Allied Healthcare Group Limited

Allied Healthcare - GravesendAllied Healthcare – Gravesend

Inspection Report

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Overall summary

Allied Healthcare Gravesend provides care and support to people in their own home. It provides nursing and personal care to mainly older people and some younger adults. It can also provide a "live in" service.

When we visited there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider. The registered manager provided good leadership and support to staff. The service had systems in place to monitor the standards of care and support that people received. This ensured that people received care and support that met their needs.

The service had systems in place to keep people safe. Risks associated with people's care and support had been identified during assessments, the level of guidance to keep people safe varied, but there was adequate, to ensure risks were managed safely and consistently.

People had been involved in developing their care plan and had signed to show their agreement with its content. Care plans showed the tasks staff were required to undertake, but the level of detail about people's choice, preferences and independence skills in relation to their personal care routine varied, to ensure people received a consistent approach to their care and support.

People were treated with kindness and respect. People told us their preferred name was always used by staff and this was recorded in their care plan.

People we spoke with told us they were able to make their own day to day decisions about their care and support. Staff had received training in the Mental Capacity Act 2005 and Deprivation of Living Safeguards, but in discussions staff were not aware of what process would be put in place to support a person to make decisions in their best interests. The service had policies in place so that where people were unable to make more complex decisions and this was reported, it would be managed in line with the Mental Capacity Act 2005.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

People who used the service and relatives told us that people felt safe using the service or whilst staff were visiting their homes. Staff had a clear understanding of what to do if safeguarding concerns were identified, so they could protect people from harm and abuse. We saw that when accidents or incidents occurred, any immediate action required was taken to ensure people remained as safe as possible.

People felt they had control over their day to day decision making. Staff understood the importance of supporting people to make their own decisions, but lacked the knowledge to link this to the legislation and making formal assessments of people's mental capacity. Staff reported when people's health deteriorated, such as increased confusion, so the correct procedures for people that lacked capacity to make decisions would be followed, such as making decisions in people's best interest.

Risks associated with people's care delivery were identified during assessments. The level of detail in guidance contained within risk assessments varied, but was adequate to help ensure people remained safe. Staffs knowledge of risks to people's health was good ensuring they remained healthy. There were systems in place to make sure equipment was monitored and serviced regularly so people were maneuverer safely.

Are services effective?

People we spoke with told us they were satisfied with the care and support provided. People said their needs had been assessed and this had sometimes involved family members. Care plans had been developed from assessments and agreed with the individual. Care plans showed all the tasks staff were required to undertake on each visit. The level of detail about people's choices, preferences and independence skills varied, some were adequate and others were very good. This might have an impact on people when they did not have their regular care workers as the standard of their care might vary. People told us that staff had the skills and experience to meet their needs.

People we spoke with felt that they received care from a regular team of care workers, but some felt the continuity of care workers could be better at weekends. Records showed that not everyone who used the service received a good level of continuity of care. This meant people would not have always built a relationship with the care worker undertaking their intimate care.

Summary of findings

Nutritional assessments had been carried out for each person who used the service. The amount of detail about how people's nutritional needs should be met varied, which meant people might not receive consistent and safe care. However discussions with staff they demonstrated they had a good knowledge of people's nutritional needs, so they remained healthy.

Are services caring?

People spoke positively about the staff and felt that their privacy and dignity was maintained. They said staff were respectful.

The service had policies and procedures that had been read and understood by staff. These gave guidance on how to "respect people's privacy, dignity, protect their human rights and provide person centred care". Staff demonstrated a kind and caring approach when discussing people that used the service during the inspection.

People's preferred names were recorded in their care plans and people told us that staff always used these names.

People could be confident that their information was handled safely as there were systems in place to manage information appropriately and staff understood their responsibilities about confidentiality.

Are services responsive to people's needs?

Most people told us they did not have any complaints, but felt comfortable in complaining. There was a clear complaints procedure, which each person had a copy of and was usually located in their care folder. People were confident that any complaints would be resolved.

People had a care plan in place, which was reviewed annually or as people's needs changed.

People were given opportunities to express their views on the service provided. This was through visits, postal and telephone surveys, undertaken by senior staff or head office. We saw that feedback had been positive.

People told us they had the ability to make their own decisions. There were systems in place to support people where they were unable to make complex decision, to ensure decisions were made in people's best interest.

