

Allied Care and Nursing Ltd

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service between 28 November 2017 and 22 January 2018. Breaches of legal requirements were found in relation to Regulations 17, 18 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3).

Because of our concerns the Care Quality Commission acted in response to our findings by rating the service as 'Requires Improvement' and serving two Warning Notices on 13 March 2018, relating to breaches of Regulation 18 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3). The warning notices referred to recruitment practices at the service not being safe and not all records as required by regulation being sought. Additionally, newly employed staff had not received a robust induction and the majority of staff employed at the service had not received appropriate training, formal supervision or an appraisal of their overall performance. The dates for compliance to be achieved were 1 May 2018 and 1 July 2018, respectively. The registered provider's quality assurance arrangements were not as robust as they should be as the above breaches of regulation and required improvements had not been identified.

After the comprehensive inspection, the registered provider wrote to us to say what they would do to meet legal requirements, and told us they would be compliant by the above dates.

We undertook this focused inspection on 13 August 2018 to check that the registered provider had followed their action plan and to confirm they now met legal requirements. We inspected the service against three of the five questions we ask about services: is the service 'Safe', 'Effective' and 'Well-Led'? This is because the service was not meeting some legal requirements. We found that action had been taken to improve the service's safety, effectiveness and well-led arrangements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Allied Care and Nursing Ltd on our website at www.cqc.org.uk

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community and specialist housing. It provides a service for older adults living within Southend-on-Sea. The domiciliary care agency office is in close proximity to all major bus and train routes.

The registered provider was also the registered manager and they delegated some of the day-to-day running of the service to a human resources [HR] manager and an administrator. They were also supported by a 'homecare' manager and care coordinator. 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.

Our key findings across the areas we inspected were as follows:

Recruitment procedures were now followed to ensure the right staff were employed and all records as

required by regulation sought.

Staff now received a thorough induction to carry out their role and responsibilities effectively. Staff had the right competencies and skills to meet people's needs and received regular training opportunities, both mandatory and in specialist areas. Suitable arrangements were also now in place for staff to receive regular formal supervision and staff employed longer than 12 months had received an appraisal of their overall performance.

Suitable arrangements were in place to assess and monitor the quality of the service provided. The HR manager and administrator demonstrated a good knowledge and understanding of regulatory requirements and the fundamental standards. Where areas for improvement had previously been highlighted, these had been addressed and showed learning from concerns had been dealt with. The service sought people's and others views about the quality of the service provided and comments received continued to be positive.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Recruitment systems were now robust to ensure the right staff were recruited to support people using the service to stay safe.

Is the service effective?

Good ●

The service was effective.

Suitable arrangements were now in place to ensure staff had the skills, knowledge and competence to carry out their roles and responsibilities. This included staff completing a comprehensive induction.

Staff now received regular supervision and appraisal.

Is the service well-led?

Good ●

The service was well-led.

Quality assurance arrangements were now improved to ensure the quality and safety of care was consistently assessed and monitored to meeting regulatory requirements and the fundamental standards.

People and those acting on their behalf were able to express their views about the quality of the service.

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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.

We gave the service 48 hours' notice of the inspection visit because it is a small domiciliary care service and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

This inspection was done to check that improvements to meet legal requirements planned by the registered provider after our comprehensive inspection between 28 November 2017 and 22 January 2018 had been made. We inspected the service against three of the five questions we ask about services, is the service 'safe', 'effective' and 'well-led'. This is because the service was not meeting some legal requirements.

No risks, concerns or significant improvement were identified in the remaining 'Key Questions' through our ongoing monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these 'Key Questions' were included in calculating the overall rating.

This inspection took place on 13 August 2018 and was unannounced. The inspection was completed by one inspector.

We spoke with one member of staff, the human resources [HR] manager, administrator, homecare manager and care coordinator.

We looked at the registered provider's procedures for the safe recruitment of staff. We also looked at the service's arrangements for training staff, ensuring newly appointed staff received a robust induction and received ongoing support and supervision. Additionally, the service's quality assurance systems were also reviewed.

Is the service safe?

Our findings

Safe was rated as 'Requires Improvement' at our last inspection between 28 November 2017 and 22 January 2018. At our previous comprehensive inspection to the service, we found the registered provider's arrangements for safe recruitment practices were in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the majority of records as required by regulation had not been sought. As a result of our concerns the Care Quality Commission took action in response to our findings by serving a Warning Notice in March 2018 relating to unsafe recruitment practices. The date for compliance to be achieved was 1 May 2018. At this inspection, we found that the registered provider had made the required improvements and safe had improved to 'Good.'

