Allen Auxiliary Limited

Allen Auxillary Limited

Inspection report

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Date of inspection visit: 28 May and 04 June 2015
Date of publication: 23/07/2015

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?	**Requires Improvement**

Overall summary

The inspection was announced and took place on 28 May and 04 June 2015.

Allen Auxillary Limited was last inspected on 25 April 2014 where we found that the registered person did not have quality assurance systems that included obtaining the views of people and for analysing accidents and incidents. This was in breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following this inspection, we asked the provider to take action to make improvements to accident procedures and obtaining formal feedback from people who received a service and this action has been completed. The registered manager sent us an action plan that detailed steps that would be taken to achieve compliance. At this inspection we found that the registered manager had introduced questionnaires in order to obtain formal feedback from people and revised the accident reporting procedures.

Allen Auxillary Limited is a small domiciliary care agency that provides personal care and support to people in

Summary of findings

their own homes in Chichester and the surrounding area. People who were receiving a service included older people, some of whom had age related health conditions and two people who had learning disabilities. At the time of this inspection the agency was providing a service to 17 people. One of these people was in hospital when we visited the agency and as such their visits had been suspended. Visits ranged from 15 minutes to two hours. The frequency of visits ranged from one visit per week to four visits per day depending on people's individual needs.

During our inspection the registered manager was present. 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.

Records were in place to ensure people received a safe and consistent service. However, these at times, were basic in content and the registered manager had difficulty locating some of them. The registered manager spent most of her time carrying out care duties. She explained that she found this most rewarding. She had support from her family with regards to administration and records but further work in this area is required to ensure management of the agency was robust.

People who received a service said that care workers obtained their consent when providing care and support. Care workers had received training in the Mental Capacity Act (MCA) 2005 and associated legislation. However, there were no formal written policies and procedures in place that would guide care workers if they thought a person lacked capacity to consent.

People who received a service from the agency felt safe and their risks were assessed and managed safely by staff. Care workers knew how to recognise potential signs of abuse and what action to take if they suspected abuse was occurring. They had been appropriately trained. Staffing levels were sufficient to meet people's needs and there was flexibility that allowed for changes to people's visit times if required. People's medicines were managed safely and care workers were trained in the administration of medicines.

People were supported to eat and drink in line with their individual needs. The agency supported people to access healthcare professionals when needed. Care workers underwent an induction programme and received training that helped them support people who lived in their own homes. They received regular supervisions and annual appraisals from the registered manager.

People were supported by kind and caring staff. People were involved in expressing their views and were treated with dignity and respect. They were encouraged to be independent based on their individual needs. A complaints procedure was in place that enabled people to raise concerns.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of the report.

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 against the risk of abuse. Staff were appropriately trained and knew what action to take if they thought a person was at risk of harm. Risks were managed safely.

The agency recruited staff in line with safe practice and staffing levels were sufficient to meet people's needs and keep them safe.

Medicines were managed safely.

Good

Is the service effective?
The service was effective.

People's consent to care was obtained.

People were supported to maintain a balanced diet.

Staff were trained in all essential areas and received regular supervisions and annual appraisals.

People were supported to maintain good health.

Good

Is the service caring?
The service was caring.

People were supported by warm, friendly and caring staff.

People were treated with dignity and respect and were involved with all aspects of their care. They were encouraged to be as independent as possible.

Good

Is the service responsive?
The service was responsive.

People received care that was responsive to their needs.

People felt confident that issues and concerns would be listened to and acted upon.

Good

Is the service well-led?
There were elements of the service which were not well-led.

The registered manager had not maintained robust records required by regulation. The registered manager was passionate about caring for people and spent the majority of her time carrying out care duties. This impacted on the quality of records maintained.

Requires Improvement

Summary of findings

People and their relatives felt able to approach the manager and there was open communication within the staff team. People views were obtained on a regular basis and acted upon.

Allen Auxillary Limited

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 took place on 28 May and 04 June 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

The inspection team consisted of two inspectors who had experience of supporting older people and people with learning disabilities.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. They did not return a PIR and we took this into account when we made the judgements in this report. We reviewed previous inspection reports before the inspection. We checked the information that we held about the service and the service provider. We used all of this information to help us decide the areas that we needed to focus on when we inspected the agency.

We visited and spoke with two people who received a service from Allen Auxillary Limited. In addition we also spoke with two relatives. We also sent questionnaires to nine people and their relatives before our inspection. Three people who received a service and one relative returned completed questionnaires to us. The findings from these have been included in this report. During the inspection we also spoke with the registered manager and with two care workers.

