

## Allied Healthcare Group Limited

# Allied Healthcare - Devizes

### Inspection report

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### Ratings

#### Overall rating for this service

Good



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



### Overall summary

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by the Care Quality Commission (CQC) which looks at the overall quality of the service

There was a registered manager in post at Allied Healthcare Devizes. A registered manager is a person who has registered with CQC to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

This was an announced inspection which meant the provider knew we would be visiting. This was because we wanted to make sure that the registered manager would

# Summary of findings

be available to support our inspection, or someone who could act on their behalf. The previous inspection was conducted in July 2013, we found no concerns at the time.

Allied Healthcare Devizes is registered to provide personal care to people living in their own homes. Services provided are for both adults and children who may have a range of needs including older people, people with dementia and adults and children with learning and physical disabilities. They also provided 24 hour care to support people to live in their own homes. They also supported people to access facilities within their local community.

Most people told us they were happy with the service they received. They said they had been involved in planning their care and were able to discuss changes when required.

Staff were appropriately trained and had received a thorough induction when they started working for Allied Healthcare Devizes. Where required, staff had received additional training specific to the needs of the person they were supporting. Staff we spoke with understood their roles and responsibilities. They spoke about people they were supporting in a kind and caring manner.

CQC monitors the Deprivation of Liberty Safeguards (DoLS) which applies to care settings. However whilst the law is different in domiciliary care settings the registered manager explained that this topic was “touched on” in induction and they were in the process of implementing additional training for care staff. Care staff we spoke with understood their responsibilities in supporting people to make choices and express their preferences.

Staff told us they felt supported. They told us they received regular supervision and staff meetings were held throughout the year.

We contacted social workers and people who commissioned services from Allied Healthcare. They were complimentary about the staffing and support supplied. One social care professional told us “They are absolutely fantastic, very professional.”

The registered manager monitored the quality of care and support. People who used the service and their relatives were encouraged to feedback about the care and support they received, which was used to make changes to services as required.

# 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?

This service was not always safe. Whilst the agency had been involved in raising safeguarding alerts with the local authority, the regulations state that the registered person or provider must send notifications about incidents that affect people who use services to the Care Quality Commission (CQC). CQC had not been notified of these and the agency could not find details of the referrals and outcomes.

People we spoke with said they always felt safe and their personal needs were understood.

Staff knew how to identify the signs of abuse and what actions they would take if they thought someone was being abused or was at risk.

Care plans provided guidance for staff on how to minimise the risk of harm for the individual whilst still meeting their needs.

**Requires Improvement**



### Is the service effective?

This service was effective. It was clear from speaking with care staff that they had a good understanding of people's care and support needs. Care plans reflected people's current individual needs preferences and choices.

Staff received effective induction, supervision and training to support them to fulfil their roles correctly.

People were supported to maintain a healthy diet. Any dietary requirements were provided in accordance with information recorded in people's care plans.

**Good**



### Is the service caring?

This service was caring. People spoke positively about the care and support they received. People described staff as "kind" and "compassionate".

Staff we spoke with described how they respected people's privacy and dignity. They explained how they ensured people knew what was happening at all times whilst care and support was being given.

**Good**



### Is the service responsive?

This service was responsive. People had been involved in planning their care. However when asked if the agency asked them for feedback on the services they provided, all but one person said "no".

Whilst people told us that they could raise concerns and be listened to, they did not feel that things would always be acted on.

The service worked well with other health and social care professionals for example social workers and GPs so that people received continuity of care.

**Good**



# Summary of findings

## Is the service well-led?

This service was well-led. Care staff said they felt supported by management. They received regular supervision and appraisals where they could discuss personal development and learning opportunities.

Staff were aware of the whistleblowing policy and felt confident to report any concerns they had with the care offered by fellow workers.

Good



# Allied Healthcare - Devizes

## Detailed findings

### Background to this inspection

Allied Healthcare Devizes is registered to provide personal care to people living in their own homes. At the time of our inspection there were 27 people using the service. Services provided are for both adults and children who may have a range of needs including older people, people with dementia and adults and children with learning and physical disabilities.

We visited Allied Healthcare Devizes offices on 22 July 2014. We spoke with ten people who used the service and where appropriate their relatives. We also spoke with the registered manager, eight staff, a commissioner of the service and a social worker.

We used a number of different methods to help us to understand the experiences of people who used the service. These included talking to people and their relatives and looking at documents and records that related to people's support and care and the management of the service.