The registered provider's recruitment policy and procedure had been revised since our last inspection in January 2018 and a new human resources [HR] manager appointed. The latter's primary role was to oversee the service's processes and procedures when recruiting and selecting staff to be employed at the service; and ensuring these practices were safe and operated effectively. Recruitment practices were significantly improved to show that effective and proper recruitment checks had been completed on all staff before they commenced employment at the service and these arrangements were now safe.

The recruitment records for four members of staff employed since our last inspection were viewed. Our findings showed relevant checks had now been completed before a new member of staff commenced employment at Allied Care and Nursing Ltd. These checks included the completion of an application form, gaining a full employment history, including consideration of any gaps in employment. In addition, obtaining satisfactory evidence of conduct in their previous employment and of their character, in the form of written references, ensuring the applicant provided proof of their identity and a criminal record check with the Disclosure and Barring Service [DBS]. Also, prospective employees' equality and human rights characteristics, such as those relating to age, disability, ethnicity, religion or sexual orientation, were considered when recruiting staff. Furthermore, a written record was now completed and retained to demonstrate the discussion had as part of the interview process and the rationale for staff's appointment. This showed robust measures were in place to retain information to enable the registered provider's representative to make an initial assessment as to the candidate's relevant skills, competence and experience for the role and; to narrow down whether or not they were suitable.

Is the service effective?

Our findings

Effective was rated as 'Requires Improvement' at our last inspection between 28 November 2017 and 22 January 2018. At our previous comprehensive inspection to the service, we found the registered provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because effective and proper arrangements were not in place for staff employed at Allied Care and Nursing Ltd to receive appropriate training, a comprehensive induction, regular supervision and an annual appraisal of their overall performance. As a result of our concerns the Care Quality Commission took action in response to our findings by serving a Warning Notice in March 2018 relating to unsafe recruitment practices. The date for compliance to be achieved was 1 July 2018. At this inspection, we found that the registered provider had made the required improvements and effective had improved to 'Good.'

The registered provider's policies and procedures relating to training, induction and supervision had been revised since our last inspection in January 2018. A new administrator had been appointed to support the HR manager to oversee the service's processes and procedures relating to staff training, induction, supervision and appraisal. At this inspection, the registered provider's arrangements were significantly improved to show that appropriate measures were now in place to ensure staff employed at the service received training, professional development, supervision and appraisal as necessary, to enable them to carry out their roles effectively.

The HR manager and administrator confirmed staff now received a robust three day induction. This referred specifically to staff receiving a 'staff handbook'. This is designed to provide staff with information about the organisation, policies and procedures and bringing together employment and job-related information which employees need to know. It was the registered provider's expectation that as part of the induction process, staff completed mandatory training in key areas, for example, 'practical' manual handling, first aid awareness, infection control, safeguarding, food hygiene and medicines management. Staff were also given the opportunity to shadow a more experienced member of staff depending on their level of experience and competence. The latter enabled the service to assess and ensure the new employee was suitable, competent and had the right attitude to work with vulnerable adults. Where staff did not have previous experience within a care setting, staff were required to undertake and complete the 'Care Certificate'. The Care Certificate is a set of standards that social care and health workers should adhere to in their daily working life. We found that all four newly appointed members of staff had received an induction as detailed above.

Previous identified shortfalls with staff training had now been addressed and suitable arrangements were now in place to ensure staff received suitable training at regular intervals. This was so they could meet the needs and preferences of the people they cared for and supported to a good standard. Staff training records viewed since our last inspection in January 2018, all staff had received mandatory training in line with the registered provider's expectations in key areas as detailed above. Information available showed staff had also received more specialist training relating to the needs of the people they supported, such as stoma and catheter care, with further specialist training to be scheduled.

Staff told us they felt supported and primarily received support from existing staff members and the newly appointed HR manager and administrator. Supervisions were now being completed at regular intervals. This gave staff the time to express their views, supporting staff in dealing with complex situations and dilemmas, to reflect on their practice and to discuss their professional development, with the overall aim to achieve better outcomes for people who used the service. These comprised of face-to-face meetings and 'spot check visits.' The latter is where the provider's representative calls at a person's home just before, during or after, a visit by a member of care staff. This is so they can observe the member of staff as they go about their duties and check they are meeting the organisation's standards and expectations. In order to ensure staff received regular supervision and 'spot check visits', a matrix had been devised to keep track of when these had taken place and scheduled. Information available confirmed all staff had received at least one face-to-face supervision and one 'spot check visit'. The majority of staff employed longer than 12 months had received an annual appraisal of their overall performance.

