

Allied Healthcare Group Limited

Allied Healthcare - Sheffield

Inspection Report

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Summary of findings

Overall summary

Allied Healthcare - Sheffield is a domiciliary care service that is registered to provide personal and nursing care. Support is provided to adults living in their own homes. Support is based on individual need and can range from a fifteen minute call up to twenty four hours a day.

The service had a registered manager in post at the time of inspection. 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.

Our inspection team was made up of an inspector 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.

As part of the inspection we contacted 14 people who used the service and six people's close relatives by telephone. The people we spoke with told us they felt happy and safe with the service. They said staff treated them with respect and were mindful of their rights and dignity. They said staff were caring and kind.

People's needs had been assessed and their care was given in a way that suited their needs. They were involved in making decisions about taking risks in their lives.

People who used the service and people who mattered to them, such as close family members, had been

encouraged to make their views known about their care. People had contributed to their assessments and care plans, about how they should be given care and support and their packages of care had been designed around this.

People's care plans had a good level of information about how each person should be supported which helped to make sure staff knew how to meet people's needs.

Staff were well trained, skilled and experienced. People told us the staff were kind and gave them the privacy they needed. They said the staff had caring attitudes and encouraged people to be as independent as they could be.

People were encouraged to share any concerns and complaints they had. The people we spoke with had no complaints and said they were very happy with the service, as there was a new manager, who had made improvements.

People had a chance to say what they thought about the service. We found the service learned from its mistakes by using complaint and incidents as an opportunity for learning or improvement. There was good leadership at all levels and the managers promoted a positive culture that was person centred, open, inclusive and empowering.

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?

The service was safe because they made sure staff understood how to safeguard the people they supported. This was because staff had training and there were clear safeguarding procedures for them to follow. People told us they felt safe with the staff of Allied Healthcare. They said they felt their rights, privacy and dignity were respected.

The staff knew how to 'blow the whistle' if they felt issues were not being dealt with properly. There was a special 'whistle-blower' telephone line for staff to use if they didn't feel able to share their concern with members of the branch team.

Key staff, such as the registered manager and other members of the management team had undertaken training in Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS). These safeguards make sure that people, who lack capacity, are protected and are not deprived of their liberty unlawfully. Staff were clear that they should uphold people's right to make their own decisions and had a good, basic knowledge of the Mental Capacity Act.

Staff were made aware of people's preferences and of any risks associated with people's care.

The staff told us they were always called the office if they noticed any changes in people's health or wellbeing. This included any increases risks and any changes in people's ability to make their own choices and decisions.

We were told by people who used the service and by care staff that there was a new registered manager, who was 'on the ball' and any concerns and issues had been dealt with more quickly and effectively in recent months. The registered manager was also making improvements in people's risk assessments, so staff had more information about what to do if people displayed behaviour which was challenging to the service.

Care staff had received training in infection prevention and control and regular 'spot checks' were done to make sure care staff used disposable gloves and aprons as they should. The people we spoke with all said they did.

New staff were not recruited until all the necessary pre-employment checks were completed. References were taken up and Disclosure

Summary of findings

and Barring Service (DBS) checks were in place for each staff member. Before new staff started work they received induction training, and a period of 'on the job' shadowing with an experienced care worker before they were allowed to work unsupervised.

Are services effective?

The service was effective as people were involved in the assessment about their care, support and health needs and involved in producing their care plans and reviews.

Staff had received training in the core subjects needed to provide care to people. This included health and safety and fire, moving and handling, basic first aid, food hygiene and nutrition, infection control, safeguarding and medication management. They also had training to help them meet the specific needs of the people who used the service.

The service also used a computer system that prevented staff from being allocated work if they had not undertaken the necessary training. This helped to make sure staff had the skill and knowledge to meet people's assessed needs.

A member of one person's household told us, "They ask what you think, and they listen. They know (the person) needs very well."

The welcome pack that was given to people included contact information for local advocacy services and the staff we spoke with were aware of the need to be respectful of people's wishes and feelings.

Are services caring?

The service was caring. The people we spoke with told us the staff were caring. They said they were happy with the care and support they received from Allied Healthcare and said the care staff had a good understanding of their care needs. They told us they were treated with kindness and compassion and that their dignity was always respected. They felt staff listened to and valued what they said. They said the care staff helped them to be as independent as they wanted to be.

We saw that people were asked about their satisfaction with the service at 'spot check' visits and at reviews. They and their relatives were also asked to complete annual satisfaction surveys and people's feedback was used to improve the service.

Summary of findings

We saw that people had thorough, detailed care plans about all aspects of their needs. These set out how each person should be supported. Ways of making sure people's privacy was protected was included of people's care planning. People also told us the care staff were very respectful of their religious and spiritual beliefs.

One person told us the care staff had provided care to their relative, at the end of their life. They said, "Towards the end, the service was absolutely superb. For the last six months, they were lovely girls who really did care."

We saw clear guidance for staff about how to respect people's privacy, dignity and human rights. This was part of staff's induction and on-going training.

Staff were aware of the importance of good communication, giving people choices, maintaining people's dignity and making sure people had privacy.

Are services responsive to people's needs?

The service was responsive to people's needs. People told us staff asked their views and listened to and acted on them. People's needs had been assessed before they were provided with a service. Staff from Allied Healthcare spoke with people about what was important to them and how they preferred their care to be provided. This showed us that staff encouraged people to make their views known about their care and listened to people.

We saw that people's capacity was considered under the Mental Capacity Act. When a person did not have capacity, referrals were made to the local authority to help make sure decisions were made in the person's best interests. People had access to independent advocates, who were able to speak up on their behalf.