The inspection team consisted of an adult 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. The expert by experience gathered information from people who used the service by speaking with them.

We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR was information given to us by the provider. This enabled us to ensure we were addressing potential areas of concern. After the inspection we contacted other health and social care professionals the agency worked alongside, people using the service and their relatives.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

# Is the service safe?

## Our findings

There was a policy for safeguarding and whistleblowing which all staff received in a 'staff handbook' as part of their induction. There were also copies of the relevant local authority 'No Secrets' guidance available for staff in the office. We spoke with the registered manager and a care field supervisor regarding the reporting of safeguarding. The care field supervisors were responsible for completing the initial assessments for people wishing to use the service. They would then transfer this information into a care plan to support staff to give the correct care to people. They both confirmed they had been involved in raising safeguarding alerts. The regulations state the registered person or provider must send notifications about incidents that affect people who use services to the Care Quality Commission (CQC). CQC had not been notified of these and the agency could not find details of the referrals and outcomes. This is something we have asked the registered manager to improve on to ensure there are clear records of any safeguarding alert and we can be assured that appropriate action had been taken to protect people in response to the alerts. This meant there had been a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People we spoke with told us they felt safe when being supported by Allied Healthcare Devizes. All people when asked the question 'Do you feel safe with the service you are receiving' replied "Yes". One person told us "Yes totally confident."

Staff told us they had received training in safeguarding vulnerable adults. They could clearly explain how they would recognise abuse and what actions they would take if they thought someone was being abused or was at risk. Records we looked at confirmed staff had received this training. Staff explained that each time they visited a

person they would write their 'daily log' details of the care given and how the person had been. This way they could monitor people's well-being and report any concerns or changes.

Risks to people using the service were appropriately assessed and reviewed. We looked at the care records for five people. They all contained up to date risk assessments which included personal care, moving and handling and supporting people to access their community. Staff told us they read the care plans before providing care to people to ensure they knew how to support the person safely. Staff had access to an on-call system should an emergency arise out of office hours.

As part of their identified care and support some people participated in their preferred activities both inside and outside their home. Records showed that staff managed risks in a positive way. For example we saw one person was supported to access their local swimming pool. The risk assessment contained guidance for staff on what actions were needed to minimise the risk to ensure the person could access this activity safely.

People were protected by a safe recruitment system. We looked at five staff files and saw people were cared for by suitably qualified and experienced staff because the provider had an effective recruitment and selection process. Staff said they had completed an application form, had provided proof of identity and had undertaken a barring service (DBS) check. All staff were subject to a formal interview in line with the provider's recruitment policy. Records we looked at confirmed this.

There was a system in place to record accidents and incidents. There was also a 'body map' document available so that staff could clearly record any bruising or injuries that had been identified. We saw that for one person there were incidents recorded which related to a piece of jewellery they liked to wear but which left marks on the person's skin. This information had been shared with staff and had been included in the person's care plan.

# Is the service effective?

## Our findings

People and their families confirmed they were involved in the assessments and planning of their care. One person told us “A lady from the agency came to discuss my care plan and went through it with me.” Another person said “They will ask what I need and will always do it. I do get my say.” This enabled staff to identify people’s preferences to ensure they received care in the way they would like.

Most people and their families told us the agency met their individual care needs and preferences. One person told us “The staff are very helpful, they will do things I struggle with.” Care records contained up-to-date plans that were personal to the individual. Records included detailed guidance which identified the degree of support necessary in terms of people’s daily living skills. They also identified what people were able to do for themselves. The plans also outlined people’s likes, dislikes and preferences. Staff were knowledgeable about the people they were supporting.

People who were at risk of poor nutrition were assessed using a screening tool. We saw in one person’s records a nutritional plan had been completed using this information. The plan included the person’s likes and dislikes and what foods to avoid as they may have an impact on the person’s medication. Staff told us they read care plans prior to supporting people. The person had signed to say they agreed with this plan.

All staff had received training so they could provide appropriate care to the people they were supporting. Staff had also received additional specialist training which was specific to the person they were supporting where this was required. Examples of training covered during this period included safeguarding, infection control and moving and

handling. Staff were able to shadow a more experienced staff member before working independently. Staff also completed competency-based assessments for specialised training to demonstrate the required knowledge and skills. These included stoma care and Percutaneous Endoscopic Gastrostomy (PEG) feeding. This is where a tube is passed into a person’s stomach to provide a means feeding. Staff were ‘signed off’ by a registered nurse as being competent. One staff member told us they had recently attend a course on epilepsy which was specific to a person they were supporting. This helped to ensure the staff member could support the person effectively in the event of them experiencing a seizure.