Summary of findings

Are services well-led?

The organisation gave people detailed information about the service and their aims and values, so people knew what they could expect from the service. There was a management structure in place to ensure these aims and values resulted in people receiving a good standard of care and support.

Staff felt supported by the registered manager and her team. They felt there was an open and supportive culture meaning they felt comfortable in taking any concerns forward. There was a development plan in place to ensure sufficient staff were recruited to meet the needs of people who used the service. There were systems in place to monitor that staff had the necessary training and skills to meet the needs of people who were using the service.

To enable people to receive a good quality service the organisation had a quality control department that undertook regular audits of the service to identify improvements and monitor action plans. People's views were actively sought and solutions found to any difficulties. People benefited from a service where there were systems in place to monitor and learn from complaints, accidents and incidents, so that risks to people of future occurrences were minimised.

Summary of findings

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

People told us they were satisfied with the service they received. One person said, “Everything I have had is good.” People said, staff were kind, caring and respected their rights and dignity. One person said, “Respect is there, it’s very good.” People told us they were involved in the assessment and planning of their care and support. Most people said they did not have any complaints and had opportunities to express their views on the service provided.

We visited four people that used the service and they and their relatives told us they were satisfied with the service they received. One person said; “I would say it’s not 100%, but near enough”. People said generally they received care from a team of regular care workers. Comments about continuity included; “X’s (person who used the service) regular carers know her well, but we would like better continuity at weekends”, “I have three regular carers, but there have been quite a lot of changes as some staff have left.” People confirmed that when they had complained about a care worker and said they no longer wanted them to visit this had been respected. People said that their privacy and dignity was always respected. One person said, “Yes they do everything properly.”

We spoke with 12 people who used the service and seven relatives by telephone to gain their feedback about the services they had received. They told us they felt safe using the service. People told us they were involved in their assessments, care planning and review meetings. People felt they were encouraged to be as independent as possible and that the care was delivered according to their wishes. Every person spoke positively about the staff whether they were their regular staff or not. They felt cared for and as involved as they wanted to be. Some people told us they could speak for themselves, but others had relatives to represent them. People were willing to complain, but had no complaints that they felt would not be resolved. People told us that they were asked regularly for their views and solutions were found to any difficulties.

Allied Healthcare - Gravesend

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 regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process under Wave 1. Our inspection team was made up of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before this inspection we reviewed information we held about the service. At our last inspection in January 2014 we did not identify any concerns with the care provided to people.

We sent out surveys to people who used the service and staff to gain their feedback on the service provided. We only received responses from three staff.

We visited the service office on 14 and 15 April 2014. During day one of the visit we spoke with the registered manager, the operations support manager, the regional quality lead and three field care supervisors. We also looked at people's care plans and other records relating to the management of the service. On day two of the office visit we continued to look at records, spoke with two further staff members and made four home visits to people who were using the service. On two of these visits we also spoke with relatives.

Following the visit we contacted 12 people who used the service, seven relatives/representatives and six staff members by telephone.

Are services safe?

Our findings

People we spoke with told us they felt safe using the service and whilst staff were present in their homes. One person said; "I can't see, but I feel very safe." Another person said; "Yes I feel safe." One person told us they felt safe when they had their regular care workers, but when they got "so many different people (care workers)" they were not so sure they felt safe. One relative said; "Mum would say to me if any (care workers) were unkind and I would deal with it, but we've had nothing like that."

We saw that the service had a clear safeguarding policy and procedure in place to help keep people who used the service safe. This included information about the types of abuse people may encounter and the safeguarding reporting process. The care worker handbook, which each staff member had a copy of, also contained information relating to safeguarding and whistle blowing procedures and contact details. Staff we spoke with were able to explain what they would do if they suspected abuse was taking place. They were all able to tell us the right action to take. Staff told us they had received updated safeguarding training and records confirmed this, so that staff would be able to recognise signs of abuse or neglect and knew the procedures to report any allegations, in order to keep people who used the service safe.

People we spoke with told us they were able to make their own choices and decisions about their day to day care and support. One person said; "I'm fully involved. I only had a stroke, but my minds working alright, so I know what I need and I say." Another person said; "If I wanted something changed, I just tell them and they do it." Another told us; "It runs into a routine, but I can alter it." Some people told us or we saw that they had family members to support them with their decision making.

