Allicare Limited

Allicare

Inspection report

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Date of inspection visit:
22 September 2016

Date of publication:
27 October 2016

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

Summary of findings

Overall summary

This inspection visit took place on 22 September 2016 and was an announced inspection. This meant that we gave the service notice of our arrival so that we could ensure someone was available at the office. Telephone interviews with people and their relatives took place on the 28 and 29 September.

The service is registered to provide personal care to people living in their own homes. At the time of the inspection there were 66 older people using the service.

There was no registered manager in place at the time of our visit. 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. However the current care manager had recently begun the application process with the Care Quality Commission.

Our previous inspection on 9 September 2015 found a breach of three legal requirements. We asked the provider to make improvements to ensure staff employed had relevant safety checks in place and that there were effective auditing systems for quality. We also asked the provider to ensure effective systems were in place to obtain lawful consent in accordance with the Mental Capacity act 2005 (MCA), and that staff understood these.

We found at this inspection that sufficient improvements had been made regarding these areas. This meant that at this inspection we concluded that the provider was no longer in breach of any legal requirements.

People and their relatives told us that people were safe using the service. Staff were trained in adult safeguarding procedures and knew what to do if they considered someone was at risk of harm, or if they needed to report concerns.

There were systems in place to identify risks and protect people from harm. Risk assessments were in place and carried out by staff that were competent to do so. Risk assessments recorded what action staff should take if someone was at risk and referrals were made to appropriate health care professionals to minimise risk going forward.

There were sufficient staff to keep people safe and meet their needs, and the management team had in place safe recruitment procedures. Staff were competent with medicines management and could explain the processes that were followed. Policies and procedures were in place to guide staff in relation to the Mental Capacity Act 2005. The management team understood that there should be processes in place for ensuring decisions were made in people's best interests. Staff sought consent from people and recorded this.

Staff were caring, knew people well, and supported people in a dignified and respectful way. Staff

maintained people's privacy. People and their relatives felt that staff were understanding of people's needs and had positive working relationships with people.

The service provided individualised care according to each person's needs and preferences. People and their relatives were involved in assessment and reviews of their needs. Staff had knowledge of changing needs and supported people to make positive changes to their care plans.

People and staff knew how to raise concerns and these were dealt with appropriately. The views of people, relatives, health and social care professionals were sought as part of the quality assurance process. Quality assurance systems were in place to regularly review the quality of the service that was provided.

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

The service was safe.

Staff knew how to recognise and report abuse and had received relevant training. There were enough staff to ensure needs were met and people were safe.

The service managed risk effectively and regularly reviewed people's level of risk. Medicines were managed appropriately.

Is the service effective?

Good

The service was effective.

The service provided staff with training and they received supervision and observations from the management team.

People were supported to maintain good health, and were encouraged to eat a healthy diet.

There were effective processes in place to work in accordance with the Mental Capacity Act 2005. Staff sought consent and recorded this.

Is the service caring?

Good

The service was caring.

Staff treated people with kindness and dignity .They took time when delivering support and listened to people. Staff maintained people's privacy.

People were consulted about their care and had opportunities to maintain their independence.

Is the service responsive?

Good

The service was responsive.

People received personalised care which was responsive to their needs.

People were supported to maintain hobbies and interests they enjoyed.

There were processes in place to identify if people had concerns about the service.

Is the service well-led?

Good

The service was well led.

Allicare Ltd. sought the views of people regarding the quality of the service. Improvements were made when needed.

There were quality assurance processes in place for checking and auditing safety and the service provision.

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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 visit took place on 22 September 2016 and was an announced visit. This meant the provider had notice so that we could make sure someone was available on the day. Telephone interviews were carried out on 28 and 29 September 2016 with people that use the service and their relatives. These interviews were completed by 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 reviewed the notifications that had been sent to us by the provider. We also contacted social care professionals within the county for their views.

We spoke with seven people that used the service and nine relatives. We also spoke with the director, care manager and seven care staff. We reviewed the care records of six people, training records and staff files as well as a range of records relating to the way the quality of the service was audited.

Good

Is the service safe?

Our findings

At our inspection on 9 September 2015 we found that there was a lack of suitable arrangements in place for ensuring staff had appropriate checks carried out, before working with people. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection in September 2016 we found that improvements had been made and we found the service to be compliant in this area.

