Allied Healthcare Croydon

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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 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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

Allied Healthcare is a domiciliary care agency providing care and support to adults and some children who live in the London Borough of Croydon and surrounding areas. At the time of our inspection 128 people were using the service.

At the last inspection we carried out in September 2013 the service was found to be meeting the regulations we looked at. 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 and has the legal responsibility for meeting the requirements of the law; as does the provider. People using the service told us they felt safe and that staff treated them well. Safeguarding adults from abuse procedures were robust and staff understood how to safeguard the people they supported.

Summary of findings

Staff were up to date with training. Field care supervisors carried out regular unannounced visits to check how staff were working. There was an out of hours on call system in operation, this made sure support and advice was available for staff working outside office hours.

The manager told us they tried to match care workers with the people who use the service and keep the same staff with the same person. People we spoke with felt they were well matched with their care workers.

We saw people were involved in making decisions about their care, treatment and support and the care plans we checked reflected this. We saw how people's individual risk was assessed and how care plans and risk assessments were regularly reviewed.

People told us their privacy and dignity was respected by staff. Staff we spoke with explained how they would always ask for consent before assisting people and explained the methods they used to help maintain people's privacy and dignity.

People said they would complain if they needed to but some were unsure who to make a complaint to. People were happy with the standard of care they received but some told us the office staff did not always return their calls or tell them when they would have a different care worker.

The service carried out annual satisfaction surveys. We saw action plans in place for issues identified that needed improvement. The manager told us they had already met most of the goals identified in the action plan and were working towards meeting the rest.

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?

Good

This service was safe. People using the service told us they felt safe and that staff treated them well. Procedures around safeguarding adults from abuse were robust and staff understood how to safeguard the people they supported.

People using the service had detailed risk assessments and these had been kept under regular review.

The provider had effective staff recruitment and selection processes in place, and we found appropriate checks were undertaken before staff could begin work at the service.

Is the service effective?

Good

This service was effective. Staff had the right mix of knowledge, skills and experience to ensure people's needs were met. This was because staff were properly trained and well supported in their role through regular team meetings, supervision and appraisals.

People were supported to have sufficient amounts of nutritionally well balanced food to eat and drink. Where required, staff ensured people had enough to eat and drink throughout the day and were able to identify the risks associated with nutrition and hydration.

People's health and support needs were assessed and care records reflected this. People were supported to maintain good health and had access to health care professionals, such as doctors, when they needed them.

Is the service caring?

Good

The service was caring. People and their relatives told us they were happy with the standard of care and support provided by the service. People told us their privacy and dignity was respected by staff.

All the staff we spoke with had a good knowledge of the people they were caring for and supporting.

People and their relatives were involved in making decisions about their care, treatment and support. The care records we viewed contained information about what was important to people and how they wanted to be supported.

Is the service responsive?

Good

The service was responsive. People received care, treatment and support when they needed it. Assessments of care were completed when people first started to use the service and were regularly reviewed. We saw examples of people's involvement in this.

The service, where possible, gave people choice about who provided their personal care. People were asked for their consent before support was given.

We saw how complaints were recorded and acted upon. The service provided information to people about how they could make a complaint if they wished, although some people were unsure who they should speak with if they wanted to complain.

Summary of findings

Is the service well-led?

Good

The service was well-led. The provider had good systems in place to routinely monitor the quality of the care and support people received. People's views and comments were listed to and acted upon. Accidents and incidents were reported and what had happened was looked into and changes made d in order to improve the quality of the service.

Staff felt supported by their managers and were encouraged to report concerns.

People told us they felt they could speak to the manager if they needed to. However, we did speak to some relatives who felt the office based management team could be better at responding to their enquiries.

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Detailed findings

Background to this inspection

The inspection team consisted of an inspector and an expert by experience who had experience of older people's care services. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

We visited the service on 15 July 2014. This was an announced inspection. We told the provider 48 hours before our inspection that we would be coming. During this inspection we spoke with seven people using the service and three relatives. We spoke with four staff members, the continuous quality improvement manager and the registered manager. We examined five care plans, as well as a range of other records about people's care, staff and how the service was managed.

