Allied Healthcare Group Limited

Allied Healthcare - Hull

Inspection Report

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Overall summary

Allied Healthcare – Hull is a domiciliary care agency that provides care for approximately 250 people in Hull and the surrounding area.

Our inspection team was made up of one inspector and a specialist pharmacy inspector. Below is a summary of what we found. The summary is based upon observations during the inspection, speaking to people who used the service and the staff supporting people. We visited two people in their own homes and spoke to a further three people who used the service by telephone.

During our inspection we reviewed the service's systems around the safe administration and storage of medicines. We found that the medicines administration records were not always completed to support and evidence the correct administration of medication. Our findings meant that there had been a breach of the relevant regulation (Regulation 13) and the action we have asked the provider to take can be found at the back of the main report.

The care plans we reviewed showed people's individual health care needs were addressed. Each care plan we viewed had been signed by the person or a member of their family. This confirmed their involvement in their care.

People were protected from care workers who were registered as being unsuitable to work with vulnerable adults through checks with the disclosure and barring service.

Care plans showed each person had a personal profile which described their personal preferences in relation to religion, food, drink, and daily routines. These had been reviewed regularly.

Staff were supported through a programme of staff training, supervision and appraisal. These ensured staff were supported to deliver care safely to people. Whilst core training for all staff included topics considered mandatory in order to provide good care, moving and handling for example, no specific training for the care of people with dementia was available. This meant care workers could be attending to people without a full understanding of their needs.

People were able to express their views and these were listened to. We saw records from telephone or face-to-face reviews undertaken every six months, providing the person consented to this and was able to participate. This showed the service had acted on people's views.

Staff rotas showed members of staff were given calls within a small geographical area. This was because the service gave no travel time between calls. People who used the service and staff members told us this sometimes meant calls had to be cut short or were late.

We looked at the manager's monthly internal quality assurance programme. Recent audits included checks that people's care files were complete in content, medication records and missed calls. The manager also showed us a report they generated each month which showed what tasks needed to be carried out by coordinators [team leaders] each month. Although these audits took place we found care files did not adequately assess people's medication needs and procedures were not in place for care workers to report changes in medication.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

The service was not safe because whilst they had the correct systems in place to manage risks, safeguarding matters and staff recruitment they did not have the systems in place to ensure the safe administration of medicines.

Our findings meant that there had been a breach of the relevant regulation (Regulation 13) and the action we have asked the provider to take can be found at the back of the main report.

Members of staff had received safeguarding adults training and had regular updates.

Staff were given guidance about the appropriate personal protective equipment (PPE) to wear, disposable gloves for example.

Are services effective?

The service was not effective. Whilst staff ensured people's needs and preferences regarding their care and support were met and they knew the people they supported well, staff training and supervision did not always focused on the needs of the people being supported by the service. For example, we did not see that any training for caring for people with dementia was available.

Risk assessments designed to prevent pressure sores were not always completed fully and inconsistencies were apparent between some information kept in people's homes and the files kept in the office.

Are services caring?

The service was caring because people had their privacy and dignity respected. We observed that staff members knew about the people they cared for and approached the care in a professional and positive manner. People told us the care they received was good.

Are services responsive to people's needs?

The service was responsive, as people had their care and support needs assessed and kept under review. People knew how to complain and a system was in place to deal with complaints.

Are services well-led?

The service was not well-led. The processes for checking medication and how staff managed infection control were not specific enough and needed improvement. Members of staff told the service was led by an approachable management team that promoted and a

Summary of findings

positive and open working atmosphere. There were sufficient staff to meet people's needs and they were competent and knowledgeable. Although there was a comprehensive auditing system in place, it had failed to identify a number of gaps in information and inconsistencies between the files in people's homes and those kept in the office.

Summary of findings

What people who use the service and those that matter to them say

We visited two people in their homes. Comments from people included, “The staff are ever so friendly and caring. Sometimes they are a bit late but that’s alright because when they get here they are first class”, “I like the ladies that come, they know exactly what to do and how to look after me, I really look forward to them coming” and “I can’t complain about a thing; I feel very safe.”

We asked people who used the service about how the service maintained their dignity; they told us, “The girls [care workers] will always ask me first before they do anything. They always make sure doors are closed and curtains are closed.” Another person said, “I feel they do as much as they can to protect my dignity. At my age you feel you lose your dignity a lot but the lady who comes to me tried really hard to make me feel private again.”