We found in all the staff records that we viewed that recruitment processes were safe. They included an interview which covered any gaps in work history, information showing references had been taken up and appropriate criminal records checks were in place. We saw in all staff files, and staff confirmed that they did not work unattended until their checks were completed. We concluded that the director of the service had made sufficient progress to check that staff were suitable to work with the people using the service. Therefore they had met the requirements, and were no longer in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection we also found that improvements were needed to ensure staff understood how to minimise risks. The director told us at our last visit that they were reviewing risk assessments to make sure they contained sufficient guidance for staff.

During this inspection people told us that they felt that safe when staff delivered care. One person told us, "I need to be hoisted out of bed in the morning. All staff are confident using the hoist". We saw in care records that risk assessments had been undertaken and that they were completed with detailed information on how to minimise risk. Staff confirmed that this information was useful and were able to give examples of how they used risk assessments to support them at work. For example, we saw that one record showed that a person could present behaviour that could be seen as challenging by others. The care record stated that staff should allow the person some extra time and then try and support the person again with care. Staff confirmed this and told us that this person responded well. Another example was that one person became distressed at times when two staff members were working together. Staff told us, and we saw in the care record that to minimise risk, one staff member should take the lead and this relieved the person's anxiety.

We also saw that general risk assessments and environmental risk assessments had also been updated. Staff were also able to tell us what they would do if they arrived and found someone had fallen. They were able to explain the process and also their liaison with the local authority Swift Team (this is a team dedicated to supporting care staff to deal with emergencies such as falls to and to minimise the use of paramedics, where appropriate). Risk assessments showed when someone was at a higher risk of falls and included practical advice on how to best support people. For example, one care record stated that staff should remind the person to use their frame. We saw in the daily notes that staff reminded the person and put the frame by their chair. Staff told us about the equipment people used in their homes and what they did to carry out safe care with regard to the risk assessment.

We concluded that staff had access to risk assessments that enabled them to carry out their roles in a manner that reduced risks faced by people using the service.

At our last inspection we found that there were improvements needed in the way people's medicines were managed by staff.

At this inspection in September 2016 a relative told us, "They go in at regular intervals and prompt [relative] to take their medication, and write it down". Staff also told us that they were confident to prompt and administer people's medicines. They told us the process for any errors that may occur and what action they would take. Some people had a Medicines Administration Record (MAR) in their homes that staff needed to complete when medicines were given. Staff were able to tell us how to complete these and what they should do if there was a gap on a chart.

We viewed the MARs for people using the service and found them to be completed correctly and that there were no gaps. Care records matched the MARs in terms of the medicines listed and how people liked to receive their medicines. Some people took medicines as and when they needed them, known as PRN medicines. We saw that these were given, when necessary, as per the MAR and PRN protocol and were recorded appropriately. Staff told us that they received training regarding medicines and their competency was checked. Training records and staff files confirmed that this took place regularly.

We concluded that the management of medicines was sufficient for the needs of people using the service. Staff knew when medicines had been given and what to do in the case of any errors.

People using the service told us that they felt safe. One person told us, "I have lost my confidence and just knowing that there is someone there makes me feel safe". Another person told us, "I always feel safe when they are with me". All people we spoke with told us that they always knew the person that carried out their care, and that all staff wore a uniform and had an identification badge. This meant that people felt confident that the staff that arrived at their home were employed by Allicare.

Staff had knowledge of how to protect people using the service from harm. Staff felt confident they could talk to their line manager if they had any concerns. Staff told us and the management team confirmed, that staff had the relevant training and we saw records of this. The care manager confirmed to us that they had knowledge of the local authority processes to protect people and how to report concerns. This meant that there were systems in place to protect people.

People told us that there were enough staff to meet their needs. One person told us, "[Staffing] it has settled down now but at first we had lots of people". Another person said, "They will always tell me who is coming next". Staff told us that there were sufficient staff to meet people's needs. The director showed us the mechanisms they used to produce staff rotas and the checks they used to ensure all care visits were covered.

If staff were running late then there were clear processes staff had to follow, and staff confirmed these. People using the service confirmed that they knew if there would be a disruption to their care service. One person told us, "If they are a bit late they never short change me" and a relative told us, "They informed me [when they were unable to visit on time] so I was able to cover it, Allicare systems work for us".

