Nestor Primecare Services Limited

Allied Healthcare Coventry

Inspection report

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Date of inspection visit: 10 September 2015
Date of publication: 06/11/2015

Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

This inspection took place on 10 September 2015. The inspection was announced. We gave the provider two days' notice of our inspection. This was to make sure we could meet with the manager of the service on the day of our inspection visit.

Allied Healthcare Coventry is registered to provide personal care and support to people living in their own homes. The service operates across Nuneaton, Coventry, Warwick and Rugby. There were 360 people using the service at the time of our inspection.

A requirement of the provider's registration is that they have a registered manager. 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. At the time of our inspection there was a registered manager who was also the provider of the service. We refer to the registered manager as the manager in the body of this report.

We found there were not always enough staff at Allied Healthcare to support people safely and in accordance

Summary of findings

with their needs and preferences. This resulted in late and missed calls, and staff not always staying for an agreed period of time. However, the provider was acting to recruit new staff and improve the flexibility of the staff they employed. The provider had recruitment procedures that made sure staff were of a suitable character to care for people in their own homes.

People and their relatives told us they felt safe with staff. The manager and staff understood how to protect people they supported from abuse, and knew what procedures to follow to report any concerns.

Medicines were administered safely and people received their medicines as prescribed. People were supported to attend appointments with health care professionals when they needed to, and received healthcare to maintain their wellbeing.

People and their relatives thought staff were kind and responsive to people's needs, and people's privacy and dignity was respected.

Management and staff understood the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and supported people in line with these principles. People who lacked capacity to make all of their own decisions did not always have a current mental capacity assessment in place. This meant records did not consistently show which decisions people could make for themselves, and which decisions needed to be made on their behalf in their 'best interests.' The provider was implementing a new format of care records at the time of our inspection to address this. Staff knew people well and could explain when people could make their own decisions, and when people needed support to do so.

Activities, interests and hobbies were arranged according to people's personal preferences, and according to their individual care packages. All of the people and their relatives had arranged their own care packages. They had agreed with Allied Healthcare how they wanted to be supported. People were able to make everyday decisions themselves, which helped them to maintain their independence.

Staff, people and their relatives felt staff communication could be improved between care staff and office based staff. The provider had implemented procedures to improve communication between care staff and office based staff following feedback. Staff were supported by the manager through regular meetings. There was an 'out of hours' on call system in operation which ensured management support and advice was always available for staff. Staff felt their training and induction supported them to meet the needs of people they cared for.

People knew how to make a complaint if they needed to. However, the provider did not always respond to people's complaints in a way that resolved the issues they raised. The provider investigated and monitored complaints and informal concerns, and made changes to the service where required improvements were identified.

There were systems in place to monitor the quality of the service. This was through feedback from people who used the service, their relative's, and audits. Recent audits had identified that care records required updating and more staff were required to make sure people received their visits on time.

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?

Requires improvement

The service was not always safe.

There was not always enough staff to care for people safely and in accordance with their needs and preferences. Risk assessments were in place to protect people from risks associated with their care and health, but these were not always up to date. People felt safe with staff and staff knew how to safeguard people from harm. Medicines were managed safely, and people received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

People were supported by staff who received training to help them undertake their work effectively. Records did not consistently show which decisions people could make for themselves, and which decisions needed to be made in their 'best interests.' However, the provider was implementing a new format of care records at the time of our inspection to address this. Staff respected people's choices and people were supported to access healthcare services to maintain their health and wellbeing.

Is the service caring?

Good

The service was caring.

People were supported by staff who they considered kind and caring. Staff ensured people were treated with respect and dignity. People were able to make everyday choices and were encouraged to maintain their independence. People had privacy when they wanted it.

Is the service responsive?

Requires improvement

The service was not always responsive.

People and their relatives were fully involved in decisions about their care and how they wanted to be supported. However, care records were not always up to date and did not always reflect people's individual needs. People knew how to make a complaint, but people told us that their complaints were not always responded to in a way that answered their concerns.

Is the service well-led?

Requires improvement

The service was not consistently well-led.