We reviewed a range of records about people's care and how the domiciliary care agency was managed. These included care records for three people, two people's medicine administration record (MAR) sheets and other records relating to the management of the domiciliary care agency. We looked at three staff training, support and employment records, quality assurance audits, minutes of meetings with people and staff, findings from questionnaires that the provider had sent to people, compliment and complaint records and incident reports.

Good

Is the service safe?

Our findings

People said that they felt safe in the hands of Allen Auxillary Limited and the care workers who supported them. One person said, "Oh yes I feel safe. They always ring the bell three times so I know who it is". Another person said, "I trust them".

The agency used the local authority's safeguarding policy and care workers were required to read this and complete safeguarding training as part of their induction and then complete refresher training. The registered manager had not needed to raise any safeguarding concerns with the local authority in the last 12 months. However, she was able to explain to us her responsibilities in relation to safeguarding people from harm and reporting to the relevant authorities. Care workers were also knowledgeable in recognising signs of potential abuse and the relevant reporting procedures.

Assessments were undertaken to assess any risks to people who received a service and to the care workers who supported them. This included environmental risks and any risks due to the health and support needs of the person. Some people had restricted mobility and although this was identified in people's individual risk assessments, those that we sampled did not contain specific detail. For example, one person's assessment stated, 'X (name of person who received a service) can have difficulties walking and will use a wheelchair for any distance walking. There is a stair lift but she does not like it'. Further information was not provided to care workers about how to support the person when moving around their home and transferring in and out of chairs and their bed. Other risk assessments that we viewed for areas that included challenging behaviour, food safety and lone working did contain details of actions that care workers should undertake to support people safely.

The agency was in the process of devising and implementing contingency plans for situations such as severe weather conditions, accidents and incidents. The plans identified prioritising people with the greatest level of needs in order to reduce risks, where possible. Care workers were able to explain the steps they would take if someone had an accident or injury. For example, one said, "If someone was to fall I would call the emergency services and would not move them. I would contact others such as relatives and the manager. It's best to get people checked to be on the safe side. I would fill in an accident form and the care plan would be updated".

In the registered manager's absence a member of staff was allocated as the point of contact for other agency staff so that a designated person was available if they needed to report incidents and events. A communication book was used for recording information that the registered manager then used to update herself on matters that occurred in her absence, for example, when a person was admitted to hospital.

People said that they had not experienced a missed visit and that visits occurred at the agreed times. One person said, "They are very good at time keeping. The agency I used before were never on time but that's never been a problem with these". Another person said, "They are always on time and never late". On the occasions care workers were going to be late to attend a visit, due to unforeseen circumstances, such as dealing with an emergency at the previous visit, procedures were in place so that contact was made with the person whose visit was going to be delayed in order that they were kept informed. The agency did not have a system in place for monitoring missed calls. The registered manager said that this was not required as there had only ever been one missed call and that she would not allow care workers to continue to work at the agency if they missed visits. She also explained that she completed weekly unannounced spot checks that allowed her to check with people that visits occurred at the agreed frequency.

There were sufficient numbers of care workers available to keep people safe. Staffing levels were determined by the number of people using the service and their needs. They could be adjusted according to the needs of people using the service and the number of care workers supporting a person were increased if required. The registered manager explained that when the agency started to provide a service to a new person, she provided the care herself for the first week. She explained that this allowed her the opportunity to get to know the person well and how best to meet their needs. This also gave her the opportunity to decide which care workers the person may prefer. All but one person said that they had a regular set of care workers, which helped

Good

Is the service safe?

provide continuity. One person said in the questionnaire that they returned to us, 'I have Alzheimer's and like to have carers with whom I am familiar. This small agency can provide this service very well'.

Recruitment checks were completed to ensure care workers were safe to support people. Three staff files confirmed that, before new members of staff were allowed to start work, checks were made on their previous employment history. We did note that, for one member of staff neither of their references were from their previous employer. The registered manager had not explored why the person had not included their last employer as a referee. Checks had been undertaken with regard to criminal records, obtaining references and proof of ID. One person who received a service said, "I think she (registered manager) is very careful who she recruits. They all seem very efficient ladies".