Care records included basic information about people's communication, but lacked detail about people's ability to make decisions, to help staff adapt their approach in order to supportively encourage people who may find it difficult to make their own decisions. We saw that where people did not have the capacity to consent to more complex decision making, the service had policies in place to enable senior staff to act in accordance with legal requirements. The registered manager told us that staff had completed Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DOLS) training as part of their safeguarding training, in order to understand the legislation. The majority of staff confirmed they had received MCA and DOLS training. However in discussions staff understood the importance of supporting people to make their own decisions, but lacked the knowledge to link practice to the legislation, such as identifying when a formal assessment of a person's mental capacity might be required. Staff told us they would report any deterioration in a person's health to the office, such as an increase in a person's confusion, therefore correct procedures, such as hold a best interest meeting, would be followed, in order to protect people.

Staff we spoke with told us and records confirmed that when accidents and incidents occurred staff reported them directly to the office and later completed an accident/ incident report. These contained information about what had happened, which was then logged onto an electronic system. This enabled the monitoring of any action that was required to be taken, to keep people safe and reduce the risk of further occurrence. For example, we saw that when a staff member had hurt their back whilst rolling a person in bed, the moving and handling risk assessment had been reviewed and a referral had been made for an occupational therapist to visit. A meeting was held between the field care supervisor, the occupational therapist and the person who used the service, where safe handling practices and the person's choice of bed were discussed. Following this meeting, a new piece of equipment was obtained to enable staff to safely manoeuvre the person and reduce the risk to both the person and staff. A training session was later held in the use of the new equipment for all staff that visited the person. This demonstrated that there were effective systems in place to make sure accidents and incidents were acted upon to make sure people and staff were as safe as possible.

We looked at risk assessments. We saw that risks associated with the delivery of people's care and support had been identified, but the level of detail about how to keep them safe varied. Some were adequate and others were very good. We found that risk assessments in relation to moving and handling showed good detailed measures to keep people safe.

Records showed that people's own environment and equipment had been assessed to ensure safety. We saw that any equipment that was used, such as moving and handling equipment had been identified on a risk assessment together with the manufacturer, suppliers,

Are services safe?

service details and timescales. The field care supervisors told us there was a system on the computer to monitor and flag the service dates of equipment. Staff told us they always undertook a visual check of equipment before every use to ensure it was safe to use.

Are services effective?

(for example, treatment is effective)

Our findings

People had their needs assessed. People and their relatives told us they had been involved in an assessment of their or their family member's needs and planning their care and support. One person said; "When the initial assessment was done they came at very short notice and wrote the care plans very thoroughly. I was most impressed with that." Initial information was usually taken over the telephone and recorded. People confirmed that senior staff had then visited them in their own home to assess and discuss their needs and any risks associated with their care and support, before they started to use the service. In addition information was obtained from professionals where they were commissioning the person's care and support. This helped to give a comprehensive picture of the person and made sure they received effective care and support.

Records showed that people or their relatives had signed their care plans as a sign of their consent with the content. People told us they had a copy of their care plan and that staff did what they expected and what was detailed in their care plan. One person said; "My information is in a folder in my bedroom. When (the field care supervisor) comes once every six months and fills out the forms, he does it sitting with me. He goes through the details. He was here this morning organising with me what we do." We looked at ten care plans. They included the tasks staff were required to undertake on each visit. The level of detail in the care plan about people's specific choices and preferences relating to their personal care routine varied. In some cases it was very good and in others it was adequate. For example, one staff member told us that one person did not like soap used on their face, but this was not detailed in the care plan, which meant that people would have to explain their preferences to any new staff undertaking their visits or they may receive inconsistent care and support. We saw that care plans had been reviewed and updated regularly so they reflected people's current needs.

People told us they were able to maintain their independence. One person said; "I partly care for myself, but have some things done." Another person said, "I am partly independent as I try as much as possible." We saw that assessments recorded people wanted to maintain as much independence as possible, but the level of detail about how staff would enable people to remain independent varied. In some cases there was only adequate information and in others there was good information about people's abilities to undertake their personal care tasks for themselves, so people could given the time to undertake tasks for themselves and maintain their independence skills.