This showed us that staffing levels were sufficient to be responsive to people's individual need.

Good

Is the service effective?

Our findings

At our inspection on 9 September 2015 we found that there was a lack of suitable arrangements for obtaining people's consent for care, acting in accordance with the Mental Capacity Act 2005 (MCA). The director and staff did not have robust knowledge of the Act and what it meant to people using the service. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection in September 2016 we found that improvements had been made towards compliance with the MCA.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA , and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found that the service was working within the principles of the MCA. People using the service told us that staff always gained consent or asked if people were ready to do something. One person confirmed that whilst their care record stated that they had a shower every day, this was their choice if they did not want it; they told us that staff asked them every day.

Staff told us that they had received training in MCA and we saw that this had also been discussed in team meetings. Staff told us that they understood what the Act meant and were able to give examples of consent. For example, one person needed to attend a hospital appointment; however they did not want to go. Staff said that this person had the capacity to make decisions and they asked them every day if they wanted to go, for the week leading up to the appointment. The person declined further and staff cancelled the appointment, at their request, this was recorded in their care record. Staff also told us that they visited someone who had not got capacity to make decisions. We saw that the care record reflected this, as well as guided staff on how to gain consent from them. Allicare had followed the best interest's process appropriately to meet the needs of this person. Staff were able to tell us the prompts they used to gain consent and how the person would respond if they did not want something. We saw that care records had a section to be signed by the person. A person using the service confirmed to us that they were asked to sign the document to consent to the service. We concluded that sufficient work had been undertaken by the director and management team to better understand the Mental Capacity Act 2005.

At our last inspection we found that improvements were needed to ensure that staff received appropriate training. At this inspection we found that improvements had been made.

People who used the service spoke positively about the competence of staff and expressed confidence at having their needs met. One person told us, "My carer sometimes tells me what they have been up to, like practising with the hoist". Whilst another person said, "I think they have a lot of training, I have watched them, they know what they are doing". A relative confirmed, "They are well trained, [team leader] is an excellent role model".

We viewed the training records for staff and saw these to be up-to-date and covered all the areas that the management team deemed mandatory. Staff told us they received regular training and that they could ask for training at any time. A staff member told us that they had received training for when they worked with a person who used specific equipment. We saw this training was required of all staff working with this person and the care record confirmed this. We saw evidence that staff had received this training. This meant that staff had access to appropriate training to undertake their caring roles.

We saw that staff had access to the Care Certificate (the Care Certificate is a set of standards that social care and health workers adhere to in their daily working life). Existing staff were supported to undertake a formal qualification in health and social care. Staff also told us about the induction that they received, which included initial training and shadowing more experienced members of staff. Staff and team leaders confirmed that a staff member was not able to work alone until this process had been assessed and signed as competent by a senior staff member. Staff felt this process was helpful, and also confirmed that they could ask for further shadow experiences if they felt they still needed it.

The care manager and team leaders told us that they measured staff competency in a number of ways. This included observations; spot checks and formal one to one meetings with care staff. We saw that records and the outcomes were kept in staff files. Staff confirmed to us that these were useful and helped them to observe best practice in care delivery. Staff told us that they did not need to wait until these formal occasions to seek support from their line manager. They could do this at any time, meaning that staff had support at all times to carry out their role.

People who used the service told us staff supported them with their meals, and they always had a choice of what they wanted. One relative told us, "[Relative] has a hot meal at lunchtime, sometimes they do a fresh meal other times a microwave type, they give them the choice". We saw in care records that people's likes and dislikes around food and drinks had been recorded. Staff included in notes what a person had chosen so other staff were aware, and to ensure a varied diet was achieved.

The director told us that there was no one currently at risk of not eating enough or receiving enough to drink. One staff member told us that they noticed a person was not eating meat anymore. The staff member was concerned and referred this to their line manager. We saw that the team leader had visited and the person was finding it hard to swallow. A referral had been made to the Speech and Language Therapy Team (SALT) and this person required a softer diet. We saw how staff had responded to this and ensured the person received the right type of diet for their needs.

People told us that they were supported to access healthcare. One relative told us, "They will take [relative] to the doctors if needs be, especially for blood tests. They make the appointments to coincide with their visit, it is all very organised".

Staff told us that they felt confident to call health professionals when they felt it appropriate. Staff also confirmed that they would ask people first if they wanted help first. We saw in care records that there were visits from other health professionals and that staff responded to instruction that was left.

