

Allied Healthcare Group Limited

Allied Healthcare - Huddersfield

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?

Requires Improvement 

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.

We inspected Allied Healthcare Huddersfield on 23 July 2014 and the visit was announced.

Our last inspection took place on 10 March 2014 and, at that time, we found the service was not meeting the regulations relating to care and welfare of people who use services, supporting workers and complaints. We

Summary of findings

asked them to make improvements. The provider sent us an action plan telling us what they were going to do to make sure they were meeting the regulations. On this visit we checked and found improvements had been made.

Allied Healthcare Huddersfield is registered to provide nursing and personal care and support for people living in their own homes and in the community. This includes support with shopping, personal care, eating and drinking. On the day of our inspection 230 people were using the service.

There was a registered manager in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and shares with the provider the legal responsibility for meeting the requirements of the law. 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.

The service had systems in place to protect people from the risk of harm. Staff we spoke with were aware of their responsibilities in reporting abuse.

Staff demonstrated knowledge and understanding of the need to obtain people's consent prior to providing care and support.

In each of the care records we looked at we saw risk assessments were in place which identified potential risk and the actions required to reduce or eliminate the risk of harm.

The service has recently implemented a new shift system for staff. Feedback from people who used the service was varied. Some people we spoke with thought they saw a higher number of different care staff than they had previously.

People we spoke with felt staff were trained and competent to do their job. We saw from care records and speaking with people and staff, that people were happy with the support they received to eat and drink.

People who used the service told us the majority of staff were kind and caring. Staff we spoke with talked about their job with empathy and understanding.

In each of the care records we looked at we saw they contained detailed information about people's likes, dislikes and personal preferences.

Feedback from people who used the service was mixed. A number of people we spoke with expressed concern that they not made aware if their care workers were going to be late or if there was a change of care worker.

The service had taken action since our last inspection to improve how concerns and complaints were managed. We reviewed how the service handled complaints to make sure concerns raised were thoroughly investigated and responded to in a timely manner.

The registered manager had evidenced good knowledge and understanding of the service they led. There were effective systems in place which demonstrated the service consistently assessed and monitored the quality of service people received.

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.

Staff we spoke with had completed training in protecting vulnerable adults and were able to tell us how recognise and respond to abuse appropriately.

When we spoke with people who used the service, their feedback was mixed. A number of people were concerned about inconsistency of care workers.

We saw the recruitment procedure for the service was thorough. This helped reduce the risk of the provider employing a person who may be a risk to vulnerable adults.

Good



Is the service effective?

The service was effective.

Staff we spoke with told us they received effective supervision with their line manager. This meant staff were supported by their manager to perform their role.

The service had a comprehensive induction process in place for new staff. This meant new staff were supported by the service skills and competencies to meet people's needs.

People we spoke with were happy with the meals that were provided and how these meals were presented to them.

Good



Is the service caring?

The service was caring.

Care plans we looked at provided staff with information about people's personal likes, dislikes and preferences.

People we spoke with told us their privacy and dignity was maintained.

Good



Is the service responsive?

The service had recently commenced a trial of Electronic Calls Monitoring. This enabled office based staff to ensure that peoples scheduled calls were not missed.

When we spoke with people who used the service, their feedback was mixed. Some people were unhappy the service did not notify them if their care worker had changed or was going to be late.

Requires Improvement



Is the service well-led?

The service was well led.

Staff we spoke with told us they felt supported.

Good



Summary of findings

<p>The service had a comprehensive system in place to monitor accidents, incidents and complaints</p>	
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Allied Healthcare - Huddersfield

Detailed findings

Background to this inspection

The inspection team consisted of two inspectors and three experts 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.

Before the inspection we reviewed all the information we held about the service. We also spoke with the local authority contracting team. The provider completed a Provider Information Return detailing information about the service which is requested by the Commission. This was returned prior to the inspection.

During our inspection, we spoke with 32 of the 230 people who used the service and 15 relatives. We also spoke with nine members of staff and the registered manager.