People told us that they felt staff generally had the skills and experience necessary to meet their care and support needs. One person said; "I think the staff have been generally well trained and they have the confidence to what they do." One person felt that care workers that were not familiar with them were very nice, but were not always able to confidently undertake a procedure, which they needed to be done each day and that made them feel unsure and worried." They told us this was a very recent change in their care and they found in these cases they had to confirm the procedure to the care worker, to be sure they understood.

Staff we spoke with told us they felt they received appropriate induction and on-going training in order for them to carry out their role and responsibilities. One staff member said; "The training is good. They provide as much training as we need." Records confirmed that staff had received training and in addition some staff had received specific training to meet people's identified needs, such as continence management, dementia and percutaneous endoscopic gastrostomy (PEG) feeding. We saw that the service had a training plan in place. Staff told us and records confirmed that they received regular individual meetings with their line manager, spot checks, team meetings and an annual appraisal, in order to support staff to deliver care and support safely and to an appropriate standard.

On the whole people told us they received care from a team of regular care workers. One person said, "For the last three years I've had virtually the same carers. They keep hold of the old ones, but not the new ones." Another person said, "I get two people and they're quite regular except for holidays." One person told us that "weekends were not so good". We looked at records to establish whether people received continuity of care. Records showed that although some people received very good continuity, others did not. For example, one person had 14 visits per week and in one week had nine different care workers. The registered manager told us that these areas of concerns had already

Are services effective?

(for example, treatment is effective)

been identified. The geographical area had recently been split into smaller areas with its own team of staff, field care supervisor and visit coordinator, so staff would work more effectively and people would receive improved continuity.

People said their nutritional needs were met. One person said, “Sometimes I change the food plans and staff are working on getting different meals and looking at other ways of making my meals.” Another person said, “I’ve got a lot of little bottles of drink put near me and I can make a cup of tea, but they make me a cup when they are here.” A nutritional risk assessment had been undertaken for each person who used the service. We saw that guidance was in place, such as staff leaving flasks or a number of available drinks, to help ensure people’s received adequate food and drink.

Are services caring?

Our findings

People we spoke with commented positively on the care and support they received and the kindness of staff. People we spoke with told us that they had the privacy they needed and that the staff were respectful when they spoke to them. People's comments included; "Everybody that comes to me is very nice", "I can't say anything bad about them", "They are kind, I wouldn't have them if they weren't", "Oh yes the carers are lovely. They do quite a lot to make me feel at ease", "The carers are perfect. They just know how everything is done and it is done perfectly" and "They're very caring."

One relative said; "We have an affinity. They don't talk down to her." Another said; "I am not in the room when they are helping her, but I hear them say, "are you comfortable" and I hear positive kind statements and words from them."

One person talked about a time when they had been unwell and how the care worker responded very quickly. The staff member had been in another room putting the kettle on and could hear the person making a "funny noise"; they responded directly and found that the person had passed out so called an ambulance.

When we spoke with people about their personal preferences relating to their care and support, they were clear about what was important to them. One person said; "I have the care the way I like it." People told us their preferences had been discussed with staff during their assessment. We found the level of detail in care plans about people's preferences varied, some were adequate and others were very good. This might have an impact on people as when they did not have their regular care workers the standard of their care might vary. We noted that people's preferred name was recorded in their care plan. People told us that staff always called them by this name.

People felt information about them was handled confidentially. The service had a policy on confidentiality, which staff had signed to confirm they had read and understood. There was also additional information regarding confidentiality included in the staff handbook. In discussions with staff they demonstrated they understood the need to keep information about people confidential. For example, the numbers for people's key safe were not recorded on schedules; therefore staff had to telephone the office for this information, so information about people was treated in confidence.

The service had policies giving guidance to staff on privacy, dignity and people's rights. We saw that privacy, dignity and people's rights were covered during staff's induction. Staff we spoke with were able to give good examples of how they respected people's privacy and dignity during their day to day work. For example, closing curtains and doors and allowing time alone where appropriate.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

People were given the opportunity to express their views on the service provided and had their care reviewed each year. A field care supervisor would visit the individual and review their care needs and also completed a customer quality review form. We saw that each person's file contained the completed forms. We noted that all the recorded responses were positive. The registered manager had recently commissioned a sample telephone survey of people who were using the service. We saw that all comments were positive. In addition, the organisation also undertook a postal survey after people had used the service for eight weeks and then annually. One person said; "Someone does come out just to check on how I'm being treated about once or twice a year. They send people out to make sure staff are wearing their uniform and I do get questionnaires to ask if I'm happy." This confirmed people were encouraged to make their views about their care and support known.