Allied Healthcare - Hull

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 regulations associated with the Health and Social Care Act 2008. It was also part of the first testing phase of the new inspection process CQC is introducing for adult social care services.

We visited this service on 12 May 2014. We used a number of different methods to help us understand the experiences of people who used the service. These included talking with members of staff and external health professionals. We also visited two people's homes in order to gain their views about their care. In addition, we looked at documents and records that related to people's support and care and the management of the service.

The inspection team consisted of a lead inspector and a specialist pharmacy inspector. A pharmacy inspector is a registered pharmacist who is employed by CQC to look specifically at the management of medicines within services.

The service was last inspected on 29 May 2013. There were no concerns found at that inspection.

Before our inspection, we reviewed all our information we held about the service and contacted the local safeguarding authority and local commissioning bodies. The provider submitted a 'provider information return', which we reviewed prior to the inspection.

Allied Healthcare – Hull provides domiciliary personal care services to approximately 250 people within Hull and the surrounding area.

Are services safe?

Our findings

During our inspection we reviewed the service's systems around the safe administration of medicines. We found that people using the service did not receive their medication as prescribed. Our findings meant that there had been a breach of the relevant regulation (Regulation 13) and the action we have asked the provider to take can be found at the back of this report.

Procedures were not in place describing how care workers should report any changes to people's medicines in order that their needs could be promptly re-assessed. We saw that carers had arranged family support for one person to take their evening medication because the time between the evening and tea-time agency visits was too short for the final dose to be safely administered. These arrangements were not reflected within that person's risk assessments and care plan. Similarly, a care worker was 'chasing up' a missing medicine for another person. Again, this concern had not been reported. This meant the person did not receive their medication at the prescribed time.

Procedures for training and assessment in the use of nebulisers were unclear and the agency could not provide a list of care workers who had completed this training. This meant it was not possible to tell whether all carer workers supporting people with their nebulisers had completed appropriate training. The three care workers we spoke with told us they had not received this training.

The manager had started to complete checks of the medicines administration records but a more detailed audit of medicines handling was not completed.

Medicines were not always handled safely. Most medicines were supplied in a monitored dosage system. This was used correctly to support the safe administration of medicines in the home. However, we found that the medicines administration records were not always completed to support and evidence the correct administration of medication. We saw gaps in the record keeping for three people that meant we could not tell whether their medicines including tablets, inhalers and eye drops had been given correctly. Additionally, we could not evidence that the correct dose of Warfarin was administered to a fourth person.

Controlled drugs were not safety handled. We found stocks of controlled drugs at one person's home that had not been entered into the controlled drugs register. Additionally, we saw the medicines administration records were not completed when controlled drugs were administered. We saw that there had been delays in administering controlled drugs to two people, increasing the risk of breakthrough pain. This meant systems were not in place to prevent people from suffering unnecessary pain due to the service not administering medication at the correct time.

Care plans did not clearly record assessments of people's individual medicines needs. One person had chosen to self-administer one of their medicines. However, a self-administration risk assessment and care plan had not been completed to identify any support needed with this. Although the registered manager and staff were able to describe how people's capacity should be assessed under the Mental Capacity Act 2005, where the covert (hidden) administration of medication was used, appropriate arrangements were not in place to ensure this was assessed and monitored in order that this person's best interests were protected. Where people regularly refused medication, records of GP advice was not consistently sought and recorded.

Safe systems were in place for assessing and recording people's medicines needs before they began to use the service, following a locally agreed policy. This information was used to inform people's care plans to help ensure the right support was provided with their medicines. Medicines were administered by carer workers who had received assessed medicines training and clearly recorded using a standard template.

We visited the home of two people who used the service. Both people told us they felt safe and well cared for. Comments included, "The staff are ever so friendly and caring. Sometimes they are a bit late but that's alright because when they get here they are first class", "I like the ladies that come, they know exactly what to do and how to look after me, I really look forward to them coming" and "I can't complain about a thing; I feel very safe."

We reviewed the policies in place for infection prevention and control. We saw staff were given guidance about the appropriate personal protective equipment (PPE) to wear, disposable gloves for example. The members of staff we spoke with were able to describe when to wear PPE and how to dispose of it safely in order to prevent cross infection between visits. Members of staff told us, "We've

Are services safe?

had training about glove and apron use. All the carers I know wear gloves" and "The company checks on you with spot checks and one of the things they look at is if you're wearing the correct PPE." However, members of staff did tell us that whilst there were ample supplies of disposable gloves available, their quality was poor and they were thin and often split. We asked the registered manager to look into this issue.

