

# Allied Healthcare Group Limited







# Allied Healthcare - Shrewsbury

## 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.

This was an announced inspection. We gave the provider 48 hours notice of our intention to inspect. We last inspected this service 30 January 2014. The provider was meeting all the requirements of the law at that time.

The provider is registered to provide both personal and nursing care. At the time of our inspection no one using the service was receiving nursing care.

# Summary of findings

There was a registered manager for 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 and associated Regulations about how the service is run.

People who used the service were kept safe because staff understood how to do this. They recognised what abuse was and what action to take should it happen.

Staff supported to maintain their independence in their own homes or by going out into the community. The service was flexible enough to provide staff to meet people's changing needs.

Staff had the training and support to enable them to develop their knowledge and skills in order to carry out their roles.

The management team were approachable and asked the views of people who used the service in order to improve.

# 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.

People were protected from abuse and harm because staff had been trained in how to recognise this and take action.

The provider and staff understood the principles of the Mental Capacity Act 2005 and protected people using the service as a result.

There were assessments and risk management systems in place to keep people safe. Staff understood these and how to keep people safe as a result.

There was enough staff to meet the needs of the people using the service.

Good



### Is the service effective?

The service was effective.

People told us they thought staff were knowledgeable about their needs. There was an effective system in place that made sure all staff had training and supervision to enable them to carry out their roles.

People were supported to eat and drink by staff according to their care plan.

Good



### Is the service caring?

The service was caring.

People told us that staff were kind and compassionate. They were supported by staff that understood their needs and treated them with respect and dignity.

Good



### Is the service responsive?

The service was responsive to people's needs.

People told us the provider was responsive to their views, this included complaints.

People told us they were involved in their care and the manager was approachable.

People were supported in the community by staff, meaning the risk of social isolation was reduced.

Good



### Is the service well-led?

The service was well-led

People told us they were asked for their views about their care and treatment and how the service was run.

Staff told us they were supported by the manager and the provider

Good



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## Detailed findings

### Background to this inspection

The inspection team consisted of an inspection manager 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 care service.

We analysed all the information we held about the provider prior to the inspection. This included information we

requested from the provider in the provider information return (PIR). This document was completed by the provider and gave us information about how they were meeting the five questions.

We also spoke with commissioners of the service, looked at records in relation to quality assurance, recruitment and six people's care records

We spoke with six staff, seven people who used the service and two relatives and the registered manager of the service. We also used information from questionnaires that were sent to people prior to the inspection.

# Is the service safe?

## Our findings

We spoke with seven people who used the service, all of them told us they felt safe and supported by the provider. People told us they were encouraged to raise concerns about their safety and they were confident they would be addressed.

We spoke with staff about how they made sure the people they provided support for were safe. They told us they had training and understood what abuse was and how to report it. One member of staff told us, “I know it is my role to help the people I care for be safe and protect them; I would report anything that put people at risk”. Another staff member said, “The training I had really helped me focus on what abuse could look like and what signs to look out for”.

We spoke with the registered manager who told us about the system the provider had in place to make sure that all allegations of abuse were reported. The safeguarding team at the local authority were able to confirm that this system worked well and the provider made appropriate referrals. This system along with the staff training showed that people who used the service were protected from the risk of abuse or harm.

We looked at how the provider managed risk. People told us they were involved the assessment of their needs this included management of risk. Staff we spoke with told us they were kept informed of all the risks relating to the care and support they provided. One member of staff told us, “I read care plans and risk assessments in the office but I also make sure that I speak with the other staff”.

The Mental Capacity Act 2005 set out requirements to make sure people's rights are protected. The provider did have

procedures in place where people did not have the capacity to consent but they had not been implemented. The provider's consent and mental capacity policy provided guidance to staff about the steps to take where a person may lack capacity to consent, so that a decision was made in the person's best interests. The policy included a mental capacity assessment tool and best interest decision making framework that were in line with the Mental Capacity Act 2005 Code of Practice. All of the staff we spoke with understood the principles of the MCA and how this may affect the people they support.

We looked at the system the provider had in place for recruiting new workers. We saw records that showed us the system was effective. All new staff had a Disclosure and Barring Service (DBS), references and records of employment history. These checks helped the provider make sure that suitable people were employed and people who used the service were not placed at risk through their recruitment practices.

We spoke with people about the staffing levels. Everyone we spoke with told us that they were supported by staff. They told us they were contacted by the provider if there was going to be a change to their usual member of staff. We also spoke with staff about the time they were allocated to provide support and care to people. They told us, “If someone is ill and they need extra help we tell the office and they arrange for more staff to come and help”. The manager told us there was a system in place that was responsive to people's needs. Staffing levels were based upon the assessment of people's needs. We saw in the care records that we looked at this was the case.

# Is the service effective?

## Our findings

Everyone that used the service that we spoke with said they thought the staff that supported them were well trained and knowledgeable.

All staff spoken with were knowledgeable about people's needs. They all commented on the training provided to them which enabled them to perform their role and records looked at confirmed that staff received training. All of the staff we spoke with said they received supervision, performance development and attended team meetings to support them to do their job. We also spoke with new workers about their induction experience, they told us it was comprehensive and gave them the information and support they needed to carry out their role. We spoke to staff about their role as a 'care coach' for new workers. They told us how they made sure new staff were supported, had the opportunity to shadow experienced staff and were not left to care for people alone.

We saw the provider's system for training staff and how this was regularly updated. This made sure all staff received regular training and the opportunity to attend refresher training sessions when needed.

