enable people to attend appointments and recreational activities. This was confirmed by people and their relatives. One relative told us, "I let them know in advance when I am off on holidays so they can increase the visits for [person]."

The care plans we looked at showed that assessments were undertaken prior to people starting to use the service. This was to ensure the persons preferences including likes and dislikes and hobbies were captured and understood in full. The care plans showed that information gathered during the assessment was used to develop the person's care plan. This included what people used to do, their past medical history, any allergies and if they preferred same gender staff to attend to their personal care. Staff confirmed the registered manager usually went out to do this visit when people started to use the service and when they came out of hospital. We heard the registered manager speak to a team leader on the day of the inspection about reassessing a person who had just been discharged from hospital. We later spoke to the team leader towards the end of the inspection and confirmed the assessment had taken place with new needs identified.

Care plans were agreed with people and their families and reflected people's physical, emotional and cultural needs. For example a care plan explained the person did not like bath and wanted to go to bed at 10p.m." Another explained how a person's capabilities and preferences fluctuated and how staff supported them. They were detailed and included people's day and night routines. People were aware of the length of their visit times and told us staff usually stayed for the duration of the visit times and sometimes over the contracted time. However, we noted care plans had not been formally reviewed for more than twelve months. We asked staff about this and found there had been no significant changes to people's needs. On the day of the visit we also noted the team leader had gone to do a review after a person had returned from hospital. However these reviews were not always formally documented to evidence that reviews had actually taken place. We made a recommendation relating to seeking best practice guidelines about keeping documentation up to date.

There was a complaints procedure which was known by people and staff. People told us they were able to make a complaint about any issue relating to care delivery without fear. One person told us, "Any issues are addressed promptly. No cause to grumble at all." A relative told us, "Wherever I have needed to talk to the manager about any aspect of the package, action has been taken to address any suggestions or concerns." We saw a complaint had been noted about a specific personal care request and addressed using the weekly feedback sheet. The manager told us any informal complaints were dealt with immediately. This was confirmed by relatives and staff we spoke with. We reviewed the complaints policy and note that it needed to be updated as it had not been reviewed for more than three years. The registered manager acknowledged this and told us they would work on updating the policy.

Requires Improvement

Is the service well-led?

Our findings

The service was not always well-led in terms of ensuring there were effective systems in place to manage the quality of care delivered. Systems or processes were not established and operated effectively to ensure risks relating to the health, safety and welfare of people were assessed, monitored and mitigated. For example, there was no business continuity plan on the day of inspection. A business continuity plan ensures people's records are protected and the service is able to function in the event of a disaster. We found several policies including safeguarding, complaints and MCA that had not been reviewed some since December 2015 others since December 2014. This meant the current systems in place to review and update policies were not effective.

We also found risk assessments for people within their environment were not always recorded. In addition care plans and risk assessments were not always reviewed and updated to reflect people's current needs. We asked the registered manager about this and they told us they were behind with the paperwork but said they had to put people's needs first. They currently had no administrator and the registered manger was currently part of the care delivery team and told us they did not always have time to complete all the paperwork. All the above had not been picked up by the current monitoring systems in place

The were also ineffective systems in place to ensure records, training, appraisal , supervision were kept up to date and fit for purpose thereby potentially affecting the consistency and quality of care delivered. We found there were no date specific training schedules for out of date training and no supervision and appraisal schedules. In addition, spot checks were inconsistent. We also asked the registered manager about this and they told us they were aware and that they would get the appraisals completed when they could and that they always worked with staff but did not always document it as supervision.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People their relatives and staff told us the registered manager was very visible, approachable and supportive. One person told us "[Registered manager] is very nice. They pop in for a visit and I find them very easy to talk to." A relative confirmed, "[Registered manager] is very good. Most importantly you can a put a face to the name and that's important to [person] and us as a family." A staff member also told us, "The manager is very good for both work and personal issues. They understand and help make a schedule that suits clients and staff."

There was an open and honest culture at the service. Staff told us they felt there were no repercussions for reporting any concerns or suggesting new ways of working. There was a whistle blowing policy in place which also needed contact numbers to be updated. We saw several memos showing transparency of the management teams to staff and to people using the service relating to pay rates.

Staff were aware of their roles and responsibilities and told us the service was there to serve the people. One staff told us, "Ultimately we are here to serve the people. We do all we can to ensure we leave people with a

smile on their face." Another staff member told us, "It is very fulfilling to know you have helped another human being to be comfortable." They had on call support in the evening and at weekends and told us that the management would always pick up the phone or return the call within thirty minutes.

People and their relatives as well as staff were asked about their opinions of how and where the service could be improved. This was done in the form of weekly feedback forms where people could comment on the quality of care delivered and the convenience of the visit times. We looked at nine comments made between July and August 2017 and they were all positive. We also looked at responses from the annual satisfaction survey and found four out of the five reviews were positive about involvement in planning care, and visit times. We also found the service had arranged for an assistive moving and handling aid to enable a person to be moved automatically by the aid in order to relieve pressure and reduce the risk of developing pressure sores.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems or processes were not established and operated effectively to ensure: (1)risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity were assessed, monitored and mitigated. (2) an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Persons employed by the service provider in the provision of a regulated activity must did not always receive training, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform in a timely manner. At the time of inspection, safeguarding, moving and handling, infection control and MCA training was overdue for majority of the staff with no scheduled dates.