

Allied Healthcare Group Limited

Allied Healthcare - Doncaster

Inspection report

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Ratings

Overall rating for this service	Good	
Is the service safe?	Good	
Is the service effective?	Good	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Good	

Overall summary

We undertook an announced inspection of Allied Healthcare - Doncaster on 28 and 29 January 2015. We told the registered manager that we would be coming one day before our visit. At our last inspection in January 2014 the service was meeting the regulations we inspected.

Allied Healthcare - Doncaster is a domiciliary care service. They are registered to provide personal care to adults and children in their own homes. At the time of our inspection 93 people were receiving a personal care service.

There was a registered manager in post. 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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We spoke with seventeen people who used the service and their relatives on the telephone. We did this to get their views of the service. Everyone was very happy with

Summary of findings

the service and said they would recommend it to others. Their comments included, “I’m happy with the carer I’ve got and I’m very happy with the service”, “Everything’s OK. The carers are top notch and I’m highly satisfied”, “They’re perfect. It’s very good and I’m very happy with them” and “I’m happy with the care they are providing.”

People were kept safe and free from harm. There were appropriate numbers of staff employed to meet people’s needs and provide a flexible service.

Staff received regular training relevant to their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs.

Staff knew the people they were supporting and provided a personalised service. Care plans were in place detailing

how people wished to be supported and people were involved in making decisions about their care. People told us they liked the staff and looked forward to them coming to their homes.

People were provided with appropriate support to eat and drink. Staff supported people to have access to their GP and other healthcare professionals, as required to meet people’s needs.

Members of the management team were accessible and approachable. They undertook spot checks to review the quality of the service provided. Staff, people who used the service and relatives felt able to speak with them and provide feedback on the service.

Summary of findings

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.

There were processes in place to help make sure people were protected from the risk of abuse and staff were aware of the procedures for safeguarding vulnerable adults.

Assessments were undertaken of risks to people who used the service and staff. Written plans were in place to manage these risks.

There were appropriate staffing levels to meet the needs of people who used the service.

Good



Is the service effective?

The service was effective.

People were supported to eat and drink according to their plan of care and staff supported people to have access healthcare services such as their GP as required.

Staff had the skills and knowledge to meet people's needs and received regular training to ensure they had up to date information to undertake their roles and responsibilities. They were aware of the requirements of the Mental Capacity Act 2005.

Good



Is the service caring?

The service was caring.

People were involved in making decisions about their care and the support they received.

People who used the service told us they liked the staff and looked forward to them coming to support them.

Staff were respectful of people's privacy.

Good



Is the service responsive?

The service was responsive.

Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences in order to provide a personalised service.

Staff supported people to access the community and this reduced the risk of people becoming socially isolated.

There was a clear complaints procedure and people who used the service and their relatives knew how to make a complaint if they needed to.

Good



Is the service well-led?

The service was well-led.

People who used the service and their relatives felt the staff and manager were approachable and there were opportunities to provide feedback about the service.

Good



Summary of findings

The manager regularly checked the quality of the service provided and made sure people were happy with the service they received.

Staff were supported by their manager. There was open communication within the staff team and staff felt comfortable discussing any concerns with members of the management team.

Allied Healthcare - Doncaster

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 checked 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.

The inspection took place on 28 & 29 January 2015. We told the registered manager one day before our visit that we would be coming. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who used the service. We needed to be sure that they would be in. The inspection team was made up of one social care 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 service.

Before our inspection, we reviewed information we held about the service, which included incident notifications they had sent us. We contacted Doncaster Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also obtained information from Doncaster Council who commission services from the provider.

As part of the inspection we undertook phone calls and spoke with seventeen people who used the service and members of their households to get their views of the service.

During our inspection we visited the Allied Healthcare - Doncaster office and spoke with the registered manager and the deputy manager, two care coordinators, two senior carers and two care workers. We reviewed the care records of four people who used the service, reviewed the records for four staff and looked at records relating to the management of the service.

Is the service safe?

Our findings

The people who used the service we spoke with told us they felt safe, both with their care workers and with the service that was provided to them. People also said they felt they were treated fairly and were included in their care plans, and in day to day decisions. Care staff supported them in a way that enabled them to make choices and feel in control. For example, when we asked one person about this they said, “Very much so.” Another person told us, “I’m very fortunate, they’ll help me with anything.”

Staff had received training in safeguarding vulnerable adults. A safeguarding policy was available and staff were required to read it as part of their induction. Staff we spoke with were knowledgeable in recognising signs of potential abuse and knew their responsibilities and the relevant reporting procedures. From discussions with the manager and the deputy manager and from the records we saw it was clear that, when safeguarding concerns had arisen, they responded and reported these appropriately.

Assessments were undertaken to assess any risks to the person using the service and to the staff supporting them. This included environmental risks and any risks due to the health and support needs of the person. The deputy manager informed us that any concerns care staff highlighted regarding the safety of a person were also discussed with their social worker. The risk assessments we read included information about action to be taken to minimise the likelihood of harm occurring. For example, some people had restricted mobility and information was provided to staff about how to support them when moving around their home and transferring in and out of chairs and their bed. We saw that one person required the use of a hoist. Training had been provided to staff and guidance was in place from an occupational therapist to help ensure the person and the staff’s safety.