The care plans we reviewed showed people's individual health care needs were addressed. Each care plan we viewed had been signed by the person or a member of their family. This confirmed their involvement in their care.

Each person had a set of risk assessments which identified hazards people may face and provided guidance to staff to manage any risk of harm. Care plans and risk assessments were reviewed monthly to ensure they were current and relevant to the needs of the person. We saw reviews were meaningful and informative.

We reviewed the service's policies and procedures designed to recruit appropriate staff. We checked staff files and confirmed that at least two references had been received for each new member of staff. Checks had been made with the disclosure and barring service (DBS) to confirm the person had not been registered as being unsuitable to work with vulnerable adults.

Records showed staff had received safeguarding adults training and had regular updates. The members of staff we spoke with were able to describe the types of abuse to look out for and the system for reporting any concerns. All the staff we spoke with said they felt confident the management would deal with any such reports quickly.

Are services effective?

(for example, treatment is effective)

Our findings

Each person had their needs assessed before the service commenced. Each assessment contained information from the person and their families. This included information about people's needs, choices and health problems. Information was also provided by health and social care professionals such as district nurses, GPs and social workers. This meant the staff had the appropriate information about people's health and wellbeing at the start of the care.

We reviewed six care plans. We saw each person had a personal profile which described their personal preferences in relation to religion, food, drink, and daily routines. We saw this had been reviewed monthly. One member of staff told us, "People are at the centre of what we do, so we give them as much choice as possible." When we visited one person's home we observed the care worker giving the person the choice of where they wanted to sit, what they wanted to wear, drink and eat. One person who used the service told us, "Yes, they always give me a choice of things to do and wear, I'd be lost without them."

We saw people's care files included advanced care plans (ACP). The aim of an ACP is to make clear the person's wishes and will usually take place in the context of an anticipated deterioration in the individual's condition in the future. The ACPs contained information about their wishes about the end of their life. This showed the service had taken steps to respect people's dignity.

The three members of staff we spoke with demonstrated a good understanding of people's care and support needs and clearly knew people well.

Staff files confirmed that staff were supported through a programme of staff training, supervision and appraisal. These ensured staff were supported to deliver care safely to people. Core training for all staff included the administration of medicines, moving and handling, fire safety, infection control and food hygiene. However, we could not see specific training for the care of people with dementia. One member of staff told us, "I think we've had the right training but it would be nice to have more training on things like dementia, we don't really know anything about it." Another staff member said, "We don't get a lot of training about illnesses you're walking into. Sometimes you read care plans and you don't know what things are." This meant care workers could be attending to people without a full understanding of people's needs.

We asked staff about supervision and one told us, "I get a supervision session each month. We talk about any concerns about people and what we want to achieve. I find the office and management have always been responsive to me."

We reviewed risk assessments to see how the staff protected people from developing skin damage and how they cared for people who had been assessed as being at high risk of developing skin damage, as a result of sitting in one place for long periods for example. However, in one person's file we found the risk had been assessed using a recognised assessment tool but the information had not been transferred on to their risk assessment which gave staff information about how to reduce this risk. In addition, we saw a body map had been completed within the person's home but no information was available in the office files. This meant that staff may not have the necessary information to provide effective care.

Are services caring?

Our findings

We reviewed the agency's equality and diversity policy which included information for staff about different faiths and cultures and the potential implications for care and dietary requirements.

Members of staff told us they took time to understand the needs of people who were not able to communicate as well as others, particularly those with dementia. However, the two members of staff we spoke with were unable to describe how people's language and facial expressions could be an indication of how they were feeling or whether they were in pain or discomfort.

We observed members of staff providing care with compassion and respect. We saw staff sat with people talking about things that were important to them. We observed one care worker listening to one person who was concerned about what to have for lunch. The care worker listened to the person's concerns patiently, without interrupting them. Following this the care worker suggested a meal which the person was happy with.

We reviewed six people's care plans. We saw each person had a personal profile which described their personal preferences in relation to religion, food, drink, and daily routines. We saw this had been reviewed monthly in order to check the information was still relevant to the person. We saw care plans contained information about relationships that were important to people and other health and social care professionals that were involved in their care. One care worker we spoke with confirmed they always tried to comply with the views of the person and/or the family providing they had time to do so.

People were able to express their views and these were listened to. We saw records from telephone or face-to-face reviews undertaken every six months, providing the person consented to this and was able to participate. These showed the service had acted on people's views.