There was a clear management structure to support care staff. Communication between care staff and office based staff required improvement, and the provider was acting to implement improvements. There were procedures in

Summary of findings

place to monitor and improve the quality of the service and these had identified a number of areas for improvement. Improvements were being implemented at the time of our inspection, this included updates to care records and staffing levels.

Allied Healthcare Coventry

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 was 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.

The inspection visit took place on 10 September 2015 and was announced. The provider was given two days' notice of our inspection which was carried out by two inspectors and an expert by experience. An expert-by-experience is a person who has experience of using or caring for someone who uses this type of care service. The notice period ensured we were able to meet with the manager during our inspection.

We asked the provider to send to us a Provider's Information Return (PIR). The document allows the provider to give us key information about the service, what it does well and what improvements they plan to make. We were able to review the information as part of our evidence when conducting our inspection.

The provider sent us a list of people who used the service before our inspection. We sent questionnaires to 50 people and received 10 responses back. We looked at the feedback from the questionnaires.

We reviewed information we held about the service, for example, notifications the provider sent to inform us of events which affected the service. We looked at information received from commissioners of the service. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We spoke with eight people who used the service and thirteen relatives of people who used the service via telephone.

We visited the service and looked at the records of six people and four staff records. We also reviewed records which demonstrated the provider monitored the quality of service people received.

We spoke with the manager, two supervisors, three care co-ordinators, a quality assurance officer, a trainer, and four care staff.

Requires improvement

Is the service safe?

Our findings

We received mixed feedback from people who used the service and their relatives about whether they had a regular team of care staff who arrived on time, and did not miss calls to their home. One person gave us very positive feedback stating, “We have a small group of regular carers, we have continuity of care from people who understand our needs. The carers are professional and I have every faith in them.”

Thirty per cent of the respondents to our questionnaire told us care staff did not consistently arrive on time. Around a third of the people we spoke with told us they did not have consistency in the calls they received. People told us they were sometimes called and asked if they could manage without receiving a regularly scheduled visit. One relative told us, “In such situations we agree to manage but it makes life difficult for us.” Another relative said, “When calls are cancelled my elderly father and a family member have to support [Name]. It's far too much for us.”

Around half of the people we spoke with told us they felt Allied Healthcare were short staffed and this impacted on the care they received. Comments included, “They are always in a rush.” “Staff don’t have time to chat to us or really listen to us.” “They ring at least once a week telling us nobody is available for our call.” One relative explained, “It was so stressful with missed and late calls that we cancelled some of our calls.” Another relative told us, “I get phone calls saying nobody can come. Once when I was away [Name] was left at home with no care, they had to spend the night in the chair as they couldn't get to bed on their own.”

People told us staff didn’t always stay for the right amount of time scheduled for their call. One person told us, “I should have thirty minutes but they rush and leave after about twenty.” One relative told us their relative needed encouragement to accept personal care. They explained staff didn’t always spend the allocated time they had to do this. They said, “Some carers don’t coax them if they initially refuse care. They sometimes just spend five minutes here and then leave.”

People told us when staff rushed to complete their call it impacted on their health. For example, one relative told us, “In the morning carers don’t always complete records accurately as they are rushed. My relative can develop sore skin, the evening carers pick up on whether there are any issues with sore skin, but I don’t think the morning carers spend enough time to notice.” Another relative told us, “Generally the care provided is good but timings of calls can vary wildly which can have an impact on our day. Also, when the carers are rushed, smaller things like the condition of my relative’s skin can sometimes get missed.”

Most of the staff we spoke with told us there were not always enough staff available to meet people’s care and support needs. Staff comments included, "Sometimes calls are missed when people are on holiday.” "No there's not enough staff, carers leave and it's hard to recruit new staff." "There are not enough staff, it's particularly difficult at holiday time." "Now and again calls aren't covered, for example, if someone goes off sick. The office and staff do try very hard to cover the calls."