People were happy with the support they received with their medicines. One person said, "They give me my pills in the morning and evening. They know what to do". The agency used the local authority's medicines policy and procedure when they supported anyone, regardless of the funding source with medicines. People had assessments completed with regard to their levels of capacity and whether they were able to administer their medicines independently or needed support. Care plans then described the support that people required from care workers with their medicines. For example, one person's care plan stated, 'Staff need to administer medication, apply eye drops. Medicines get delivered every Wednesday and are to be collected from manager's office. Always record on medicines record if taken and witnessed, already taken and not witnessed or refused'. In addition to this, a guide to administering medicines safely was on the person's file that included good hygiene, consent and records. Records and discussions with care workers evidenced that care workers had been trained in the administration of medicines that included an observation of their practice.

Good

Is the service effective?

Our findings

People said that they were happy with the support they received and that their individual needs were met. One person said, "They are very helpful. They get me up in the morning, dress me, give me a cup of tea and get me ready for bed at night". Another person said, "They give me a good wash down and don't skimp. They use all the products they should do".

People confirmed that they had consented to the care they received. They told us that care workers checked with them that they were happy with support being provided on a regular basis.

All care workers and the registered manager had completed Mental Capacity Act and Deprivation of Liberty training in February 2015. The agency did not have a written policy or procedure in relation to consent. The registered manager said, "People sign their care plan to consent and we would speak to their relative to give consent if the person could not do this". Assessments and care plans guided care workers to check that people consented to the care that was being provided. For example, one person's assessment stated, 'Carers to check fully that she has understood what has been said'. However, the lack of a formal policy and procedure meant that staff did not have guidance to follow that ensured everyone's rights were promoted. We have explored this issue further in the "Well Led" domain.

People said that the care workers were suitably skilled to meet their individual needs. One person said, "They are obviously very well trained. They seem to know what to do. If I have a headache they know what to give me". Another person said, "The girls are very good, they know what they are doing".

All new care workers completed an induction programme at the start of their employment that followed nationally recognised standards. During this process new workers shadowed the registered manager for at least a month, depending on their experience. The registered manager explained, "I worry about new members of staff and want to feel confident in them before I allow them to visit client on their own". Care workers told us that they had completed an induction that helped equip them with the knowledge required to support people in their own homes. During this time they had read people's care records and shadowed the registered manager before working independently. Training was provided during induction and then on an ongoing basis.

Care workers had received training in areas that included first aid, moving and handling, safeguarding, medicines management, mental capacity and deprivation of liberty and health and safety. Training was provided either by an external training provider or accessed through Chichester College. As the agency was run from the provider's home, the registered manager had an arrangement in place with a local care home so that care workers could access training and equipment at a suitable venue. One care worker said of the training provided, "We get loads, nearly every month".

Care workers had also completed courses that were relevant to the needs of people who received a service from Allen Auxilliary Limited. These included nutrition and health, sensory awareness and dementia care. Some care workers were also in the process of undertaking a course about learning disabilities as the agency had recently started to provide a service to people with needs in this area.

Staff received support to understand their roles and responsibilities through supervision and an annual appraisal. Supervision consisted of individual one to one sessions, either in person or monthly group staff meetings. One care worker told us, "X (registered manager) is very good. She gives us all the support we week. If we are not sure of anything we discuss in meetings and get feedback". The registered manager informed us that, at the time of our inspection, six care workers were employed. She explained that, as the agency was small and that she also completed visits, this enabled her to have contact with staff, "Nearly every day". Supervision of staff included observations of their practice when they were supporting people in their own homes. This ensured that staff provided support and care to people in the way that they wanted.

People were happy with the support they had to eat and drink. One person said, "Mrs X (registered manager) brings up food from the dining room if needed and feeds me if I need help. They give me a jam sandwich and a cup of tea at 4.15pm. It has to be damson, that's my favourite and they know that". Another person said, "They make me a cup of tea before they leave and get my lunch out of the freezer for me". All the people we spoke with, who were being helped

Good

Is the service effective?

with food and meals said that the food was hot, well prepared and there were no issues. People were supported at mealtimes to access food and drink of their choice. The support people received varied depending on people's individual circumstances. Some people lived with family members who prepared meals. Care workers reheated and ensured meals were accessible to people who received a service from the agency.

Care workers were available to support people to access healthcare appointments if needed. They also liaised with health and social care professionals involved in their care, if their health or support needs changed. People's care records included evidence that the agency had supported them to access healthcare professionals based on individual needs. The registered manager told us that she worked closely with the district nurse. She explained that she contacted them to discuss issues such as diabetes or pressure areas.

Good

Is the service caring?