This inspection was carried out over two days. During our visit we spent time looking at eight people's care records, three staff recruitment records and records relating to the management of the service.

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.

Is the service safe?

Our findings

We spoke with 32 people who used the service and 15 relatives of people who used the service. All but two of the people we spoke with said they felt safe when staff were providing care to them or their relatives. One person we spoke with said, "I feel really at ease with them". Another person we spoke with said, "[My relative] feels safe with the people who care for them." After the inspection we looked into an issue which had been brought to our attention in relation to the safety of an individual's care. We saw this incident had taken place a number of months prior to this inspection and had been reported to the local authority safeguarding team. The meant someone external to the service looked at the issues which had been raised. When we inspected the service on 10 March 2014 we judged that the service was not meeting the regulations relating to care and welfare of people who use services and told the service to make improvements.

Staff we spoke with told us they had received training in safeguarding vulnerable adults. One member of staff told us the safeguarding training was 'very good'. They told us the trainer gave them scenarios to discuss, they said, "This makes it real so it is interesting and you remember it." All the staff we spoke with were clear about how to recognise and report any suspicions of abuse. This showed us staff were aware of the systems in place to protect people and knew how to raise any concerns they may have.

We asked staff if they had received training in the Mental Capacity Act (MCA). Not all the staff we spoke with were able to confirm if they had attended this training. However, they demonstrated knowledge and understanding of gaining people's consent prior to providing any care and support.

This showed staff were aware of their responsibilities under this legislation.

We looked at eight sets of care records and saw risk assessments had been completed in relation to moving and handling, falls and nutrition. We saw they identified potential risk and the actions required to reduce or eliminate the risk of harm. For example one person's risk assessment for them showering, recorded 'staff should ensure all water is mopped off the floor'. This allowed people who used the service to be protected from risks associated with daily living.

Two staff we spoke with told us they had recently attended calls where the customer had not answered the door. They explained to us the actions they had taken to locate the person and ensure their safety. They also told us they had informed the office and the person's relative of the incident and the actions they had taken. This demonstrated staff had a clear understanding of their responsibilities to ensure the safety of people who used the service.

The registered manager told us a new shift system had been implemented since April 2014. They explained staff now worked a set shift pattern and implemented set 'runs' for staff. They told us this had enabled people who used the service to receive care and support from people who knew them well. They also informed us that the number of complaints received from late or missed calls had reduced since this new system had commenced.

Staff we spoke with were positive about the new shift pattern. One member of staff said, "It works better as you know what you are doing and can plan things". Another member of staff said they did not like the shift pattern, however, they also said they thought it may be better when they got more staff. We asked one person how the 'runs' were organised for staff. They told us the runs were organised around geographical area; they said this was to reduce travel time between calls. Four staff we spoke with told us they had adequate travel time between calls as their calls were located close together.

We spoke with a member of staff who was office based. They told us few calls were missed. They explained if calls were missed they were reported to the local authority and appropriate action was taken with the relevant member of staff. This demonstrated the service was taking action to ensure service users received the care and support they required.

We looked at the recruitment records for three members of staff. We found that recruitment practices were safe and that relevant checks had been completed prior to staff commencing employment. We spoke with a new member of staff who told us references and a DBS (Disclosure and Barring Service) had been completed before they started to work for the provider. The DBS provides criminal records checking and barring functions. This helped reduce the risk of the provider employing a person who may be a risk to vulnerable adults.

Is the service safe?

Disciplinary procedures were in place and we discussed with the registered manager an example of how the

disciplinary process had been implemented to address an issue where poor practice had been identified. This helped to ensure standards were maintained and people were kept safe.

Is the service effective?