Staff told us they worked together to support people and cover as many calls as they could, even when they were short staffed. Staff comments included, "I'd say nine out of ten calls are covered." "We work until late if needed to make sure all essential calls are covered." "People cover other people's shifts." "Staff cover by swapping and changing their shifts and seniors go out to do calls too." "If someone is ill then we let the client know about any delays and that a different person will be going to them. Sometimes certain calls will be missed because they [person] doesn't want to see a different carer."

Staff explained when calls were difficult to cover due to staffing levels; calls were prioritised to make sure people who were at risk were not left without sufficient support. One member of staff told us, “We prioritise calls. For example, a person who is unable to leave their bed and needs personal care is prioritised over a person who can walk to the bathroom and complete their own personal care." They added, "In extreme cases care co-ordinators will also do calls or a family member may be asked to assist their relative."

The manager told us staffing levels were being increased through an on-going recruitment campaign. They explained that Allied currently employed around 100 members of staff so there were on-going changes to staffing levels due to staff turnover. The manager explained that in one of the areas Allied operated, staff recruitment and retention had been challenging. The manager explained one person had been given notice for their care package to cease due to staffing constraints. Allied only

Is the service safe?

wanted to provide safe and reliable care. Recruitment had continued and some improvements were planned to how the service was managed in the area to increase the availability and flexibility of their current staff.

The provider monitored the amount of time staff spent at each allocated call to determine if staff visited people for the appropriate amount of time and at the correct times. According to the records we reviewed people consistently received less time than they were allocated on their care plans.

We found this was a breach of Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2014 Staffing

One hundred per cent of the respondents to our survey told us they strongly agreed they felt safe with staff who provided care to them. Most of the people we spoke with told us they felt safe with the care staff that supported them. One relative said, "I've never had any cause to worry about [Name's) safety. I feel [Name] is safe because the agency sends me staff with the right training, which gives me peace of mind." Another relative told us, "[Name] is in safe hands, they are the best carers we have ever had." However one person told us, "I feel unsafe with one of the carers." They added, "I haven't reported this to the agency though." We encouraged the person to raise this issue with Allied and also followed this up with the manager of the service who looked into the person's concerns.

The provider protected people against the risk of abuse and safeguarded people from harm. Staff attended safeguarding training regularly which included information on how they could raise issues with the provider. Staff told us the training assisted them in identifying different types of abuse and they would not hesitate to inform the manager if they had any concerns about anyone. They were confident the manager would act appropriately to protect people from harm. All the staff knew and understood their responsibilities to keep people safe. One member of staff explained how they would protect people from harm, they said, "I would contact the office who would then contact the relevant authorities. If I witnessed abuse I would wait with the person until I knew they were safe."

The provider recruited staff who were of good character to work with people in their own home. Staff told us recruitment practices were followed to ensure they were of good character before they started work. One staff member said, "Yes, they checked everything before I started work including my references and a criminal records check."

The manager carried out assessments, to identify where there were potential risks to people's health and wellbeing. Risk management plans informed staff how to manage and minimise the identified risks and were reviewed yearly. One member of staff stated, "We review risk assessments yearly unless things change or there are concerns." For example, one person needed assistance to maintain their breathing. A risk assessment and management plan instructed staff on how to use breathing equipment safely. Information on the records stated staff should take their time with the person if they felt breathless. In another person's care records we saw risk assessments were in place to manage their mobility. Information on the records instructed staff on how to use mobility equipment safely and how many staff should assist the person to move. Records and staff confirmed the person was assisted to move in accordance with the risk assessment.

However, we found some assessments and risk management plans had not been completed. For example, one person had skin damage which was noted on their care records. A risk assessment and management plan was not in place to instruct staff on how to manage the person's skin damage or minimise the risks of further damage occurring. In another example, we saw one person was on a blood thinning medication which was administered by a family member. There was no risk assessment in place to manage the risks that this might cause to the person's health. The care supervisor prepared information on how staff should manage the risks to the person during our inspection, and immediately updated care records so that staff had up to date instructions on how the risk should be managed.

The provider had contingency plans for managing risks to the delivery of the service in an emergency. For example, emergencies such as fire were planned for, as the provider had daily backup procedures in place to protect people's records, which could then be accessed from an alternative site. The plans had been discussed with staff members, and staff knew what to do in an emergency. These minimised the risk of people's care needs not being met.

