

Allied Care and Nursing Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Allied Care & Nursing provides personal care and support to people in their own homes.

The inspection was completed on 5 and 6 December 2016 and 11 January 2017. At the time of the inspection there were 27 people who used the service.

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.

Quality assurance checks were not in place to enable the provider to assess and monitor the service in line with regulatory requirements or to improve the quality and safety of the service. The provider's arrangements were not as robust as they should be as they had not recognised the issues we identified during our inspection. Improvements were required by the provider to ensure that all staff employed by the service received safeguarding training and suitable arrangements were in place to escalate concerns to the appropriate external agencies.

Proper recruitment checks had not been completed on all staff before they commenced working at the service and processes had not been operated in line with the provider's own policy and procedures. Suitable arrangements were not in place to ensure that newly employed staff received suitable training opportunities, a robust induction, formal supervision and an annual appraisal of their overall performance.

Suitable control measures were not put in place to mitigate risks or potential risk of harm for people using the service as steps to ensure people and others health and safety were not always considered and risk assessments had not been developed for all areas of identified risk.

People told us that they were kept safe. Staffing levels were suitable to meet people's needs. People told us that there had been no missed or late calls and only a few occasions where staff were late. People received their medicines at the times they needed them and people's healthcare needs were managed well and they received appropriate nutrition and hydration each day according to their needs.

People spoke positively about the way staff treated them and reported that they received appropriate care and support. Staff demonstrated a good knowledge and understanding of the people they cared for and supported. People told us that their personal care and support was provided in a way which maintained their privacy and dignity. We found that people's care plans reflected current information to guide staff on the most appropriate care people required to meet their needs.

You can see what actions we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

Improvements were required to the provider's recruitment procedures so as to safeguard people using the service.

People's medication were not consistently managed safely.

Proper arrangements were not in place to manage and mitigate risks to people's safety.

Appropriate arrangements were in place to ensure that there were sufficient numbers of staff available to support people who used the service.

Relatives confirmed that in their opinion their member of family was kept safe.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Staff did not receive effective induction and training to ensure they had the right knowledge and skills to carry out their roles and responsibilities to an appropriate standard or to meet people's needs.

Staff were not effectively supported in their role through regular formal supervision, 'spot visits' and appraisal of their overall performance.

People's nutritional and healthcare needs were identified to ensure that they received proper support from staff.

Is the service caring?

Good ●

The service was consistently caring.

Relatives told us that their member of family was treated with kindness and consideration by staff.

Staff demonstrated a good knowledge and understanding of the people they cared for and supported.

Relatives told us that their member of family was treated with respect and dignity.

Is the service responsive?

The service was not consistently responsive.

People's support plans did not reflect all the information needed to guide staff on the most appropriate care and support people required to meet their needs.

Appropriate steps had not been taken by the provider to ensure that people who used the service and those acting on their behalf could be confident that their complaints would be taken seriously and acted upon.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

We found that the provider had failed to implement a robust quality monitoring system that operated effectively to ensure compliance with regulatory requirements.

The provider had failed to recognise and identify the shortcomings in the service so as to improve the quality and safety of the services provided.

Requires Improvement ●

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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 inspection to the provider's office took place on 5 and 6 December 2016 and was announced. The provider was given 5 days notice because the location provides a domiciliary care and we needed to be sure that someone would be in. On 11 January 2017 we undertook visits to five people's homes and were accompanied by the provider's care manager.

We reviewed the information we held about the service including safeguarding alerts and other notifications. This refers specifically to incidents, events and changes the provider and manager are required to notify us about by law.

We spoke with five people who used the service, four members of staff, four relatives or those acting on behalf of a person who uses the service, the provider, care manager and care co-ordinator.

We reviewed seven people's care plans and care records. We looked at the service's staff support records for seven members of staff. We also looked at the service's arrangements for the management of medicines, complaints and compliments information and quality monitoring and audit information.



Our findings

The provider was not able to show that effective and proper recruitment checks had been completed on all staff before they commenced working at the service. Staff recruitment records showed that the provider's recruitment practices required improvement and had not been operated in line with the provider's own policy and procedure. The provider's recruitment policy and procedure detailed that the provider followed a rigorous recruitment process and this included exploring people's employment history, requesting two written references and receiving an enhanced disclosure from the Disclosure and Barring Service [DBS]. The provider told us that the service's administrator was responsible for the recruitment and appointment of staff. However, following a discussion with the administrator we were advised they did not have previous experience working within a care setting.