Is the service well-led?

Our findings

Well-Led was rated as 'Requires Improvement' at our last inspection between 28 November 2017 and 22 January 2018. At that comprehensive inspection to the service, we found the registered provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because suitable quality assurance arrangements were not in place to effectively monitor the service and not all regulatory requirements were understood and managed. Quality assurance arrangements had not ensured recruitment practices for staff were safe or staff had received appropriate training, a robust induction, formal supervision or an annual appraisal of their overall performance. As a result of this a regulatory requirement was made. At this inspection, we found that the registered provider had made the required improvements and well-led had improved to 'Good.'

Since our last inspection to the service, the registered provider had employed a new HR manager and an administrator. Their primary role was to oversee the service's processes and procedures when recruiting and selecting staff to be employed at the service and; ensuring these practices were safe and operated effectively. They were also tasked with ensuring staff had the right competencies, knowledge and skills to carry out their roles and responsibilities, including staff completing a robust induction and receiving regular supervision and an appraisal. At this inspection we found that all of the required improvements had been made and lessons learned. The involvement of an HR manager and administrator had proved very positive and showed there was a confident and encouraging commitment to ensure the service protected people using the service and complied with the registered provider's own policies and procedures and regulatory requirements. The HR manager and administrator were able to demonstrate their understanding of regulatory requirements and the fundamental standards.

As part of the domiciliary care service's quality assurance arrangements, the service involved people and others in a meaningful way. For example, arrangements were in place for gathering information from people using the service about the quality of the service provided. This included seeking the views of people who used the service, those acting on their behalf and obtaining the views of staff employed at the service. Comments from people using the service and those acting on their behalf were received in March 2018 and were noted to be very positive. One person wrote, "I can't fault them [staff] and they always treat me well. No improvement is possible." A second person penned, "This care firm actually understand my vascular dementia and treat me in an appropriate manner and are very kind and considerate." One relative wrote, "Visits from all carers are reliable, rarely missed or late. We are very appreciative of the care [name of relative] receives overall." A second relative stated, "[Name of relative] loves all their carers. They [staff] treat them with respect and they have their best interests at heart. We as a family do not know what we would do without them." Staff comments were also positive, particularly about the support they received from the management team.

Additionally, people and those acting on their behalf were able to actively be involved in reviews of their overall care package and subsequent care plan documentation. The 'homecare manager' and 'care coordinator' confirmed reviews with people using the service were completed at six monthly intervals and care plan documentation completed annually as a minimum. The latter was flexible to reflect where a

person's needs had changed and their care plan was required to be up-dated. For example, following a review for one person, their care package had been amended to reflect they required an extra 'call' each day as they now required support with their medication.

Since our last inspection to the service in January 2018, a review of the service's policies and procedures had been completed by the HR manager. Additionally, the service's Statement of Purpose had been up-dated and risk assessments relating to the domiciliary care service office, newly implemented. Since coming into effect on 25 May 2018, a General Data Protection Regulation [GDPR] audit had been completed to ensure the service complied with the regulations relating to peoples' personal data. An 'accident/incident' log was in place and well maintained, detailing where incidents had occurred and the actions taken to safeguard people using the service. Information available showed where the service worked in partnership with other agencies, particularly to support care provision and joined-up care. For example, where one person's mental healthcare needs had deteriorated, the care coordinator had liaised with the local community psychiatric nurse [CPN] to provide the appropriate support.

Suitable arrangements were in place for people if they had a concern or were not happy with the service provided to them. No complaints had been raised with the service, however a log was in place to monitor the number of complaints received and any potential trends. A record of compliments was maintained to capture the service's achievements.

Management meetings were more frequent and attended by the registered provider. Senior staff meetings had been newly introduced and held since our last inspection in January 2018, to give the senior staff team, the opportunity to express their views and opinions on the running and quality of the service. Minutes of meetings were available to view. Staff continued to receive 'key' information via their mobile phone. Additionally, a monthly newsletter for staff had been introduced since June 2018, as was 'carer of the month'. The HR manager told us the latter was introduced to recognise staff's hard work and to act as an incentive for staff to 'go that extra mile'.