We spoke with staff who administered medicines to people in their own home. Staff told us they administered

Requires improvement

Is the service safe?

medicines to people as prescribed. Staff received training in the effective administration of medicines which included checks by the manager of their competency to give medicines safely. The manager confirmed all staff received training in administering medicines as part of their induction.

The care records gave staff information about what medicines Allied Healthcare staff administered to people, why they were needed, and any side effects staff needed to be aware of. There were procedures to ensure people did not receive too much, or too little medicine, when it was prescribed on an 'as required' basis. People we spoke with told us they received their prescribed medicines safely.

Good

Is the service effective?

Our findings

Ninety five per cent of the respondents to our survey told us staff had the skills and knowledge they needed to support them. People we spoke with also told us staff had the skills they needed to support them effectively. One relative said, "The carer's understand [Name's] condition. They work very hard to assist them and they know how to manage their challenging behaviours."

Staff told us they had received a work place induction and training that met people's needs when they started work there. The induction training was based on the 'Skills for Care' standards and provided staff with a recognised 'Care Certificate' at the end of the induction period. Skills for Care are an organisation that sets standards for the training of care workers in the UK. Staff told us in addition to completing the induction programme; they were regularly assessed to check they had the right skills and demonstrated the right approach required to support people.

The manager had implemented a programme of staff training to ensure staff kept their skills up to date. Staff told us they were encouraged to keep their training up to date. The manager kept a record of staff training and when their training was due so that their attendance was monitored. The provider invested in staff training by providing an on-site training room, specialist trainers, staff coaching and opportunities for staff to take nationally recognised qualifications. We observed four new staff members undertaking dementia training as part of their induction. The training included how people should be supported and what staff members could do to engage with people living with dementia. Training emphasised the importance of knowing a person's life history and experiences to tailor care to their specific needs and circumstances. The trainer said, "Good knowledge about the person can help the carer avoid things which could cause them distress." They added, "It is important to do everything possible to help people retain their sense of identity and people's independence where possible." This demonstrated the provider encouraged staff to tailor care and support to the individual in a person centred way.

Staff were supported in their roles by a system of meetings and yearly appraisals. Staff told us regular meetings with their manager provided an opportunity to discuss personal development and training requirements. Regular meetings also enabled the manager to monitor the performance of staff, and discuss performance issues. The management also undertook regular observations of staff performance to ensure high standards of care were met. The manager told us senior staff went to people's houses at different times of the day to ensure staff were delivering the care expected. This was confirmed by staff we spoke with.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and to report on what we find. Staff we spoke with understood decisions should be made in people's best interests when they are unable to make decisions themselves. Staff understood people were assumed to have capacity to make decisions unless it was established they did not. They asked people for their consent and respected people's decisions to refuse care where they had capacity to do so. One staff member explained how they would act in someone's best interests if they refused personal care, they said, "You need to encourage people but respect their right to make decisions. You might report things to the office or the family."

People did not always have a full mental capacity assessment completed where they lacked the capacity to make some decisions. This meant records did not consistently show which decisions people could make for themselves, and which decisions needed to be made on their behalf in their 'best interests.' Records did not always show who should be consulted as the person's representative when decisions were made in their 'best interests'. The provider was implementing a new format of care records at the time of our inspection. Where people had the old format of care records, mental capacity assessments were not documented. Where people had the new format of care records we saw people's mental capacity was recorded when this was applicable. The manager confirmed that each person would have a mental capacity assessment within the next few months where there were concerns around their capacity. They told us the new format of care records was being introduced for everyone who used the service.

Where people's liberties are restricted the provider has a responsibility to assess whether a Deprivation of Liberties Safeguard (DoLS), agreed by the local authority, is put in

Good

Is the service effective?

place. Whilst no-one had a (DoLS) in place at the time of our inspection, the provider knew the principles under which DoLS applications to the appropriate authorities should be made.