The above did not concur with our findings. No recent photograph was available for four out of six employee files viewed. We found that satisfactory evidence of conduct in their previous employment, in the form of references, had not been received for one member of staff prior to their employment at this service. Additionally, one reference for another member of staff was received after they commenced employment. The 'Adult First Request' and DBS certificate was not received for one member of staff until they had commenced employment at the service. No rationale was recorded by the provider for not waiting for the full DBS check to be undertaken before they had taken up their post and there was no evidence to show that they were supervised and the above decision to commence employment had been risk assessed. No 'Adult First Request' or DBS was available for another member of staff. We discussed this with the provider's care manager and no rationale could be provided as to why this was not available. Furthermore there was no information recorded as part of good practice procedures relating to the interview as a written record had not been completed or retained by the administrator to demonstrate the outcome of the discussion and the rationale for the appointment. This showed that robust measures had not been undertaken to retain information recorded so as to enable the provider's representative to make an initial assessment as to the candidates relevant skills, competence and experience for the role and; so as to narrow down whether or not they were suitable.

This is a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Information held by the Care Quality Commission suggested there had been no safeguarding concerns relating to the service since the provider was registered in August 2013. However, we found that a person using the service had experienced a significant amount of money go missing. Records available at this

inspection showed that although staff had been spoken with and a meeting had been held with them, there was no evidence to show that further action had been taken, for example, notifying the Local Authority Safeguarding team and the Commission as required. Similarly there was no evidence to determine that an internal investigation had been conducted by the provider to look into the matter. This meant that the provider had failed to implement robust procedures and processes to make sure that people using the service were safeguarded and protected from abuse. They had also failed to follow their individual responsibility to identify and report potential abuse at the earliest opportunity.

The care manager, care co-ordinator and staff were able to demonstrate a good understanding and awareness of the different types of abuse and how to respond appropriately where abuse was suspected. However, the staff training records provided showed that not all staff employed had received safeguarding training. In addition, neither the care manager or care co-ordinator could demonstrate which external agencies were required to be notified where a safeguarding concern was apparent, for example, the Local Authority or Commission. A copy of the latest 'SET Safeguarding Adults Guidelines' were not available. The care manager provided an assurance that a copy of the guidelines would be sought as soon as possible.

This is a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Appropriate arrangements were not always in place to manage risks to people's safety. Where assessments were in place we found that these solely related to people's manual handling needs and environmental risks. Other risks relating to people's health and wellbeing had not been considered. For example, one person required stoma care. A stoma is a surgically-created opening in the abdomen, which allows the discharge of waste from the body. There was no support plan in place detailing the specific care and support to be provided to promote good wound care or if the person was able to self-manage their stoma. In addition, the associated risks had not been considered, such as, the skin site becoming damaged and infected, the stoma bleeding and the risk of dehydration to the person. No risk assessments were evident for two people who required catheter care and the associated risks, such as, catheter blockage and pain and discomfort to the person. Furthermore, risk assessments had not been considered for people who had bedrails and pressure relieving equipment in place. Although there was no impact to suggest that people's needs were not being met, the above risks had not been identified or anticipated and people were at potential risk of receiving care and support that was unsafe and did not meet their needs.

We looked at the records for five of the 27 people who used the service. These were in good order, provided an account of medicines used and demonstrated that most people were given their medicines as prescribed. However, the care manager was advised that some improvements were required. For example, to ensure that people's support plans reflected the level of assistance required in relation to their medication, such as, if they required staff to administer their medication or staff were to prompt them and the person's preferred method of taking medication. The Medication Administration Record [MAR] for one person did not specify all of their prescribed medication. This related to medication not contained within their blister pack. One person was prescribed a medicated adhesive patch to be applied to their body at 72 hour intervals for pain relief. However, the site of application was not recorded by staff to evidence it was not applied to the same area of skin. Furthermore, the daily care records for one person stated that their medication was crushed so as to enable them to take their medication safely as they were at risk of choking and aspiration. No information was recorded to confirm that this had been discussed with the person's GP and/or pharmacist so as to ensure that the medications' effectiveness and properties remained unchanged. The care manager provided an assurance that the latter would be addressed.