Our findings

People that we spoke with said that they were treated with kindness and compassion by the care workers who supported them. One person said, “They are very respectful and I have no concerns about dignity. I’ve never known them to step over the mark”.

People said that they were treated respectfully and that their privacy and dignity were maintained at all times. No-one had any issues in these areas. One person said, “Respectful? Oh yes. They say to me, do you want to wash your girly bits. I didn’t like the thought of needing care at first but they have been so understanding”.

Some people’s care plans reinforced to care workers the importance of treating people with dignity and respect. One person’s plan stated, ‘Please remember to brush X’s teeth in the bathroom and to ask her to open wide when you brush. Please check under X’s chin to see if X needs shaving. Ask X what they would like to wear’.

Care workers were respectful of people’s privacy and maintained their dignity. They told us they gave people privacy whilst they undertook aspects of personal care. They also ensured they were nearby to maintain the person’s safety, for example if they were at risk of falls. With regard to privacy and dignity one care worker explained, “It’s all about thinking about how you would like to be treated. I don’t stay in the bathroom if I am not needed”. Care worker’s practices were monitored by the registered manager when she observed them in people’s own homes.

Positive, caring relationships had been developed with people. People said that they had regular care workers who visited them. One person said, “I get Mrs X (registered manager) and four other ladies who rotate. I am very happy with this”. Another person said, “The carers always have a laugh with you. They call me the queen bee. They are very good”. The same person also said, “Generally you get a list Friday or Saturday that tells you which care workers are coming the following week. You feel better if you know who is coming”. The registered manager was passionate about making a difference to people’s lives. When new care workers were employed they visited the people they would be supporting whilst still on their induction, alongside the person’s current care workers, so that people got to know the replacement care worker. One person told us, “New carers never come without X (registered manager) first”.

People said that care workers understood the importance of promoting independence. One person said, “I put my clothes on my bed and they bring me into the shower room. They understand I need to do what I can for myself”. One care worker explained, “It’s all about giving choices in every way. Because it’s such a small agency we get to know people’s likes and dislikes”.

People were supported to express their views and to be involved in making decisions about their care and support. This was either in person, when the registered manager completed care visits or during care package reviews. In addition, people’s views were obtained via annual questionnaires that were sent out to people.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. People told us that the agency was responsive in changing the times of their visits and accommodating last minute additional appointments when needed. One person said, "Once a week they give us a list of times and who will be coming so that we have this information in advance. They are flexible. They always agree with suggestions. It may take a day or two to arrange but they always do it". This person also explained how the agency had summoned a doctor when they were concerned about a change in their health. A relative said, "If we have an early appointment at the hospital they change the time of our visit to make sure mum is ready". Another relative said, "My mother has responded extremely well to the care the team have given her. They have also encouraged her to start knitting again and have taken the time to learn her likes and dislikes. She is very happy in their care".

There was a system in place that ensured prompt action was taken to address changes in people's needs. A relative said, "X (registered manager) has an amazing ability to find extra hours, when needed, to cope with any care emergency or cover for unforeseen problems". The agency had also arranged for one person's care package to be reviewed by the funding authority. This was because they had identified concerns with the support they could give the person to manage their continence needs. As a result, the person's care package was reviewed and an extra visit arranged to support the person further. A care worker told us of another example. They said, "One person I visit tripped and I noticed they were wearing slip on type slippers. So we arranged for different slippers and updated the risk assessment to reduce the risks to the person".

Care workers confirmed they were kept informed of changes in people's needs. One told us, "X (registered manager) is always on the phone and we always discuss clients in the staff meetings".

People were aware of their care plans and had been involved in the planning and the review process. A relative told us, "They (the agency) gave us a brochure and then they came to see us. We gave them the once over. I told them what we wanted; daily visits and helps to shower three times a week. We agreed a 9.30 start".

People were encouraged to maintain their independence and undertake their own personal care. Where appropriate, care workers prompted people to undertake certain tasks rather than doing it for them. As one care worker explained, "If showering, I give them a sponge and encourage them to do as much for themselves. I wash one lady's hair for her but she puts her own rollers in"

People using the service and their relatives told us they were aware of the formal complaint procedure. They were confident that the registered manager would address concerns if they had any. One person said, "If I was unhappy, firstly I would talk to her (registered manager) but we are quite happy together". Another person said, "I would soon complain. I would go to X (registered manager) I think as she's the boss. I've no complaints yet though".

We saw that the agency's complaints process was included in a brochure that was given to people when they started receiving care. The agency had not received any formal complaints in the last 12 months. The registered manager expressed the view, "We are so small I see everyone on a regular basis so we talk and sort things before people need to complain".