People we spoke with confirmed they had a care folder. One person said, "The folder with information is in the lounge." Another person said; "I've got a folder. I've got all my papers in it." At the start of using the service people received their care folder, which remained in their own home. This contained a copy of their latest care plan, risk assessments and daily reports made by staff. It also contained information about the service, the organisation and contact details. This demonstrated that people were given information and informed about what they could expect from the service.

Most people we spoke with told us that they were able to make their own decisions about their day to day care and support. Some people told us they had family members who helped them with decision making. The registered manager told us that all of the people who used the service were able to make their own decisions in relation to their care and support and there had been no requirement to undertake any capacity assessments to date. Discussions with staff confirmed that some people were supported by relatives to make decisions relating to their care and support.

People told us they knew how to make a complaint and would be confident to do so, but most did not have any concerns. One person said, "I would phone the office if I had a problem." We saw that there was a complaints procedure in place and each person had a copy of this contained in the care folder, which remained in their home. The complaints procedure contained timescales so people were informed about how and when a complaint would be handled and responded to. At the time of the inspection visit there were no open complaints.

Are services well-led?

Our findings

People were clear about the type of service on offer and the standards they could expect from the service. There was a clear set of values detailed in the welcome pack for each new person who had started to use the service and also in the statement of purpose. This was available in different languages and formats on request. The staff handbook also contained information about the organisations aims and values, which staff had signed to confirm they understood. Staff could also access information on line.

We spoke with staff who felt there was an open and supportive culture about the service. They felt their concerns were taken seriously and acted on. One staff member said; "X (field care supervisor) is open and friendly and situations get dealt with. (The registered manager) takes things seriously." Another staff member said; "X (field care supervisor) is brilliant, absolutely fantastic the service has improved since they have been a supervisor."

There was a system in place to record, monitor and evaluate complaints, accidents and incidents. The central out of hour's service also had access to this system, so that the registered manager could follow through on events that happened out of office hours. We tracked an accident through the system and saw that for each case an action plan was developed, which was regularly monitored to ensure actions were being taken in a timely way. Events could not be closed until all actions had been completed. The health and safety department also accessed the system and monitored events for trends and learning. We saw that actions taken had included working with partnership agencies to improve outcomes for people who used the service and staff.

The organisation had a quality control department who undertook regular audits and surveys to people who used the service. We saw that following these an action plan was developed to improve any shortfalls against quality targets set by the organisation. For example, a recent shortfall identified had been continuity of care. We discussed this with the registered manager who told us that additional resources had been brought in to review schedules, so that a higher percentage of people who used the service had regularly scheduled staff. Field care supervisor, coordinators and staff had recently changed to work smaller geographical areas, so people should receive improved continuity of care.

There was a development plan in place to recruit more staff and the registered manager talked about how she targeted specific areas, in order to recruit staff from the right geographical areas, but also worked with a local college to recruit recently qualified staff, so that staff were recruited in the right areas and with qualifications to match the needs of the service and people who used it.

There was a system in place to monitor that staff's training requirements remained up to date. The service had regular access to one of the organisation's trainers and had training facilities at the office. This helped ensure that all staff were receiving induction and mandatory training to ensure they had the skills and competency to carry out their roles and responsibilities. We saw that recently the registered manager had started to organise workshops for staff. Staff told us they had identified a practice topic and then a workshop was organised for learning and problem solving. One had recently been held on medicines. The registered manager told us this was also a way of encouraging staff into the office as she was keen to promote an open door policy.

Staff told us they had confidence in the registered manager and her leadership and felt comfortable in bringing concerns to her attention. Staff said that the service had improved since she had taken up her role. One staff member said; "(The registered manager) is a good manager, the atmosphere here is a lot better, calmer and more structured, she has given us more confidence."

The service had an emergency plan. We heard how this had recently had to be implemented when the office had no electricity. All staff and telephone calls were diverted to another office, field care supervisors were deployed out onto the patch and the service continued without disruption to the people who were using it.