These shortfalls was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities)

Despite these shortfalls, people told us they received their medication as they should and at the times they needed them. One person told us, "The girls are very good. I always get my medicines." Another person told us, "I have no concerns about my medication." In general there were suitable arrangements in place to record when medicines were received and given to people.

People told us they were safe and had no concerns about their safety. One person told us, "The girls definitely ensure I am safe before they leave." Another person told us, "I have no concerns about my safety." Relatives told us that they were confident that their member of family was kept safe at all times. Some people told us that they had signed up to have a dedicated 'Careline' service and this made them feel safer and better protected in their own home. Careline is run by an external organisation and provides a responsive service to people living in their own homes where they require medical attention or emergency assistance. Others had a key safe as a means of providing access for staff to a person's home. The care manager and care co-ordinator advised that care was taken to ensure the key safe and code numbers were only available for those authorised to enter the person's home.

People told us that there were always sufficient numbers of staff available to provide the care and support as detailed within their support plan. People told us they had a consistent team of staff supporting them. People told us that staff stayed for the full amount of time allocated and in some instances stayed longer so as to ensure care tasks had been completed and to meet the person's comfort needs. One person told us, "The girls are always doing little extras. The girls always stay and complete whatever they are doing, even if it means they stay longer than they should." People and those acting on their behalf confirmed that there had not been any missed calls. People told us that where staff were running late, on most occasions they were either contacted by the member of staff or by the office to notify them. One person told us, "Staff always turn up. Occasionally staff are late but I have had a telephone call to tell me what is happening. I really appreciate the phone call."



Our findings

Relatives of people who used the service told us in their opinion their member of family's needs were met by staff that were suitably trained, skilled and competent. However, although staff told us that on-line training was available for them to complete, it was apparent from our discussions with staff and from the training records provided that this was not happening. Staff's comments about training provided were variable. One member of staff told us that in their opinion the training was satisfactory as they had previous experience of working within a care setting. However, the training records showed that the only training undertaken since being employed at the service was in relation to the administration of medication and moving and handling. Others told us that the training opportunities available were poor and some of the training was very basic.

The provider had an induction policy and procedure in place. This stated that all employees would be required to undergo an induction that was flexible to suit their individual needs. This referred to new staff receiving a three day induction, followed by the opportunity to 'shadow' and work alongside more experienced members of staff. It also stated that a record of the induction would be kept for all new employees within their personal file. This did not concur with our findings. Although the provider confirmed that the Skills for Care 'Care Certificate' or an equivalent formed part of the induction process, this was not completed for five out of six newly employed members of staff. This meant there was no evidence to show that the provider had assessed their competency against the core standards as outlined within the 'Care Certificate' or an equivalent robust induction program. Staff spoken with confirmed they had not completed this and were not aware of the core standards.

The training records showed that staff had not been provided with training that equipped them with the skills and knowledge to undertake their role and responsibilities, to meet their personal training and development needs and to ensure people's needs were being met safely and to an acceptable standard. For example, the training records for one member of staff who had no previous experience of working within a care setting prior to being employed at the service, showed the only training undertaken related to the administration of medication and moving and handling. Another member of staff who had no previous experience of working within a care setting prior to being employed at the service and who had been employed for several months at the time of the inspection, had only attained moving and handling training. This was confirmed by the member of staff. Staff confirmed they had not received specific training relating to stoma or catheter care and that instruction had been given by other members of staff not trained to deliver this specific training. The training records also showed that 13 out of 22 members of staff did not have up-to-date moving and handling training. The latter was not in line with the provider's 'manual

handling' policy which stated that staff would receive this training as part of their induction and annually thereafter. One member of staff last completed this in 2013, eight members of staff completed this in 2014 and four members of staff last undertook this in 2015.