Staff told us they did not always have an opportunity to read complete care records at the start of each visit. One member of staff said, "I don't have enough time to read records in detail, particularly if it's a new person or I'm covering for someone." Another member of staff told us, “I don’t always have enough time to read care records, however, the new care records are more concise and are easier to read." However, staff told us they looked at people’s daily notes as these included updates from the previous member of staff. They updated staff on any changes since they were last in the person’s home. One staff member said, “I always make sure I have time to write everything down in the daily records.” Another member of staff said, "I read what the last carers have put in the notes."

Staff and people told us they worked with other health and social care professionals to support people. One relative told us, “[Name’s] carers notice any changes in their condition and either contact the family or the GP. On one occasion they rang the doctor and were concerned so they stayed with [Name] until someone arrived.” Staff supported people to see health care professionals such as the GP, dentist, district nurses and nutritional specialists where this was part of their support plan. Care records instructed staff to seek advice from health professionals when people’s health changed. This showed the provider worked in partnership with other professionals for the benefit of the people they supported.

People told us staff supported them with food and nutrition to maintain their health if this was part of their agreed care package. For example, staff provided support to people with dementia, diabetes, or people who were on a ‘soft diet’ by preparing food that met their health needs. One relative told us staff assisted their family member with a ‘peg-feed’, this is a type of feeding tube to assist people to receive nutrition. They said, “Overall the care provided is very good, and meets [Name’s] needs.” Another person told us care workers assisted them with their shopping, so that they could choose the food they wanted.

Good

Is the service caring?

Our findings

People and their relatives told us staff treated them with kindness, and staff had a caring attitude. One relative said, “The carers are very good and they are very kind to [Name].” Another relative said, “[Name] has received excellent care. Three main carers visit us, having the same carers is the key to giving excellent care, trust has been built between us.”

Other comments we received included, “Staff are very caring, and patient.” “My relative is happy because the carers take the time to get to know [Name] which saves a lot of frustration.” “These girls are the best carers we could ask for, everything is done well, they make [Name] laugh every morning, and we look forward to them coming.” “You can tell with these carers, it's a vocation, not just a job.”

Most people told us they were cared for by a team of regular care staff, who knew them well and had a caring attitude. However, people told us that when regular carers did not visit them, they sometimes had concerns. One person described how they felt if one of their regular carers did not visit them, “Sometimes I’d like a bit more sensitive care, my regular carers are very good, but others are not always so nice.” A relative told us, “Regular carers are fantastic but others are a bit hit and miss, it just depends on who you get and how much time they've got.”

One relative explained, “Our regular carer is very good, respects [Name] and they feel very safe with them. However, other carers who sometimes cover don’t always treat [Name] as well, rushing and not understanding their needs.”

People told us they did not always get introduced to new staff before they were provided with care and support. One person told us that when new care staff arrived they were not familiar with, this impacted on their care. They said, “I will not accept new staff in my bathroom if I’ve not met them before. I don’t think that is unreasonable? I like to get to know them first.” We spoke with the manager regarding this feedback. They explained care staff would always be introduced to people where possible, before offering their support.

Staff members told us they enjoyed their job, and the interaction with people who used the service. Staff comments included, "We have fantastic, committed carers who care." One member of staff told us how well they had been supported by their manager during a difficult time. They said, “They have been very good to me, allowing me to take time off at short notice due to personal circumstances.”

People told us staff supported them to maintain their independence. For example, one person had limited mobility. We saw staff helped them to keep their independence by using a range of mobility aids rather than being transferred by staff. Staff were briefed to give the person extra time to move on their own, rather than rushing the person. The person was encouraged to do as much for themselves as possible to maintain their independence. One person told us about how their relative was supported to maintain their independence. They said, “Allied support my relative to go out and do their shopping. They used to go in a wheelchair but the carer motivates them to walk. It is slower for them, but the carer is very patient and allows [Name] to go at their own pace and to rest when needed.”

Staff told us about how they treated everyone with respect, using people’s preferred names, and their knowledge about equality and diversity. One member of staff gave us an example of how they put their knowledge into practice, "A lot of people have different religions and you take it into consideration, respect their beliefs."