Staff told us they felt supported and had access to regular supervision and appraisal. They also said they could attend regular team meetings for updates on what was happening within the service. Records confirmed this. We saw minutes of a recent team meeting where staff had been able to discuss individual packages of care and identify solutions to any issues arising.

We were shown the computerised scheduling system which identified the hours of support required each week. It also identified where a package of care still needed to be covered by staff. The care co-ordinator explained that the key skills of staff required by each person using the service were logged in the system. The system would then match suitable staff to the care package. They also explained that whilst the system matched trained staff to the people using the service, they would also look at people’s preferred staff personalities during the matching process. Staff training was also logged on the system which would flag up when training was out of date. They explained that staff should not be allocated to a person who required staff to have specific training.

# Is the service caring?

## Our findings

People spoke positively regarding the care and support they received. One person told us “The staff are all very nice. Any problems and they will sort it, they are good like that.” Another person said “Most carers have been with my son for a long time. He thinks of them as his friends. He has some favourites but I don’t doubt any of them.”

People told us staff treated them with dignity and respect. One person said “things are always done with me. The carers always ask first before doing anything.”

As part of their care package people were supported to be as independent as they wanted to be. People had access to activities in their community and were supported to undertake tasks within their own home. We saw in care records people were supported to complete household tasks, go shopping or access leisure activities such as swimming.

Staff were positive about working for the agency. One staff member told us “It’s awesome, I really enjoy it.” Staff spoke with kindness and compassion explaining how they put this into practice. One staff member spoke about the importance of respecting someone’s individuality. They said “How I ensure someone’s privacy will depend on the individual. You get to know what they like and don’t like. You appreciate people’s differences.” Another staff member told us “I always make sure I ask the person what they want. I tell them what I’m doing and check they’re ok.”

Staff were aware of the need to protect people’s dignity and privacy. One staff member explained that when supporting a person they would always make sure that they closed the person’s curtains before commencing any

personal care. They said “I always ask them what they want and make sure I tell them what I am doing.” One person we spoke with said “We have an excellent service.” Another person said “I am very happy with who they (the agency) are and what they do.”

Care records we looked at were person centred. They included the person’s routines and how they would like to receive care. They also contained a brief ‘life history’ of the person to support staff with getting to know them. We saw in one person’s ‘life history’ it noted that during their childhood they had enjoyed cooking. This had been identified in their care plan as an area for staff to support them to continue with.

People were involved in their care planning. One person told us “The annual review is where this is discussed.” We saw evidence in people’s care plans that discussions had taken place to check if people were satisfied with their service. We saw regular ‘quality review’ forms had been completed with the person or their family member. People could also telephone the office to discuss their care needs and make changes at anytime. Care plans had been signed by the person or their family member to say that they agreed with the information.

The Registered manager told us in the Provider Information Return (PIR) that the importance of raising any concern was discussed with people during their initial visit. Everyone said they felt confident and able to express their concerns. Where concerns had been raised we saw that actions to rectify the situation had been identified. For example one person had raised concerns regarding staff having the specialist training needed to support them. There was an action plan in place and on speaking with the person they felt staff had received appropriate training.



# Is the service responsive?

## Our findings

Whilst people told us they could raise concerns and be listened to, they did not feel that things would always be acted on. When we asked people if the agency asked them for feedback on the services they provided, all but one person said “no”. One person did say a little later they were phoned after every few visits to check that everything had gone ok.” We spoke with the registered manager regarding these comments. Whilst people did receive opportunities to feedback the registered manager said she would review how feedback was sought in light of these comments. People also told us that sometimes staff did not always arrive on time due to a lack of ‘back up’ staff. This was particularly important for people with specialist needs. One person told us “Sometimes they (the agency) send carers who have not had proper training and they cannot provide the support I need. They cannot always work the equipment I have to use.” Whilst records showed staff had received training some staff were unable to respond appropriately to the needs of this person. We have asked the manager to look at the concerns raised by this individual.