Our findings

Our last inspection took place on 10 March 2014 and, at that time, we found the service was not meeting the regulations relating to supporting workers. On this visit we checked and found improvements had been made. The registered manager told us the supervision documentation had been improved. They explained the document encouraged both staff and the supervisor to make comments. The registered manager also said this ensured that where actions had been identified on previous supervisions, these were then accordingly followed up at the next one. Staff we spoke with confirmed they received regular supervision. One member of staff told us they found the new form useful as they could put their own thoughts on the form. Another member of staff said, “I get to write down what I want to say and then I don’t forget... Also it means there is a record of what I have said”. We looked at three people’s personnel records and saw evidence they had received regular supervision. This showed that staff were now receiving regular, meaningful, supervision to monitor their performance and development needs.

All new staff received a comprehensive induction. One member of staff told us the induction had been very good and had ‘taught me a lot’. Another member of staff told us they had shadowed a more experienced member of staff when they began working for the service. They told us they felt prepared when they had begun working on their own. This demonstrated that new employees were supported in their role.

People and their relatives were generally positive about the competence of the staff. They felt the care workers were trained and capable of doing their job. One person we spoke with told us, “They (the care workers) are all very good. They seem to know what they are doing and they do it well”. Where people expressed concern, this related to their regular care worker not being available. One person told us, “If the regular people don’t come she can occasionally be left with no-one to do her eye drops. [My relative] has to ring up”.

We spoke with two members of staff about the specific care needs of two people who used the service. They were

knowledgeable about the care and support these people required and how to manage their needs effectively. This meant people were supported and cared for by staff who knew them well.

We looked at eight people’s care records. These are documents which describe the care and support needs each individual required and how these needs were met. Each care record we looked at included information about the person’s medical history and health needs. For example, one person’s care was provided by more than one service. We saw the record provided clear guidance for staff as to who was responsible for each aspect of the person’s care. In another care record we saw a person who had had a recent fall and been seen by the ‘falls team’. The falls team are a group of health care professionals who work with a person to reduce the risk of their falling. This showed people using the service received additional support when required for meeting their care and treatment needs.

We looked at one person’s care record in relation to their nutritional needs. We saw the care plan clearly recorded their dietary preferences. The care plan recorded, ‘[My relative] will decide what meal they want and staff to assist as directed by [service user]’. Another person’s care record noted, ‘Appetite improved, likes to eat little and often’. This demonstrated that the service considered people’s dietary need when drawing up care plans.

Some people had support to do their shopping and prepare their meals. People told us they were happy with the food they received and the way it was presented. One person said “I tell them what I want, porridge for breakfast, sandwiches for dinner and fruit and cream for tea”. They also said meals were adequately spaced out during the day. One relative we spoke with told us, “The meals are prepared, [my relative] has basic food which is their choice – the carers sit with [my relative] to help decide what shopping they need and the family get the shopping.”

One relative we spoke with said they were pleased that a care worker had spotted a problem and immediately called a district nurse to see their relative. Another relative told us care workers had found their family member was unwell. The care workers had called an ambulance and had ensured their relatives were notified quickly. We saw an entry in a daily log which recorded, ‘leg hot contacted G.P. Collected antibiotics’. This indicated people were supported to maintain good health and access healthcare services.

Is the service caring?

Our findings

The majority of people we spoke with told us staff were caring and kind. Service users described the care workers, particularly their regular care workers as 'Kind, efficient, friendly, patient and caring'. Three service users told us that a few care workers were not as kind and polite. They told us they had not complained because they were not there regular care workers. One person we spoke with raised concern about a particular care worker. We discussed this with the manager of the service after the inspection. They told us they were aware of this matter and we were assured this had been addressed with the individual member of staff.

One person told us, "Lovely girls, kind and jolly, we have a laugh." Another person said, "I never wanted anyone coming into my house, but now I've got to know them (the care workers), I wouldn't be without them. They are wonderful people (care workers)".

We looked at the care plans for eight people who used the service. They all contained information about people's likes, dislikes and personal preferences. For example, one care plan recorded, "Able to communicate but can become anxious." Another record stated, "Leave the hall light on". This showed people's care planning was individually tailored to meet people's needs.