People told us care staff managed risks appropriately and provided what they considered to be safe care. To illustrate this one person said, “They’re really on the ball.” Another person said, “They make sure I’m OK.” One person’s relative said, “They are very mindful of [my family member’s]

safety.” And another relative told us, “They take good care of [my family member].” People told us that staff wore protective equipment such as gloves and apron to minimise and prevent the spread of infection.

There were suitable recruitment procedures and required checks were undertaken before staff started work with people. There were sufficient numbers of staff available to keep people safe. Staffing levels were determined by the number of people using the service and their needs. Staffing levels could be adjusted according to the needs of people using the service and we saw that the number of staff supporting a person could be increased if required.

We asked people if care staff turned up on time, stayed for the proper time or if they ever failed to turn up. People said they were happy with these aspects of their care and with the care staff’s timekeeping. One person said that very occasionally the carers who visited them four times a day, arrived within fifteen minutes of their visit time and this was, “Not a problem.” They told us they had two teams of care staff and that this system worked very well in terms of providing effective care.

People also said that the provider kept them up to date with any changes in their care arrangements as appropriate and as necessary. The service was organised into small teams, so that the majority of people supported by the service had calls from staff who lived locally. This, together with effective planning, required short travel times and decreased the risk of staff not being able to make the agreed appointment times. If staff were unable to attend an appointment where possible, they informed the office in advance and cover was arranged, so that people received the support they required.

Care staff helped some people we spoke with to take their medication. We saw that staff received appropriate training and people’s care plans included the details of the support they needed with their medicines. The people we spoke with told us they were happy with the support they received. They told us they had access to pain relieving medicine if they needed it because staff timekeeping was good and that the ‘system’ worked effectively.

Is the service effective?

Our findings

We asked people if they felt staff were able to provide care that was appropriate to their particular needs. Everyone we spoke with indicated that they felt they did. Their comments included, “I’m happy with the carer I’ve got and I’m very happy with the service”, “Everything’s OK. The carers are top notch and I’m highly satisfied”, “They’re perfect. It’s very good and I’m very happy with them.” and “I’m happy with the care they are providing” and “I don’t know what I’d do without them.”

The training records we saw showed that appropriate training was provided relating to staff roles and responsibilities and the staff we spoke with confirmed they had received the required training. The deputy manager explained that the induction for new staff included ‘care coaching’ by an experienced care worker, for up to 12 weeks, if necessary, to make sure new staff were competent and felt confident in their role. The ‘care coaches’ had additional training to enable them to assess that new staff were competent in each care activity before working alone.

In addition to the mandatory training including moving and handling and health and safety staff received specific training regarding people’s individual needs, such as caring for people living with dementia, end of life care and administration of medication. There was a clinical lead, who was a qualified nurse. They made sure staff were trained in specialist healthcare tasks, such as catheter and stoma care and some tasks for enteral nutrition, otherwise known as tube feeding. The clinical lead oversaw the staff’s delivery of this care. Staff also completed a nationally recognised qualification in care at Level 2 and during the inspection several staff came to the office to meet with their course assessor.

The staff records we looked at showed staff received 1-1 supervision, which gave staff the opportunity to review their understanding of their core tasks and responsibilities

to help make sure they were adequately supporting people who used the service. This included review of policies and procedures when required. The supervision sessions also gave staff the opportunity to raise any concerns they had about the person they were supporting or any aspect of service delivery. Staff received an appraisal, called a ‘performance and development review’ from their manager. This gave staff an opportunity to discuss their performance and identify any further training they required.

We were told by people who used the service and their relatives that staff liaised with health and social care professionals involved in their care if their health or support needs changed and sometimes supported people to access healthcare appointments. The records we saw confirmed this.

The deputy manager explained that staff were matched to the people they supported according to the needs of the person, to help make sure people’s communication, cultural or religious needs were met. People told us staff sought their consent appropriately and that their involvement in decisions concerning their care was promoted and encouraged.

Staff were aware of and had received training in the Mental Capacity Act 2005 (MCA). The registered manager and other members of the management team we spoke with were aware of the meaning of deprivation of liberty, and aware of what processes to follow if they felt a person’s freedom and rights were being restricted.

Some people were supported at mealtimes to access food and drink of their choice. Staff had received training in food safety and were aware of safe food handling practices. Staff confirmed that before they left their visit they ensured people were comfortable and had access to food and drink. Where staff provided assistance at mealtimes, people indicated that this worked well. One person’s relative added, “They encourage [my family member] to eat healthily.”

Is the service caring?

Our findings

People were very happy with their care and their care workers. Comments included, "I'm lucky. They are caring people". "They're lovely", "They give me confidence. They are excellent", "They are absolutely fantastic", "We are happy with all of the staff", "They're brilliant", "I've got to praise them. I've got two of the best" and "They are both excellent."