Before our inspection we reviewed the information we held about the service. This included any accidents, incidents and complaints the provider had notified us about in the last 12 months, and the Provider Information Return (PIR) the manager had sent us. The PIR is a form we ask the provider to complete prior to our visit which gives us some key information about the service, including what the service does well, what they could do better and improvements they plan to make. We sent 50 questionnaires to people asking them to tell us about the care and support they received from the service, 10 people responded and they told us about the care provided to them.

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.

Good

Is the service safe?

Our findings

All of the people that had completed the questionnaire said they felt safe. Most people felt their care staff had the skills and knowledge to give them the care and support they needed and they would recommend this service to another person.

People told us that they felt safe and that staff treated them well. The manager showed us the organisation's procedure for safeguarding adults at risk. We also saw a care workers handbook, given to all employees and we noted that this included procedures on the recognition and response to suspected abuse of adults and children.

We spoke with the manager and four members of staff about safeguarding. They all demonstrated a clear understanding of the types of abuse that could occur, the signs they would look for and what they would do if they thought someone was at risk of abuse or harm including who they would report any safeguarding concerns to. Staff told us they would report any witnessed or suspected abuse to the manager. If the manager was not available they would report their concerns to the senior member of staff or whoever was in charge at the time. All staff had received 'the principles of safeguarding' training as part of their induction programme and this was refreshed every three years. We saw the system used to record staff training and that all safeguarding training was current. Staff who worked with children had additional 'safeguarding children' training.

We looked at the care records for five people and saw they each contained a set of risk assessments. These assessments identified the hazards that people may face and the support they needed to receive from staff to help prevent or minimise potential harm. For example, we saw risk assessments that related to people's home environment, moving and handling, falling, skin integrity, swallowing and choking and diet and weight. We spoke with one staff member who was a field care supervisor. It was evident during our conversation that they were aware of the potential risks people using the service may face and how risk assessments should be regularly reviewed to keep them up-to-date with people's changing personal needs.

We spoke with a care co-ordinator and they told us how they tried to place care workers locally to people who use the service. They explained how this reduced travel time and ensured staff were less likely to be late. We saw care worker visits were monitored using a computerised system and any late or missed calls were highlighted for immediate action by office staff.

The service followed safe recruitment practices. Staff files contained a checklist which clearly identified all the pre-employment checks the provider had obtained in respect of these individuals. This included up to date criminal records checks, at least two satisfactory references from their previous employers, photographic proof of their identity, a completed job application form, a health declaration, their full employment history, interview questions and answers, and proof of their eligibility to work in the UK (where applicable).

Good

Is the service effective?

Our findings

People told us they were supported by staff who had the skills to meet their needs. One person said their care worker was "reliable and efficient". A relative commented, "My [relative's] care worker is absolutely fabulous and I am happy to leave my [relative] because of [the care worker's] experience."

All new staff attended a five day induction when they first started working for the service. We were shown an induction timetable and noted it included topics such as the care worker's role, the service values, first aid, infection control, food safety, nutrition and hydration, moving and handling and the principles of safeguarding. We the systems used to monitor staff training needs and identify when training was due or needed to be refreshed. Care staff told us they felt they had received all the guidance and training they needed to effectively carry out their roles and responsibilities as well as learn new skills.

Staff told us they had regular supervision with their manager. We were told how staff were assessed at regular intervals and extra supervision or training was provided for those staff who lacked confidence or the skills required in certain areas of their work. Evidence of these checks were in the staff files we looked at. We noted evidence of supervision and annual appraisals in staff files and saw the most recent minutes from the quarterly staff meetings held at the service.