We asked members of staff how they maintain people's privacy and dignity. They were able to give examples such as closing curtains, closing doors and asking the person for permission before carrying out any tasks. One person who used the service told us, "The girls [care workers] will always ask me first before they do anything. The always make sure doors are closed and curtains are closed." Another person said, "I feel they do as much as they can to protect my dignity. At my age you feel you lose your dignity a lot but the lady who comes to me tried really hard to make me feel private again."

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We were told people's health was monitored at each visit. We reviewed the daily reports written by staff and saw they often contained good information about people's wellbeing each day. However, some daily notes were too brief and simply stated, "No change" which meant there was no description on how people were feeling that day.

We saw people were encouraged to maintain relationships with their friends and relatives. The registered manager told us friends and relatives were often actively involved in people's day-to-day care.

We reviewed the staff rotas and confirmed that members of staff were given calls within a small geographical area. This was because the service gave no travel time between calls. One member of staff told us, "The staff get really annoyed about the travel time; it means we are often late for a call or have to cut one slightly short, it's the only way of doing it." One person whose home we visited said, "My carer can be a few minutes late sometimes because she has so little time to travel and she doesn't have a car, I think it's a bit of an issue and quite ridiculous." We spoke with registered manager about this who told us this was the company's policy and they tried to keep each care worker within the same postcode to minimise the travel time as much as possible. Staff members told us it would be beneficial if they were afforded the opportunity to stay with people longer if necessary.

Members of staff also told us about the arrangements in place when two carers were required to provide care. We were told the staff rotas were sent out weekly and were two weeks ahead. The rotas clearly displayed any 'double ups' required and listed the other member of staff who would be attending.

People who used the service were given information about how to make a complaint in the 'service user guide'. We did not see an easy read version of the complaints procedure available using pictures and simple text.

Are services well-led?

Our findings

At the time of our visit the service had a registered manager in place that was supported by a team of care coordinators who were responsible for teams arranged by geographical area. One coordinator told us the manager promoted a positive culture that was open, honest and inclusive.

We saw there was a whistle blowing policy in place. Members of staff confirmed they were aware of the policy and would feel able to use it without fear of any adverse redress.

The registered manager showed us records of their monthly internal quality assurance programme. Recent audits included checks that people's care files were complete in content, medication records and missed calls. The manager also showed us a monthly report they generated which showed what tasks needed to be carried out by coordinators [team leaders] each month. This report showed which members of staff were to be spot checked, which people were due a care review and which risk assessments needed to be reviewed. The manager told us they monitored this closely and each coordinator was required to sign the report to state the task had been completed. However, we found the audits had not identified that medicines administration records were not always completed to support and evidence the correct administration of medication. In addition, the registered manager's audits had not identified that information in the care files in people's homes was consistent with those kept in the office, body maps for example.

The service placed an emphasis on spot checks carried out on staff three to four times a year. Records showed checks were carried out at various times of the day. However, we found the comments on the spot check form were sometimes brief and not specific. For example, one person's check stated, "Used equipment in the correct manner, including PPE and evidence of hand washing. Demonstrated patience and reliability." We felt the spot check should have included, amongst other things, how they spoke to the person, if they had their ID badge, and was their uniform correct. A member of staff told us that whilst they had been checked they had never received any feedback from the management.

We asked the staff members about the culture for reporting incidents; one said, "Yes, we know we can report things and I think most of the staff would. Now we have dedicated coordinators for our area it's much easier to communicate about things and any worries we may have."

We looked at the service's electronic complaints monitoring system and reviewed three complaints received in the last 18 months. We saw all complaints had been dealt with effectively and had been acknowledged, investigated and responded to appropriately. We saw the system automatically created an audit trail which allowed the company's head office to monitor response times.

We saw the registered manager completed a monthly audit of accidents and incidents including any falls people may have had. We saw actions plans had been created to address identified issues or concerns and that these had been followed up by the manager.

We reviewed the minutes from staff meetings and notes from individual staff supervisions. We saw any accidents or incidents had been talked through openly with members of staff in order to promote continual improvement and learning.

The registered manager showed us the results of the service users' questionnaire which was last issued on October 2013. Most responses were positive and action plans had been created following any concerns raised. However, we did not see that actions had been completed.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines. How the regulation was not being met: The registered manager did not protect service users against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the obtaining, recording, handling, safe keeping, dispensing, safe administration and disposal of medicines used for the purpose of the regulated activity. Regulation 13.