We spoke with staff about how they supported people to eat and drink. They told us they were clear about what was expected of them because the care records gave them clear instructions. We checked the care records of one person who needed support with meal preparation. We could see that the person had been involved in the process and when we spoke with them they confirmed they were happy with the arrangements in place. They told us, "They [staff] come in regular and make sure I have something to eat, they never leave me without". We spoke with one member of staff who told us, "We are the only ones who may see these people in a day so it's really important we make sure they have a hot drink and something to eat".

Everyone we spoke with said staff would contact the doctor if they visited a person and they were ill, after discussing it with them. All staff told us that they monitored people's needs and changes were reviewed with people's involvement. We were given examples of how the manager responded to individual situations and extended the length of the service where needs were identified. This showed that where needed, people were supported to maintain good health.

# Is the service caring?

## Our findings

All the people we spoke with said they had a good relationship with the staff that supported them. During our discussions with staff they talked about the people they supported in a kind and compassionate way and were passionate and enthusiastic about their work. Everyone who responded to our questionnaire said the care staff were caring and kind. This showed that people received care and support from staff that were committed to providing a compassionate and caring service.

Everyone spoken with said they were involved in discussing their care needs with staff. The majority of people who returned our questionnaire said they were involved in planning their care so they decided how they wanted their care and support to be delivered. Care records looked at confirmed people's involvement in planning their care. People told us they had information about the service and were able to choose whether or not they accepted the temporary support on offer by the service. Everyone we spoke with said that staff listened to them and did exactly what they asked them to do.

All the people we spoke with said their privacy, dignity and independence were respected by staff. All staff spoken with gave good examples of how they ensured people's privacy and dignity was maintained. This included, discussing the care with people to ensure they were in agreement, making sure doors and windows were kept closed whilst providing personal care and people were covered when received support with their personal care. We also heard how staff ensure that whilst supporting people, they also did this at the person's own pace and encouraged them to do as much for themselves as possible.

Care records we looked at were written in a way which showed that respect, privacy and dignity formed an integral part of each person's care plan. Information gathered from questionnaires showed that 100% of people that used the service said the support they received helped them to be independent. We saw that the risk assessment process was developed so that people maintained independence whilst they received care and support. This showed that people's privacy, dignity and independence was respected and promoted by the service.

# Is the service responsive?

## Our findings

All the people spoken with said they received care and support in a way that was personalised to them. People said they were involved in planning and agreeing their care so they had control over the service they received. Staff spoken with and records confirmed that people's needs were assessed and planned to ensure that support was provided based on their individual needs. All staff said there was a diverse staff group which enabled the service to provide staff of different language, gender and cultural experiences, so if people needed care and support from someone of a specific gender, culture or language this could be accommodated. Information provided in the provider information return confirmed this.

Some people who used the service were supported by staff to go out and about in the community. People told us they were flexible about this and if they wanted to change their plans, staff supported them in doing this.

All the people that we spoke with told us that staff asked for their consent before providing care and support. All care records looked at showed that people agreed their individual service statement giving staff consent to provide the care and support that had been agreed with them. Staff

spoken with said they always discussed the care with people and ensure they were in agreement with it. This meant that people received care and support with their consent.

Everyone that used the service that we spoke with said they were given information on how to make a complaint or raise concerns about the service. One person said, "I do make my views known and they respond very well making sure things get done." Other people said they didn't have any complaints. We saw that clear processes were in place to investigate and respond to people's concerns and complaints. These were dealt with at the service level in the first instance and the provider had a corporate complaints procedure, should the need arise for complaints to be escalated. We looked at a sample of concerns/complaints that had been investigated by the service and we saw that these were investigated and responded to appropriately. This meant that people could be confident that their concerns and complaints would be listened to and used to inform and improve staff practice.

We saw samples of questionnaires that were recently completed by people that had used the service. We were told that at the end of the service people were asked to give feedback on the service they received, these were analysed and reported on a monthly basis, and so that the organisation had an over view of where the service needed to improve based on people's comments.



# Is the service well-led?

## Our findings

All the people we spoke with and people that responded to our questionnaire said they received a good quality service. The majority of people that returned our questionnaire said they knew who to contact at the service if they need to speak with someone.

We saw that people were asked to give feedback on the quality of the service they received and these were analysed for trends and learning. Analysis of recent questionnaires that we saw showed a high level of satisfaction with the service. We were told that a monthly performance report based on people's feedback was collated and presented to the senior management team on a monthly basis. Learning from these were discussed in managers meetings and action plan put in place to ensure they effect changes in the service. This meant that the service had systems in place to listen to people and use feedback from people's experiences to improve the service.

There was a registered manager in post with no changes of managers so the management of the service was stable. Before the inspection we asked the provider to send us provider information return, this is a report that gives us information about the service. This was returned to us completed and within the timescale requested. This

showed that the service responded well to request made for information. Where necessary the service kept us informed about events that they are required to inform us of.

All of the staff we spoke with told us they felt supported by the manager. They told us, "You can always go into the office and speak to her", or "I get regular supervision and time to talk about things that worry me". Each member of staff we spoke with told us they knew about the whistleblowing policy and how this would protect their rights if they reported areas of concern in relation to people's care and treatment.

We saw that there were effective systems in place to monitor the service which ensured that it was delivered as planned. There was a continuous improvement team that had an oversight of the service performance and key activities within the service. This ensured that the service was able to identify any shortfalls and put plans in place for improvement, for example we saw that the service did not have a full over view of staff training. When we spoke with the registered manager they told us that this had already been identified and they were putting systems in place to improve this. This showed that the service was monitored effectively and was continually improving for the benefit of people that used it.

We saw that complaints, concerns, accidents and incidents were analysed and learning implemented to improve the service.