People told us staff treated them with respect, privacy and dignity. People said care staff asked them how they wanted to be supported and respected their decisions. One relative said, “They don’t rush and they treat [Name] with respect at all times.” Another relative told us how their relatives’ privacy was maintained, they said, “I appreciate the fact that staff will not talk to me about [Name] in front of them as they know this will upset them.”

A staff member told us, “Staff know how to protect the dignity of people such as making sure no one else is in the room and shutting the curtains before starting personal care." Another member of staff told us, “We always follow procedures and guidelines and I don't discuss people's personal details with others apart from when it is necessary for their care, and then, only in a professional way with the appropriate people at the agency."

Good

Is the service caring?

We saw people's personal details and records were held securely at the Allied offices. Records were filed in locked cabinets and locked storage facilities, so that only authorised staff were able to access personal and sensitive information.

Requires improvement

Is the service responsive?

Our findings

One hundred per cent of the respondents to our survey told us they or their relatives were involved in decision making regarding their care. People we spoke with also told us they and their relatives were involved in planning and agreeing their own care. One member of staff explained how people were involved in expressing their preferences, they said, “By involving people in planning the care they need and at reviews."

People told us their likes and dislikes were discussed so their plan of care reflected what they wanted. For example, we saw people had given their preferences as to what they enjoyed doing. Some people liked to watch television, or enjoyed spending time with their pets, which was supported by care staff. We saw one person was supported by staff to spend time in their home chatting to them. Their relative said, “This is working really well, it gives me some respite, and they are very good. They are very helpful.”

Relatives told us staff kept them up to date with changes in their relative’s care, which might impact on their health. One relative said, “The carers are excellent at communicating any concerns with the family.” They also told us staff responded to changes in people’s health. For example, one person told us their relative suffered from a skin complaint, they said, “The carers keep a close eye on it and apply cream when it’s necessary.”

We saw each person had a care plan that was tailored to their specific care and support needs. However, care plans were not always up to date. For example, of the six care records we reviewed one person’s care record had not been updated following a recent safeguarding concern. In another person’s care record we saw the person’s mobility had changed and their care records did not reflect their current mobility needs, or how staff should support them. We brought this to the attention of the manager during our inspection, so that care records could be updated.

We asked staff whether people had up to date care records in their homes. One staff member said, "Everyone has a care plan. It's not always up to date though." Another member of staff said, "There is a care plan but it is sometimes 6-12 months old and people's needs change." We were concerned that out of date records may impact on people’s care if staff were not always familiar with the person’s individual needs.

The provider had a written complaints policy which was available in the service user guide which each person had in their home. People who used the service and their relatives told us they knew how to make a complaint if they needed to. Some people told us they would be happy to raise concerns with care staff, rather than contacting the office. Some people told us that they had made complaints previously and were dissatisfied with the outcome. One person told us they had cancelled their care package due to their dissatisfaction. This was due to late and missed calls. Another person told us, “I phoned the office three times about an issue. I never heard anything back. Eventually I wrote a letter and things were then sorted out.” Another person told us, “I've complained three times, you get a confirmatory letter back but then you hear nothing else and nothing changes.”

The manager kept a computerised log of complaints that had been received which the provider monitored. Records showed appropriate investigations had been conducted into people’s concerns. The provider had analysed complaint information for trends and patterns and had made improvements to the service following complaints. For example, following a recent complaint the provider had reviewed one person’s care plans to make sure they had the appropriate amount of time allocated to each call to meet their needs.

We saw that the provider had identified a recent trend in complaints which related to late or missed calls. This was notified to us in the PIR we received prior to our inspection visit. The provider was monitoring calls and implementing changes in response to these identified issues.

Requires improvement

Is the service well-led?

Our findings

Allied Healthcare Coventry was part of a larger organisation. The manager told us they received support from the provider via other senior managers, and attended regular meetings with managers to share ideas and keep up to date with developments in the care sector. The manager explained they cascaded their learning to other members of their team, to improve the quality of their service.