Some of the relatives we spoke with told us they had been involved in producing their family member's care plan. One person told us, "We sat down and agreed what [my relative] needed and from what I've seen, it's all being provided". Another relative said, "We have been involved in their care plans right from the start." This showed that people who used the service had been consulted about the care and support provided for them.

People who used the service told us their privacy and dignity was upheld. One person said, "If I've got a visitor when they (care workers) come, they just ask them politely if they'll go into the next room while they see to me". Another service user told us, "They do things the way I want them doing". This demonstrated staff respected people's privacy and dignity.

Staff we spoke with all talked about their role in manner which conveyed a caring approach. For example they said they checked with people who used the service before they did anything. One member of staff told us about a person they supported, they said, "[My relative] is in control... It's important they keep as much independence as possible". Another member of staff we spoke with described how they provided support to an individual who was uncomfortable receiving personal care. They detailed how they supported this person in way which respected their dignity and maintained their independence. This showed the service respected people's ability to make their own decisions and personal preferences.

Is the service responsive?

Our findings

Our last inspection took place on 10 March 2014 and, at that time, we found the service was not meeting the regulations relating to complaints. On this visit we checked and found improvements had been made. The manager told us that since the last inspection they had moved out of their office to a desk within the main office. They said this enabled them to hear conversations that were taking place and pick up on potential problems. They told us since our last inspection all the office staff had also received training in dealing with complaints.

During the inspection we spoke to a member of staff who was based in the office. They demonstrated a good knowledge of the complaints process. They said they made the registered manager aware of any complaint which was raised. This ensured comments and complaints people made were responded to appropriately.

Feedback from people who used the service was inconsistent. Most people told us if they had a problem they had the number of the office and would speak with the staff there. Many people told us things had improved recently particularly around late or missed calls. However, a number of people told us communication was poor. A common theme was around customers not being made aware if care workers were going to be late or if there was a change of care worker.

People we spoke with who mentioned the new shift system were not happy as they felt it meant less continuity in regard to care workers. This was because staff now worked three long days rather than a block of five days. One relative told us the quality of the care was not a problem but the number of different care workers made it a difficult experience for the service user and their relative. However, most people we spoke with said they usually received their calls on time and calls were rarely missed. One person told us, "My main grievance is Fridays, this is my regular carer's day off. I don't know who will roll up or what time." We spoke with the manager after the inspection in regard to this person's concern. They told us this matter had now been rectified as a permanent member of staff had now been recruited. Some people we spoke with told us they had cancelled their evening calls as they could not rely on the call being made at a suitable time. However, a number of people who had been using the service for over a year told us the reliability of the service had improved recently.

We spoke with the registered manager about how they gained the views and opinions of people who used the service. They told us customer satisfaction surveys were completed by an external company. We looked at the survey dated 12 February to 17 June 2014. The report summarised 108 surveys from existing customers and 41 customers who were new customers. The results of surveys evidenced the branch performed well with people's overall satisfaction for the care workers. However, the areas for improvement included; informing customers of a change to their care worker and informing customers if the care worker will be late. The registered manager showed us their action plan which detailed how they were going to address the issues raised.

When we spoke with people who used the service, feedback was mixed. Some people told us they were not aware there was a system to monitor the quality of the service. One person said they had received a questionnaire but 'it was too hard to fill in'. Another person told us they had received a questionnaire and completed it but they had not received any feedback about what had been done as a result of their comments. This meant not all people who used the service or their representatives were made aware if their views about their care and support had been acted upon.

The registered manager told us when they received a referral for a new customer they ensured they could accommodate the package of support required before accepting the referral. If the care package was accepted a Field Care Supervisor went to meet the new customer and/or their relative. The care plan and risk assessments were developed with the information received from the local authority and from the information from the meeting with the customer. The registered manager told us each person's care plan and risk assessments were reviewed and updated annually unless a person's needs changed and it needed to be amended earlier. A copy of the care plan was kept in the person's home and at the office. This showed care planning took account of people's changing care needs.