People indicated that they usually had a regular and consistent staff team who knew their needs and listened and respected their views, so they received a personalised service. One person said that the staff worked in a way that meant they felt 'in control' and another said, "I can depend on them." One person's relative said, "It's the same regular staff and they've got to know [my family member] and understand what she likes."

People indicated that they felt involved in planning and making decisions about their care and the care and support provided was appropriate. For example, one person said the person who undertook their initial assessment spent a long time, making sure they were

involved. For people who did not have the capacity to make these decisions, their family members and health and social care professionals involved in their care made decisions for them in their 'best interest'.

The registered manager told us that if they had any concerns regarding a person's ability to make a decision they worked with the local authority to ensure appropriate capacity assessments were undertaken.

For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy service was available in the information guide given to people who used the service. One person's close relative said they felt fully involved in the decision making process.

People who used the service were happy with the staff and they got on well with them. One person told us, "I do like the way they are so willing to help with anything." People said that staff were respectful of their privacy and maintained their dignity. Staff told us they gave people privacy whilst they undertook aspects of personal care, but ensured they were nearby to maintain the person's safety. One staff member said, "You speak to people how you would want to be spoken to and you treat people how you would want to be treated. It's basically about respect."

Is the service responsive?

Our findings

People told us the care and support that was provided was appropriate to their needs. People talked about having a small number of regular care workers who they had got to know, and who provided them with good continuity of care as a consequence. For example, one person said, "If I need anything, they'll help me with it." Another person said, "It's running brilliantly" and another person told us, "It usually runs like clockwork." Everyone said that they had been involved in meetings and discussions about their care.

Staff supported people to access the community and minimise the risk of them becoming socially isolated. Some people had assistance to attend activities, as they requested as part of their care package. For example, one person told us the carers sometimes accompanied their family member out to their local village in the summer. People told us they liked the staff and looked forward to them coming to their homes. One person's relative told us they received a respite service from the provider on a weekly basis and that the respite care was provided by the same care workers as those who looked after their family member throughout the rest of the week. They were positive about this continuity of staff and said that the service was flexible and worked very well.

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which

enabled them to provide a personalised service. Assessments were undertaken to identify people's care and support needs and care plans were developed outlining how these needs were to be met.

People were encouraged to maintain their independence and undertake their own personal care. Where appropriate staff prompted people to undertake certain tasks rather than doing it for them. People said the care workers supported them to be independent. For example, one person's relative said, "They provide [my family member] with choices so he can decide." Another person's relative said, "They encourage [my family member] to do as much as they can."

People and their relatives felt there was good communication with the care staff and the staff at the office. People indicated that they felt they were encouraged to raise concerns, complaint or issues about their care. They told us they would feel comfortable making a complaint or raising any concerns, as they had a positive relationship with the agency. One person told us that, about 18 months ago, they had raised an issue about having a number of different care workers. They told us that this had been sorted out satisfactorily and they now had a regular team. We saw that the service's complaints process was included in information given to people when they started receiving care.

We saw the record of complaints kept. This showed that the registered manager and deputy manager responded in a positive way to complaints, using them to improve the service.

Is the service well-led?

Our findings

There was a registered manager in post. A local authority representative told us that before the registered manager came into post they had concerns about the reliability of service. The registered manager had addressed these concerns and had improved the service. The registered manager told us that recruitment was on going and since the introduction of the 'care coaching' system, staff retention was improving.

Staff received regular support and advice from their line managers via phone calls, texts and face to face meetings. There was a company web site, which included information to help keep staff up to date with good practice guidance. Staff felt the registered manager and deputy manager were accessible, approachable and they were comfortable to tell them if they had any concerns. They said the managers kept them informed of any changes to the service provided or the needs of the people they were supporting.

The management team monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. The care coordinators undertook a combination of announced and unannounced spot checks to review the quality of the service provided. This included arriving at times when the staff were supporting people in order to observe the

standard of care provided and getting feedback from the person using the service. The spot checks also included reviewing the care records, including any medication administration records kept at the person's home to make sure they were appropriately completed.

Most people said that they had met people from the management team, they mentioned visits from care co-ordinators, who had shown interest in them being satisfied with the service they received. For example, one person said, "The co-ordinator was keen to ensure the service worked well."

Most people recalled providing quality assurance feedback; by telephone calls, or by filling in a questionnaire. People also said that the service was usually aware of how they felt about things anyway, due to the positive relationships they had with their care workers. We asked if people would recommend the service based on their experience.

Everyone said they would. Comments included, "Yes. No doubt about it", "I'd recommend the carers to anyone. The social inclusion service is fantastic", "Yes. The carers are very nice", "Yes I would. They are quite professional and we can cope well, with their help". "Yes. It's very good", "I'm happy with everything", "Yes. Definitely. I've two good carers", "Yes I would, because they're good" and "Yes, because it makes me feel safe and I know if I come out of hospital I will be looked after when I get back home."