Requires Improvement

Is the service well-led?

Our findings

The registered manager was also the owner of the agency and ran this from her private, residential premises. Records relating to the business were stored securely in locked filing cabinets and the premises also had an alarm and security camera system. However, the registered manager, at times had difficulty locating records when we requested to view them. For example, on the first day of our inspection the most up to date copies of people's care plans were not at the agency office. The registered manager had to obtain a copy from people's homes in order that we could review them on the second day of our visit.

The registered manager appeared passionate about providing a quality service to people. She told us that records were her weak area. She had recognised this herself and as a result she obtained support from a family member who was a qualified social worker to help in this area. The registered manager knew that there had been recent changes in legislation. However, when we visited the agency office she did not have a copy or access to The Fundamental Standards. When exploring consent to care and treatment the registered manager told us that there were no written policies and procedures in place to guide staff in this area. In addition to this, the registered manager had not completed a Provider Information Return when requested. Although records were in place we found that a number were quite basic. For example, spot check records were in place but did not always reflect all aspects of the service that had been discussed with people.

Records that related to management of the agency were not robust. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People using the service, relatives and care workers all spoke very highly of the registered manager and the service provided. One person said, "I would definitely recommend this agency. I can't fault the service. They are very good and I have no complaints". A relative said, "Small is nice, that is why we choose this agency". A relative who completed a questionnaire and returned this to us stated, 'The girls at the agency are lovely. An excellent service'.

Everyone felt that they could speak to the registered manager when they needed to. One person who received a service from the agency said, "We have built up a friendship. I can't think of any way they could improve". Another person said of the registered manager, "She does care and she knows what she's doing". A relative said, "X (registered manager) is very approachable, accommodating and practical. She motivates her team well which in turn reflects in the contentment of her elderly clients. I would not hesitate to recommend her and her team to anyone who needs care for an elderly parent".

The agency had six core values that it based its services upon. These were privacy, dignity, independence, choice, rights and fulfilment. These were included in the agency brochure and discussed with people when they started to receive a service and with care workers when they were employed. The registered manager told us, "People are at the heart of what we do. I don't want to be a big agency. I love the care aspect and that's why I do much of the care myself".

When we inspected the agency in April 2014 a compliance action was set due to a lack of formal feedback processes being in place and accident monitoring systems. This was in breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that steps had been taken by the provider and the compliance action was met.

A system was in place for monitoring accidents and incidents; they were recorded and outcomes defined, to prevent or minimise re-occurrence. There had only been one accident in the twelve months prior to our inspection and records confirmed this had been acted upon appropriately. The registered manager explained that blank accident forms were now kept at each person's home. Care workers that we spoke with and people's records that we viewed confirmed this. When an accident form was completed this was returned to the agency office in order that the registered manager could review the circumstances and make changes when necessary. The agency obtained the views of people in the form of questionnaires. One person told us, "They send out questionnaires twice a year and ask about us. I always fill them in. I've never needed to make any suggestions for improvements though". The findings from questionnaires that were received in May 2015 had been analysed and a report was available of the findings. Of the 20 questionnaires sent out, 17 people responded. Of those

Requires Improvement

Is the service well-led?

that responded, 16 out of 17 people said that they were happy with the service and one person did not answer this question, everyone said that care workers were polite and that they could speak to the registered manager if needed. Everyone also said that they would recommend the agency.

The registered manager also undertook a combination of announced and unannounced spot checks to review the quality of the service provided. This included arriving at times when the care workers were there to observe the standard of care provided and coming outside visit times to obtain feedback from the person using the service.

Care workers told us that they felt fully supported by the registered manager and that they received regular support and advice via phone calls and face to face meetings. They said that the registered manager was approachable and kept them informed of any changes to the service and that communication was very good. Minutes from staff meetings evidenced that care workers were advised about individual people that received a service and any changes to their health and care requirements.

The registered manager completed quarterly reports on aspects of the service and sent these to West Sussex County Council improvement and monitoring team. The quarterly reports included information about staff training, late and missed calls, complaints and care package reviews. Where shortfalls in service provision were identified an action plan was in place. For example, moving and handling training had been arranged for August 2015 due to this having expired for care workers employed by the agency.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered person had not maintained an accurate and complete record in respect of each service user and records in relation to the management of the regulated activity. The registered person had not submitted a written report to the Commission when requested. 17(1)(2)(c)(d)(3)(a)(b).