

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Allfor Care Alpha Care Recruitment West and Home Care Service Limited

15 Maswell Park Road, Hounslow, TW3 2DL

Tel: 02089303000

Date of Inspection: 31 January 2014

Date of Publication: March 2014

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
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Care and welfare of people who use services	✓ Met this standard
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Safeguarding people who use services from abuse	✓ Met this standard
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Supporting workers	✓ Met this standard
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Assessing and monitoring the quality of service provision	✓ Met this standard
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Details about this location

Registered Provider	Allfor Care Alpha Care Recruitment West and Home Care Service Limited
Registered Manager	Ms. Suzette Thomas
Overview of the service	The service is registered to provide the regulated activity of personal care. The service currently provides care to approximately three people who live in their own home.
Type of service	Domiciliary care service
Regulated activity	Personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 31 January 2014, talked with people who use the service and talked with carers and / or family members. We talked with staff and reviewed information given to us by the provider.

What people told us and what we found

During our inspection we spoke with two people, one relative, two staff members and the assistant manager. All people confirmed that the care delivered by the agency was good and met their needs. People told us that they were involved with their care planning from the time they started to use the agency. They told us their care was continuously reviewed with their involvement and consent.

People told us that they felt respected by staff. One person said, "I feel respected and valued always".

The agency ensured people using the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent this from happening.

Staff were aware of their role in safeguarding.

Staff we spoke with told us that they were supported by the agency in their work. Comments from staff included, "We feel supported, adequate training and support is available".

We found that the agency had good systems in place to assess and monitor the quality of service provision.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People`s privacy, dignity and independence were respected.

Reasons for our judgement

People expressed their views and were involved in making decisions about their care and treatment. We saw evidence that confirmed people were able to make decisions and were involved in their care. The provider told us that they met with people who use the service and their families/representatives, where applicable, before they started to provide care.

The provider told us people were involved in the decisions regarding their care plans from the start and during all the reviews .We viewed three people's records and found that people had signed to agree with the plans of care.

People's diversity, values and human rights were respected. People told us that staff respected their decisions and choices. One person told us that staff listened to them and they were allowed choice on the activities they liked to do or the support staff were to deliver. One person said, "I feel respected always, staff listen to me all the time". One person confirmed that they had been asked how they liked to be called and this made them feel respected and valued.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. The assistant manager informed us that people were assessed before services were provided and the agency completed a care plan for each person.

We looked at care records for three people. These records included current information that covered all aspects of the care they required. The care plans we saw were signed by either people or their representatives.

Peoples' changing needs were monitored and assessed. The assistant manager informed us that all care plans were reviewed on a three monthly basis or sooner if changes in care were identified. This was confirmed by the people we spoke with and the care plans viewed. People's care plans also identified risks and information on how to minimise risk was clearly outlined.



People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent it from happening.

There was a safeguarding policy and procedure that was also included in the staff handbook. Mandatory staff safeguarding training was provided as part of induction and annual refresher courses.

The staff we spoke with were able to tell us the steps they would follow to report any suspected abuse which meant that people were not at risk of being abused.

The agency had a policy in place to manage people's personal belongings. This meant people's valuables were not at risk of abuse.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development. The assistant manager told us that all new staff received induction training and refresher training.

The staff we spoke with confirmed that they had received induction and a period of shadowing more experienced staff before they started to work alone. Staff told us they received monthly supervision and yearly appraisals. This was confirmed by the records kept by the agency. We noted that areas of staff development and training had been identified and target dates had been set for completion.

Training records we viewed showed that staff received on-going training in areas such as manual handling, safeguarding adults, medicines management and infection control. Staff told us that they were never left without support. One staff said, "the managers are very supportive, we always ask when unsure".

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system in place to regularly assess and monitor the quality of service that people received.

Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about the care and treatment and they were acted on.

We were told by the assistant manager that it was the agency's policy to request feedback from the people who used the service every three months.

The people we spoke with confirmed that they received telephone calls regularly from the agency and were asked to provide verbal feedback on the care they received. They also said they had received questionnaires and were asked to evaluate the care they were receiving. We saw records which confirmed the agency used this information to improve the care provided to people.

We noted that it was the agency's policy to undertake spot checks regularly to ensure that people were receiving adequate care. People and staff we spoke with confirmed that these checks had been undertaken and the checks were used to assess the competencies of staff to ensure that people were not at risk of receiving poor care.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.


In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.


You can tell us about your experience of this provider on our website.


How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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