There was a clear management structure within Allied Healthcare to support staff. The manager was part of a management team which included care co-ordinators who were responsible for scheduling visits across different geographical areas. Staff were also supported by supervisors. Staff told us they received regular support and advice from managers via the telephone and face to face meetings. Staff were able to access support and information from a manager at all times as the service operated an out of office hours' advice and support telephone line, which supported them in delivering consistent care to people.

People told us they knew how to contact the office and speak with a care co-ordinator or manager if they needed to. However, people expressed concern about the responsiveness of the manager or office staff if they contacted them with their concerns. One person said the manager was not responsive to any issues they raised. They said, "The manager does not bother to respond to issues, and will never ring me back." A relative said, "Last week I phoned the manager to complain about no care being provided. I was told I'd get a call back, nobody rang back. I wasn't surprised."

People said that communication between care staff and office staff did not always work well. One person told us, "The office is situated some distance away, I don't feel the people who set up the carer's rounds know the area. I feel sorry for the carers, the rounds are not efficient, and they end up going back and forth using up more fuel and time. It could be done so much better." Another person told us, "My carer feels the office staff don't care about them, there needs to be a lot more communication between them all." Some staff also commented on the lack of communication. Comments included, "Messages are often left with care co-ordinators but aren't passed on." "Improve communication with the carers more please." "There's no communication, we're told this is what's happening." "Communication between co-ordinators and seniors needs improvement. Co-ordinators are not being informed of changes or updates to care plans."

We discussed these concerns with the manager. They explained dedicated co-ordinators based in the office had been assigned to groups of staff to improve communication. Message procedures had been improved to ensure messages were always passed on to appropriate members of staff, and procedures had been improved to ensure care plans were updated promptly following changes to people's care needs.

Staff gave us mixed feedback about whether the provider supported them to complete their work to a high standard. One member of said, "They are very good, we work as a team and the training is good." Other comments we received were around the levels of staffing, as staff felt rushed to cover allocated calls. Comments included, "There's not enough time for travel so we are very rushed." "We desperately need more carers and more recruitment."

We found there was not enough staff at the service to ensure people received their support safely. However, the provider had implemented some procedures to increase staff numbers and the availability of staff. There was an on-going recruitment campaign in place to recruit new staff. Where care packages were not able to be met, the provider had reduced the number of care packages they supported until staff recruitment could be increased.

The provider had acted to improve staff compensation and staff morale. Staff were to be provided with pay that reflected the average amount of hours they worked, and would include payment for travelling time. The provider felt this would increase the flexibility of the staff they employed to cover calls in areas where it was difficult to recruit staff. The provider was monitoring the time staff spent at each allocated call, so that improvements could be made to visit times.

Staff had regular monthly scheduled meetings with the manager and other team members to discuss how things could be improved. Staff meetings covered discussions on a range of topics, for example, staff rotas, visit times, and people's care and support needs. The meetings were

Requires improvement

Is the service well-led?

recorded and where improvements or changes had been identified, these improvements had been written into an action plan which was followed up by the manager at subsequent meetings.

The provider had sent notifications to us about important events and incidents that occurred. The provider also shared information with local authorities and other regulators when required, and kept us informed of the progress and the outcomes of any investigations. Where investigations had been required, for example in response to accidents, incidents or safeguarding alerts, the manager completed an investigation to learn from incidents. The investigations showed the manager made improvements, to minimise the chance of them happening again.

The provider completed checks to ensure staff provided a good quality service. Specific staff were employed to monitor the quality of the service at Allied Healthcare. The provider completed regular audits in different aspects of its service including medicines management, staff visit times, care records, and recruitment.

People, their relatives, and staff were asked to give feedback about the quality of the service through frequent quality assurance surveys. Feedback was analysed for any trends or patterns in the information received, so the manager could continuously improve the service. The provider made unannounced visits to people's homes to check quality.

We found that recent audits had identified some areas that needed improvement, such as care records, and the need for additional staff. We saw that action plans were in place to implement improvements in the identified areas. Action plans were monitored by the provider to ensure actions were completed and the service continually improved.

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 18 HSCA (RA) Regulations 2014 Staffing Sufficient numbers of suitably qualified, skilled and experienced persons were not always deployed in order to meet the needs of people using the service at all times.