Where required people were supported to eat and drink appropriately. The service had a policy on nutrition and hydration and staff told us how they supported people with their nutritional needs. For example, staff told us how they would leave people with drinks within easy reach or provide a snack in the fridge before finishing their work. Staff explained how people's dietary needs were assessed before they started using the service and then again regularly during their period of care. They told us how they would speak with people using the service and their relatives or healthcare professionals to find out individual likes and dislikes and if people had any special dietary requirements that related to their health condition or religious beliefs. We saw that care files included details of people's food and drink preferences and when they needed support with meals. We saw staff received training in food hygiene and infection control and the manager explained most staff would heat and serve pre-prepared meals and give assistance if required, but would not normally prepare meals from scratch unless requested to do so.

People felt they were well matched with care staff and staff were usually introduced before they started working with them. They told us they could discuss their health needs with staff and felt they were listened to. We saw people's personal information about their healthcare needs was recorded in the care records and noted examples where healthcare professionals had been involved in people's care. Staff told us how they would notify the office if people's needs changed and we saw examples of how additional support from healthcare professionals helped people maintain good health. For example, one staff member told us how they liaised with a GP regarding one person's weight loss and subsequent discussions with the person's family and social services to have daily meals delivered.

Good

Is the service caring?

Our findings

People and their relatives told us they were happy with the standard of care and support provided by the service. All of the people that had completed the Care Quality Commission questionnaire said their care staff were caring and kind and treated them with respect and dignity. Everyone we spoke with was complimentary about the care staff that assisted them. Relatives of people using the service told us, “They are superb” and “We have been using the service for eight years now and I am very happy with it.”

A person using the service explained their care staff were “reliable and efficient”. Another person told us, “The care I get is very nice, I like the continuity of care”. A relative said, “If I need to be cared for, I hope it is someone equally as excellent.”

Staff had a good knowledge of the people they were caring for and supporting. One staff member explained how they had notified the office, the GP and relatives with their concerns following a visit and how they had stayed with the person while the GP came to see them. Another told us how they enjoyed the interaction with people they cared for.

We saw people and their relatives were involved in making decisions about their care, treatment and support. The care records contained information about what was important to people and how they wanted to be supported. For example, we saw one person’s file had information about what radio channel they liked to listen to and that they liked to listen to the radio when they first woke up in the morning.

We saw a copy of the service user’s handbook that explained how the service would listen to people and involve them in their plan of care including how they wanted care to be provided.

People told us their privacy and dignity was respected by staff. One person told us, “[My care worker] is always careful when they help me shower.” Another person explained how their care worker preserved their dignity and said, “she always puts a towel around me.” The provider carried out spot checks to make sure people were treated with dignity.

Staff told us how they made sure people’s privacy and dignity was respected. They told us they addressed people by their preferred names, explained what they were doing and sought permission to carry out personal care tasks. They explained how they offered people choices, for example, with the clothes people wanted to wear or the food they wanted to eat.

Good

Is the service responsive?

Our findings

People received their care, treatment and support when they needed it. The service employed field care supervisors to cover geographic areas. We were told they undertook people's assessment of care when they first started to use the service and continued to review people's care needs at six monthly intervals or before this if people's needs changed. A field care supervisor told us care staff were trained to report any changes in a person's health needs. They would then visit the person to re-assess the situation so the plan of care accurately reflected their needs. When appropriate healthcare professionals had been involved to improve people's quality of care. For example, one person was losing weight and the service worked with the hospital, the GP and local pharmacy to ensure the person received the correct supplements and medicine they required. People's records included regular reviews of their needs to ensure that care plans were up to date and met their needs.

The manager explained how she tried to introduce at least three members of staff so the person using the service would have continuity of care during staff holidays or absence.

We saw that consideration was given to people's disability, gender, race, religion and beliefs and we saw detailed notes in people's care records covering food and drink preferences, cultural background and individual preferences on how they liked their care and support to be provided. For example, we saw details of how one person wanted to be involved with staff when putting their shopping away, and another had detailed guidance for care workers about how to support one person to move around at home.