Staff told us that they received good support from the care manager and care co-ordinator. Although staff told us they received regular supervision and 'spot visits', records for three members of staff showed they had not received supervision or 'spot visits' in line with the provider's supervision policy. This detailed that all support staff would receive two formal supervisions and at least one 'spot visit' within a 12 month period. The latter is where a member of the organisation calls at a person's home so that they can observe the member of staff as they go about their duties. For example, the records for one member of staff showed they received one formal supervision in 2016 only. There was no evidence to demonstrate they had had a 'spot visit.' Not all staff employed longer than 12 months had received an annual appraisal to review their overall performance. This meant formal support measures were not in place for staff. People using the service did not benefit from a well-supported staff team through the provider's arrangements relating to training, supervision and appraisal.

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

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.

The majority of staff employed at the service had not received Mental Capacity Act 2005 (MCA) training. Not all staff were able to demonstrate an understanding of the requirements of the Mental Capacity Act 2005 and what this meant for people using the service. However, from our discussions with people using the service, we were assured that staff understood the importance of giving people choices and respecting their wishes and how to support people that could not always make decisions and choices for themselves.

Where staff were involved in people's nutritional support they did so as required to meet people's needs. People told us that staff supported them as needed with meal preparation and the provision of drinks and snacks throughout the day. This was confirmed by staff spoken with.

Where appropriate people had access to health professionals as required. People told us that if there were concerns about their healthcare needs they would initially discuss these with their family member or a member of staff. The care manager told us if staff were concerned about a person's health and wellbeing they would relay the concern to the field supervisor, care co-ordinator or them for escalation and action.



Our findings

Overall people and those acting on their behalf told us that staff cared for them or their member of family in a caring and compassionate way.

People told us that they were treated with care, kindness and compassion. One person told us, "The girls are absolutely brilliant. I cannot fault the care and support I receive." Another person told us, "The girls are quite good. The girls are cheerful and I can have a laugh and joke with them. Overall the care I get is good. They [staff] do what is required and asked of them." A third person told us, "The staff are absolutely fantastic and wonderful to me. They [staff] always have time to speak to me and have a chat. It makes a huge difference and stops me from being lonely." When asked if they would recommend the service to others, each person confirmed they would not hesitate. People and those acting on their behalf told us they had a good rapport and relationship with the staff who supported them. Relatives confirmed they were more than happy with the care and support provided for their member of family and in their opinion their family member's needs were met.

Staff understood people's care needs and the things that were important to them in their lives, for example, members of their family and their individual personal preferences. People were encouraged to make day-to-day choices and their independence was promoted and encouraged where appropriate and according to their abilities and strengths. For example, where appropriate people were encouraged to maintain their independence with eating and drinking and with aspects of their personal care. This showed that people were empowered to retain their independence where appropriate according to their needs and abilities. One person told us, "I try to be as independent as possible, however if I ask the girls to help me, they are only too willing."

People told us that their personal care and support was provided in a way which maintained their privacy and dignity. They told us that the care and support was provided in the least intrusive way and that they were always treated with courtesy and respect. People told us that although staff used the 'key safe' to gain entry to people's homes, staff always shouted out to them to let them know they were entering and to confirm who they [staff] were. People told us that staff used the term of address favoured by the individual when communicating with them. In addition, people told us that they were supported to maintain their personal appearance, so as to ensure their self-esteem and sense of self-worth. People were able to wear clothes they liked that suited their individual needs and staff were seen to respect this.



Our findings

The provider's complaints log showed there had been six complaints within the last 12 months. A record of each complaint was logged. However, we found systems in place to deal with people's comments and complaints were not as effective and robust as they should be. For example, the complaint records for one person recorded there had been an incident relating to the incorrect administration of medication for one person. There was no information recorded to suggest that the incident had been investigated and there was no information recorded detailing how this had been addressed with the member of staff. This was not an isolated case. However, despite the shortfalls in recording of complaints people were positive about the service's response to concerns.

Guidance on how to make a complaint was given to people when they first started using the service. This included the stages and timescales for the process. People spoken with knew how to make a complaint and who to complain to. People told us that they would feel able to raise any concerns, or make a complaint by speaking to their relative or a member of staff. One person told us, "I have had no need to make a complaint. If I had any concerns I would discuss them with my family and then discuss it with the office." Another person told us, "If I was not happy or had a concern I would tell the office straight away."