We spoke with the care field supervisor who explained the assessment process and how this was co-ordinated. They said they would use the initial information given to them to identify whether the person had any additional requirements such as nursing. For example if people required Percutaneous Endoscopic Gastrostomy (PEG) feeding or catheter care. They would then meet with the person and their family to discuss what support was required. This information was then transferred into a care and support plan specific to the individual’s needs. They said the initial care plan would be subject to change as they got to know the person in the first few weeks. They would always ring and speak with both the person using the service and care staff to find out how things were going. Care plans would then be updated as required.

The Registered manager told us in the Provider Information Return (PIR) that all people using the service were visited

within the first few weeks of their service commencing. This was to identify if their needs were being met and make any changes if necessary. It also stated that a care and support plan review can take place at any time as required. Records we looked at were reviewed regularly and updated to respond to the changing needs of people.

Some people using the service received 24 hour support. People’s care and support plans contained information relating to activities people enjoyed taking part in. The staff supported people to take part in activities either in the person’s home or within their community. One person was supported to access their local day services. Another person liked to access their community either shopping or going swimming. When we rang and spoke with this person they had just returned from a shopping trip. They told us “I like to go out. Staff always take me where I want to go.”

The registered manager explained they would sometimes hold team meetings in response to a person’s changing needs. They explained this would only include the staff members who supported the person. This would give staff the opportunity to discuss their experiences and share ideas for best practice. People using the service were invited to attend part of the meeting to be able to share their views. They could also be involved in discussion about how they wished to receive their care. We saw minutes of a meeting where staff had discussed and agreed the best physical position with which to support the person with their personal care needs. Actions required to implement this were included in the notes.

We looked at the agency’s complaints records and saw there was a clear procedure to follow should a concern be raised. There had not been any complaints since our last inspection. We saw that informal complaints were logged on the agency’s system. These included people raising awareness to the agency that they did not get on with certain staff. The agency would then log this on the system so that any action required would be taken. For example, ensuring the staff member was not allocated to provide care for that person. This meant the agency responded to concerns raised informally by people using the service.

# Is the service well-led?

## Our findings

Staff received a handbook which contained the values and philosophy of the agency. These were clearly explained to staff during their induction programme. The handbook included information on promoting independence, professional boundaries and confidentiality. All the staff we spoke with confirmed they understood their responsibility to share any concerns they had about people's care from the agency. They said they were aware of the provider's whistleblowing policy and they would feel confident raising any concerns. One staff member told us how they had raised concerns relating to a staff member they were working with. They told us management had addressed the issue raised with the person and offered them support.

The Registered manager told us in the Provider Information Return (PIR) that 'the branch operates an open door policy'. Staff told us they felt supported and enjoyed their work. The manager made sure staff had personal development opportunities to help improve the service they provided. All staff underwent a thorough programme of induction. Two members of staff told us that they had recently attended a 'care coaching' course. This course would enable them to mentor and 'buddy' new staff members. They said it would be a good opportunity to focus on the new member of staff ensuring they had the correct skills and knowledge to fulfil their role and to also feel "comfortable, doing their job."

The registered manager told us, and we saw from documentation, that various audits were completed throughout the year. These included medicines management, people's daily records and care plans, people's finances and health and safety. The provider also had a quality team who carried out an audit twice a year. Where shortfalls had been found actions had been

identified to address these. The registered manager showed us their action plan which showed the progress towards meeting the shortfalls. This showed the manager had systems to develop and drive improvement.

The provider sought feedback from people using the service and their families. Despite people stating that they weren't asked for feedback we saw a 'customer quality review' which was carried out in January 2014. People spoke positively about the services provided. One person had written "I am over the moon with the service. They are excellent." Another person wrote "Allied are brilliant. Any problems and they always contact me to update me on the situation." The Registered manager told us in the Provider Information Return (PIR) that they had requested more detailed information from the review survey so that could have a greater awareness of what was going well and what needed to improve.

We spoke with a person who purchased services on behalf of people from Allied Healthcare Devizes. They were very complimentary regarding the services provided. They explained they would provide the agency with an initial support plan to identify services required. Allied Healthcare Devizes would then work with the person and their family to produce a plan specific to the needs of the individual. The person also said "They (the agency) scrutinise every package of care and will go through the person's needs. If they feel they cannot meet the person's needs then they will decline the contract."

We asked the registered manager what they felt had been their key achievements during the past year. They said that comments from the regular feedback forms and annual survey completed by people using the service was much more positive and the reputation of the agency had improved.