Good

Is the service caring?

Our findings

People using the service told us, "We have lovely staff, they care for both of us" and another said, "I am completely happy, [care staff] seems happy in their job, makes a big difference". A relative told us, "There was rapport with both of us; all of the staff were interested in both of us. I suppose they were caring for me too". This showed us that staff were caring of relatives living with people who used the service as well as the person receiving support.

Staff told us that it was important to talk to people who used the service and reassure them. The also said that it was important to get to know someone well as this gave them topics of conversation outside of care needs. One staff member told us, "I always talk to them and ask them how they are". All staff we spoke with explained they felt that they should build trust with a person and be kind and considerate.

A relative told us that staff tried where possible to encourage people to maintain their independence. They told us, "There has been an improvement, particularly with [relative] since they [staff] have been coming. At first they needed assistance with their showering, but now staff prompt them and they can shower independently". Staff told us that they supported people to make decisions and to be as independent as possible. They told us that they would offer choices to people to see if they wanted to carry specific tasks out themselves and would support with the other tasks. For example a staff member said they would hand a person a towel so that they could dry themselves. This showed us that staff worked with people to give them the confidence to have more independence over their daily lives.

People told us that they were involved in planning their care. One couple told us, "We are both involved in planning what we need". Another person confirmed, "The first visit was an assessment and then the plan was written with me, it has been updated with the team leader".

The care manager confirmed that this was the process and that team leaders undertook a check review every six weeks. Where there had been changes we saw that the records reflected this. Staff told us that they would check the daily records which indicated if there had been a change. We saw in people's care records that there was an initial assessment and that the plan was centred on the person's care needs. The records were outcome focused and reflected their abilities and wishes. This showed us that staff were committed to involving people with planning care that was important to them.

People using the service told us that their dignity was always respected. One person said, "They always ensure my modesty is kept by ensuring a towel is in place". Another said, "They will always knock on the door and ask if I want to get up, they are very polite". A relative confirmed, "The way they speak to my parents is very respectful".

Staff were able to explain the principles of good care and they should ask people before they carried out any tasks. Staff confirmed how they maintained people's privacy and would shut doors and curtains before delivering care. We saw in people's care records that notes made by staff were respectful and polite.

Good

Is the service responsive?

Our findings

People told us that they had choices in what they did day to day. For example one person said, "I choose the time of my call, I am an early bird and asked for as early as possible. It works well for me". A relative told us, "Allicare management worked their socks off to get the right people for my [relative]".

The management team told us that people got a choice of care staff. A relative confirmed this, "There was one [staff member] that [relative] couldn't get on with, I had a word with the manager, and I think [staff member] was moved to another round". Staff explained to us how they would offer people choice for example by asking what clothes to wear, or options for meals.

We saw that care was centred around individual needs and that staff did not rush people. A relative told us that their relative was hard of hearing. They went on to tell us, "They [staff] have to write everything down to communicate but they are all very patient, the company allows extra time for this communication". They added, "If there is a new member of staff, when they first meet [relative] they will write a bit down about themselves". Staff said this was important to make care individual and meant they could improve people's daily lives.

We saw in one care record that someone was afraid to go out. This person needed to access a health service and staff had tried a number of ways to support the person to attend. We saw in care records that staff had looked for alternatives ways to address the issue, one being to ask if the health professional could carry out the appointment at the person's home. This was outside of the normal remit for this type of health service. However, with staff support the person was able to have the appointment at home, causing much less distress. This showed us that staff were responsive to people's individual needs, respected them and acted upon them.

Staff told us that they found care records to be useful, and that they gave detailed information about the person. This included a history of the person and their likes and dislikes. Care records also contained, where applicable, the initial assessment made by the local authority. Staff told us that they were able to make suggestions regarding the care records and that their line managers would listen and take appropriate actions.

People told us staff always asked if they wanted to go out to get shopping, or undertake a different activity. Staff told us it was important for people to maintain their hobbies and interests as it gave them something else to focus on, other than the support they received. Staff gave us some examples; one person really enjoyed crafting but could not get out. This person would order items to be delivered and with a friend would do crafting at home. Staff continued to tell us how they asked the person to show them what they had crafted and what they were planning next. Another person liked to attend a local car boot sale each weekend. Staff told us how they asked the person on a Monday, what items they had bought and the person took pride in showing them to staff. A staff member who worked in the office played a musical instrument, and with initial care planning staff discovered a person using the service did as well. They asked the person if they would like a visit from the office staff member and they said yes. The staff member continued to visit

regularly to keep this person's interest in music accessible.