A number of people we spoke with told us their care plans were reviewed on an annual basis.

Is the service responsive?

Three of the staff we spoke with told us the care records were good. One member of staff told us the care summary page was useful. They said this enabled them to quickly see the individual support needs for each service user without the need to read the full care plan document.

We asked the registered manager what support arrangements were in place for staff in the event of any unforeseen problems. They told us the branch office had only been open Monday to Friday, 9am until 5pm; however,

since March 2014 the office had been opened also on a weekend from 9am until 5pm. They said this had reduced the number of complaints as there was someone with local knowledge dealing with issues that arose on a daily basis. They said Allied Healthcare provided a national out of hour's service from 5pm to 9am. One member of staff told us, "Things were much better now the office was open at weekends".

Is the service well-led?

Our findings

The service was led by an experienced registered manager who had managed the service for a number of years. During our visit the manager spoke with us in a friendly but professional manner. Staff we spoke with told us they felt supported by their manager. One person said, “The [manager] is very good, [manager] supports you”. Another staff member who had worked for the service for more than a year told us that things had been difficult earlier in the year (this was the result of the Halifax and Huddersfield branch merging earlier in 2014) but they felt things were ‘starting to settle down’.

The registered manager was supported by a number of the organisation's departments. For example, a regional recruiter, regional trainer and a care delivery director. The registered manager told us these people were all available to provide guidance and support if required.

Three of the staff we spoke with told us the registered manager held regular staff meetings. One person told us, “Things we raise seem to get sorted”. We saw minutes of staff meetings held in January, April, June and July 2014. The manager also told us they attended a monthly regional meeting and an annual conference. Staff meetings provide opportunities for open communication with staff about changes within the service and opportunities for staff and managers to raise issues for discussion.

We saw the provider had a system in place to ensure staff training was up to date. The registered manager explained if a member of staff's training expired in an area considered to be mandatory by the provider, then calls could not be allocated to that member of staff. This ensured staff had the appropriate knowledge and skills to perform their job roles.

On the first day of our inspection we spoke with a member of staff from the providers' Continuous Quality Improvement team (CQI). They told us they carried out regular, unannounced audits at the service. They told us the audits included visiting a sample of customers, reviewing 5% of customer care records, personnel records and complaints. They told us the branch had scored 76.67% in the audit completed at the end of 2013; however,

the audit completed in June 2014 the branch had scored 90%. We looked at the audit dated June 2014. We saw the audit detailed all the areas which had been reviewed and provided an action plan to address any shortfalls which had been highlighted. This demonstrated the provider had an effective system to regularly assess and monitor the quality of service people received.

We asked the registered manager how accidents and incidents were reported. They told us accident report forms were kept in each customer's care plan file. They said in the event of an accident or incident the member of staff in attendance would take the appropriate action, then complete the form and bring the form to the office. The registered manager told us they looked at all accident and incident forms to see if any further action was required. The details were then logged within the service's audit system. We saw a copy of an incident report in one person's file. This detailed the incident and the relevant actions taken by the member of staff.

We spoke with the registered manager about how they monitored complaints. They showed us the providers Complaints, Incidents and Accidents Management System (CIAMS). We saw this was where the service logged all accidents, incidents and complaints. We saw in the last year 100 complaints had been logged. The registered manager also explained that all late and missed calls were now logged as complaints. The registered manager told us there were no current ‘open complaints at the branch. We looked on the computer at the most recent complaint. We saw the manager had investigated the complaint and had provided feedback to the complainant. We also saw there was an entry in the section, learning outcome. This provided an opportunity for learning and therefore reduced the likelihood of the issue reoccurring.

The registered manager told us the service had commenced a trial of Electronic Call Monitoring (ECM). We saw this system enabled the office staff to monitor all calls. The registered manager told us the system was checked hourly Monday to Sunday from 9am to 5pm. We saw this enabled office based staff to see if any scheduled calls had been missed. Appropriate action could then be taken. This reduced the chance of a scheduled call being missed.