People were asked to give their consent for care and we saw consent forms in people's care records. These included an agreement to sharing information with some professionals; to administer medication and permission for the agency to provide care. Staff told us how they always asked people for their consent before assisting them. One staff member told us, "I always talk to people and ask them how they want me to work with them and I explain everything I want to do." Another told us, "We need to find out from people what they would like on that day and respect people's choice."

The manager demonstrated a good understanding of the Mental Capacity Act 2005 (MCA) and explained that everyone using the service at that time had capacity and many had support from friends and relatives to help them make decisions about their care. We were told how care staff were asked to inform the office if they observed any issues including any changes in people's decision making ability. The field care supervisors would then take action and inform the relevant parties for a re-assessment of care if necessary.

The service asked for people's views and experiences. People's care records contained details of regular telephone reviews and visits to check the quality of care people received. We noted most responses were positive, however, where concerns had been highlighted we were told how the service had responded and saw that corresponding notes had been recorded and action taken.

The service had a complaint procedure which clearly outlined the process and timescales for dealing with complaints. We saw this was in the handbook given to all people when they first started to use the service. We noted staff had guidance on what to do if they or the person using their service wanted to make a complaint and this was contained within the care worker handbook. The manager showed us how complaints were recorded and acted upon, we saw a recent complaint and how it had been addressed with details of correspondence, actions taken and lessons learned.

Good

Is the service well-led?

Our findings

People were asked about their views and experiences of the service. Yearly surveys were sent to all stakeholders including people who use the service and staff. The feedback from these surveys were used to highlight areas of weakness and make improvements to the service. The results from the most recent 'Care Experience and Satisfaction Survey' conducted in April 2014 had been compared with results from previous years. We noted where areas for improvement had been identified the provider had developed detailed action plans with timescales. For example, we saw areas identified included improved customer communications, making people feel more valued and continuity of care staff for people.

People were contacted on a regular basis, either personally or by telephone, and we viewed the results of these reviews in people's care records. Most people we spoke with told us they felt able to speak with the manager if they needed to and one person who used the service described the management as "pleasant and helpful." However, we did speak with two relatives who thought the organisation of the office could be better. One relative described the service as "Good, but the admin needs to be more knowledgeable" and "The staff in the office listen, but it never happens." Another relative said, "The administration and liaison is poor, no one ever responds or rings you back." The manager explained concerns about communication with people who use the service had been highlighted in the most recent survey. As a result 'telephone call sheets' had been introduced to ensure all office enquiries were responded to within an agreed timeframe.

The manager told us they had an open door policy and actively encouraged people who used the service and staff to report any concerns they might have. Staff we spoke with told us they felt well supported by the managers at the service and were comfortable discussing any issues with them. One staff member told us, "the communication is good, the team work is good, and we all support one another." Another told us, "I feel comfortable talking to my manager if there are any problems." Staff knew about the whistleblowing policy at the service. Details of how staff could report any concerns using a dedicated whistleblowing telephone number or email address were in the staff handbook which all staff received at induction.

Quarterly newsletters were sent to staff. The latest copy included the results from the staff survey and actions taken, whistleblowing guidance, general advice on work related issues, details of the service's vision and a request for staff to volunteer to help deliver changes generated through the annual survey.

Staff meetings were held every quarter and we saw minutes from the last meeting held in June 2014. The meeting discussed issues such as uniform and identification badges, whistle blowing, communication and records. One staff member told us, "The team meetings are good, everyone chats and I always pick something new up."

The service had a system to manage and report complaints, accidents and incidents. We saw how these were logged on a central computer system. This system also provided prompts to refer incidents to the appropriate authorities if necessary. The manager told us about a recent incident and how the service had learnt lessons from the experience. We were shown how changes were implemented and how staff were given additional information via team meetings.

Systems were in place to monitor and improve the quality of the service. The provider's continuous quality improvement manager was undertaking an audit of the service at the time of our inspection. They explained how the organisation has its own internal quality rating system and this was aligned with the CQC's essential standards. Where issues had been identified we saw target dates for improvements had been set. The report of the most recent audit conducted and saw where areas for improvement had been identified the corrective action had been taken.