People's support plans included the level of support required, the number of staff required to provide support each visit, the length of time for each visit, call time preferences and additional duties and tasks to be undertaken by staff. Records also showed that assessments relating to moving and handling and the environment were completed. However, as stated previously, improvements were required to ensure that risks to people's health, wellbeing and safety were identified and recorded. No evidence was available to show that the content of the support plans had been agreed with the person who used the service or those acting on their behalf. The care manager was advised that information to evidence this process should be included to show people's and those acting on their behalf involvement in the assessment process and where appropriate had signed to state that they agreed with the content of the support plan.

People told us that they received good personalised care that was responsive to their needs. The provider told us that recommendations and referrals to the service were made through direct payments or personal budgets and Continuing Health Care [CHC]. Referrals and enquiries were also received by the service from people wishing to contract privately with the organisation. An initial assessment was completed by the organisation and this was used to inform the person's support plan.



Our findings

This was the provider's first inspection since being registered with the Commission. The provider was also the registered manager of the service. At the time of the inspection the provider did not initially have a copy of the guidance for providers on meeting regulatory requirements or a copy of the Key Lines of Enquiry [KLOE]. The latter is a document centred around five key questions which are used to establish whether a service is providing a suitable standard of care. Following a discussion with them a copy of both documents were downloaded. The care manager provided an assurance that they would familiarise themselves with both documents.

The provider confirmed that the views of people and those acting on their behalf had been sought in 2016 and periodic meetings were held by them with the care manager, care co-ordinator, administrator and accounts assistant. Although these arrangements were in place, it was evident that the absence of robust quality monitoring meant the provider had failed to recognise non-compliance with regulatory requirements sooner or any potential risk of harm to people using the service. Had there been a more effective quality assurance and governance process in place, this would have identified the issues we found during our inspection. It would have also enabled the provider to identify where improvements were needed and to monitor and analyse trends. This related to shortfalls in governance of staff recruitment, staff training and support and complaints management.

Additionally, had an audit of people's support plans been implemented and completed sooner, the shortfalls highlighted as part of this inspection could have been identified and action taken to resolve the issues raised. This referred specifically to the completion of risk assessments for all areas of assessed risk. Had these audits been completed, this may have alerted the provider sooner so as to ensure these were in place, information was up-to-date and information to mitigate risks recorded.

The care manager and care co-ordinator told us they met with the provider on average once a week or fortnightly. They confirmed that the provider was contactable by telephone for advice and support. Minutes of meetings were viewed and although a record had been maintained, where matters were highlighted for action or monitoring, it was not possible to determine how these were to be checked and the issues addressed. For example, the minutes of the meeting held on 14 November 2016, highlighted that there were not enough staff employed who could drive. Concerns were expressed that too many staff had to walk or use public transport. The minutes also made reference to staff requiring medication training, 'spot visits' and appraisals. Nothing was recorded as to how this was to be dealt with and addressed.

Two out of three members of staff told us they had never met the provider despite being employed at the service for up to two years. Another member of staff confirmed they could not remember when they last saw the provider to talk to. This meant that we could not be assured that the provider was able to fulfil all functions of their role given the limited time they were at the office and following the above inspection findings.

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

Despite these identified areas that required improvement, people were happy with the care being delivered and there had been no negative impact on people's health and wellbeing. The care manager showed a commitment to improving the service in terms of their recording and governance processes to ensure that people were not exposed to undue risk. Staff confirmed they received good support from the care manager and care co-ordinator.

Information was available to show that people using the service and those acting on their behalf had been asked to complete a satisfaction questionnaire so as to give a view about the quality of the service provided in 2016. At that time 38 questionnaires were sent out and 15 responses were received. All of the comments recorded were noted to be positive.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Improvements were required to assess risks relating to the health and safety of people using the service and to do all that is practicable to mitigate any such risks.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Suitable arrangements must be in place to effectively investigate, upon becoming aware of, any allegation or evidence of abuse.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Appropriate arrangements must be in place to assess and monitor the quality of the service provided and to ensure compliance with regulatory requirements.</p>
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and

proper persons employed

Appropriate arrangements must be in place to ensure that recruitment procedures are effective and in line with regulatory requirements.

Regulated activity

Personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

Staff did not receive on-going or periodic supervision, 'spot visits' or an appraisal to ensure that their competence was maintained and their performance assessed. Not all staff had received a robust induction or regular opportunities for training.