This showed us that staff took an interest in people's hobbies and encouraged them to actively talk to staff about them

People told us that they felt comfortable to talk to staff about any concerns or complaints they had. One person said, "If I have a concern I talk to them, and we work it out". A relative confirmed, "If it is about care then I would talk to the team leader. If it was related to policy or a company issue I would contact the office direct". One person also told us that they had raised concerns about the care they received, and that it had been resolved quickly and effectively.

We saw that there was a policy in place, and that staff knew how to raise concerns if someone had raised concerns to them. The management team explained the process to us and how they would deal with complaints as they arose. We saw that no formal complaints had been received in the last 12 months however a large number of compliments had been received. We saw that an annual satisfaction survey was sent to people using the service, and responses were largely complimentary. Where there had been issues identified we saw that the management team had addressed these, and actions were put in place.

Good

Is the service well-led?

Our findings

At our inspection on 9 September 2015 we found that there was a lack of effective systems in place to monitor the quality of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection in September 2016 we saw that improvements had been made to address the shortfalls.

The care manager explained to us that team leaders were responsible for undertaking audits at a local level. Team leaders confirmed that they undertook spot checks on staff and records. For example when they were visiting a person to carry out a review they would check the care record and MAR if one was in place. Team leaders had a check list to complete during this process. The care manager would then undertake spot checks of team leaders to ensure they were appropriately checking the quality of the service. We saw evidence of these checks within the quality audits that we viewed. We also saw that MARs were completed appropriately and this was a result of new specific monthly medicines audits that were in place.

Staff told us, and the management team confirmed that daily records were cross referenced with staff rotas to ensure care was delivered. Staff told us that their competency was checked regularly and this included spot checks. These checks focused on wearing a uniform, punctuality and checking staff followed care records and signed to confirm it. We saw that team leaders monitored the accidents and incidents of people using the service. This had led to action such as making appropriate referrals to, for example, the Falls Team when required. This was a direct result of increased audits of people's care and their records.

We saw that training and supervision (formal one to one meetings for staff) dates were recorded. This meant that the management team knew when people were due for refresher training or a formal meeting. We saw that training had increased and staff felt they had regular meetings with their line manager. This meant that the management team were able to continually support staff and track their progress.

We concluded that systems to monitor quality and safety of the service had improved. The management team had more knowledge of the service that was delivered and where they needed to improve. This meant that the service was no longer in breach.

People we spoke with all knew their local team leader and felt they could talk to them at any time. They also told us that they could call the office at any time and that they were polite and efficient. Everyone we spoke with would recommend the service to someone else.

At the time of this inspection visit there was not a registered manager in post. However we met the current care manager who is overseeing the service. They will be applying to become the registered manager going forward. Therefore there was leadership in place for team leaders and staff, however this needed to be formalised with the Care Quality Commission (CQC).

Staff confirmed that they were able to speak to their line manager at any time, and that they felt supported. One team leader told us that they felt supported by the director. They also felt they could manage their own teams, in their own way. This they told us empowered them to organise their workloads and deliver care effectively, as they felt they were trusted by the director and care manager.

We saw records, and staff confirmed that they had regular team meetings and that they could add to the agenda. Staff felt able to raise concerns or issues and said they felt listened to. They also said that if they needed to they knew how to raise concerns outside the organisation, though none of the staff we spoke with had needed to raise concerns outside the service.

Staff were able to tell us about Allicare's core values, and these included empowering people to be as independent as they could be. Staff were able to give us good examples of where they had strived to achieve this. Staff were passionate about the people they supported, and we saw that the management team shared this outlook.

There was a business continuity plan in place, and the director told us that this focused on consistent care delivery. We saw this to be the case. The director was able to talk to us about the key challenges they felt the business faced and their plans. The director had taken the concerns raised in the last report and had dealt with them effectively. This showed us that they did understand the key challenges and had worked to improve the overall quality of the service. The director and care manager knew when to make notification of incidents to the CQC, and all relevant notifications had been received.