We saw that complaints were taken seriously and investigated fully. We could see Allied Healthcare took account of complaints and comments to improve the service.

Are services well-led?

The service was well led with a clear set of values. These included involvement, compassion, dignity, respect, equality and independence for people. The staff had a good understanding of these values.

However, in the last year the registered manager had reported three out of four incidents to the Care Quality Commission. Because the registered manager did not notify us about one incident we found there was room for improvement in the way incidents were reported.

Summary of findings

Staff told us they felt well supported and valued and there was an open and honest culture. They said the registered manager was supportive and approachable.

People were asked for their views about their care and treatment and they were acted on. There had been recent improvements in the way concerns and complaints were dealt with. We also saw the team was working hard to make sure that people had the same care staff consistently and had information about any staff changes.

Although the service had difficulty recruiting care staff and providing the care hours for one local authority six months ago, this was no longer an issue and there had been improvements in the way staff rotas were organised.

Summary of findings

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

Most people who returned survey questionnaires to us said the arrangements around their care had changed and they no longer used Allied Healthcare - Sheffield.

However, they told us they had felt safe from abuse and or harm from the staff of Allied Healthcare. Most said the care and support workers were caring and kind. They confirmed that the staff always treated them with respect and dignity and helped them to be as independent as they could be. They knew who to contact in the service if they needed to and they knew how to make a complaint.

Around half of the people who returned survey questionnaires to us said they did not think Allied Healthcare and their staff had responded well to complaints or concerns they had raised in the past. They no longer used Allied Healthcare, but said that at the time they did, they had not been involved in planning their own care and support needs. Around half told us that in the past, they had not been introduced to their care workers before they provided care or support and the care workers had not always arrived on time.

However, all the people we spoke with on the phone, who were receiving care from Allied Healthcare – Sheffield at the time of this inspection said they were very happy with the care they were receiving.

Three people told us the care staff were very good, but there had been a time, towards the end of 2013 when the office staff had not been very organised. This led to rotas being disorganised and people did not receive a reliable service. They said this had been addressed and improvements had been made. Staff consistency and reliability of visit times had been very good in the last six months.

One person told us the care staff provided care for their relative at the end of their life. They said things had really improved in recent months including the quality of the staff members and their training. This was because there was, “A core of very good carers, four to six girls who were very good” and, “towards the end, the service was absolutely superb. For the last six months, they were lovely girls who really did care.” They told us they had heard from the care staff that things were more organised because there was a new manager.

Another person’s close relative said the service had improved because the staff had sat down with the person who used the service and asked what would work for them. Then the way their care package was designed was changed to suit them. They said the care staff had always been very good and caring, and now there was new management, they were really very satisfied with the service. They added, “We do feel (the person) is safe because one staff member is not allowed to go until another one has arrived.” They said they had made suggestions about the suitability of staff and, “We were listened to.”

They told us their relative had specialist health and communication needs. They said they also felt the service was safer because the care staff had received better training and support from the qualified nurse employed by the service recently. There was a small, core staff team which was reasonably stable and the care staff had developed good, effective ways of communicating with the person.

Everyone we spoke with said they felt safe with the staff. One person said, “Oh yes.” They added, “They always treat us with respect and are friendly.” Another person said, “Very safe, it’s usually the same six. They’re very good and we have laugh.”

One person’s relative told us when new staff came; they ‘shadowed’ the experienced staff for a number of weeks before they provided care. Their relative used a specific piece of equipment to help them move from bed to chair. They said when new staff were introduced they were given ‘on the job’ training in how to help the person use the equipment by the experienced staff. They said, “They always ask if someone can come in and observe.”

A member of one person’s household told us, “They ask what you think, and they listen. They know (the person) needs very well.

Another person’s relative said the staff really did care about the person who used the service. They gave an example of a time when the person had been unwell and the members of care staff had been visibly upset about it. They said, “They really do care. They are always mindful of (the person’s) dignity. They really are smashing.

Summary of findings

One person said, “I’m happy with Allied. They have always been very good.”

Another person’s relative said they had “no grumbles” They told us it was usually the same staff who came and they were very caring. They said, “There are a certain number who come and we get used to them. When I ask them if they like their work they always say they love it.”

When asked if staff asked the person their opinion about their care and if they listened they told us they had a visit

from a manager from the office recently. They said, “They were somebody who knows from top to bottom, how things should be done. They were more than kind.” They added that their relative filled in a survey form every year to say they were happy with the carers.

When asked if staff washed their hands and wore gloves and aprons when they should, everyone said they did.

Allied Healthcare - Sheffield

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 of the Health and Social Care Act 2008. It was also part of the first testing phase of the new inspection process CQC is introducing for adult social care services. We undertook the inspection visit on 1 May 2014.

The last inspection took place in December 2013. We looked at how the service respected and involved people who used the service and promoted their care and welfare, how the service safeguarded people from abuse, how the service supported workers and assessed and how they monitored the quality of the service they provided. We did not identify any concerns at that inspection.

Before this inspection we sent survey questionnaires to 30 people who used the service and 19 people responded to us. As the service provided care to people in Sheffield, Barnsley and Rotherham, prior to the visit we asked the

local Healthwatch in those areas if they had any information to share with us about the service and spoke with representatives of the local authorities who commissioned people's packages of care.

Before the inspection we looked at the information we hold about the service, including the notifications sent to us by the registered manager and information we had received from the local authorities about safeguarding alerts, referrals and investigations.

Our inspection team was made up of an inspector 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.

On the day of the inspection visit we spoke with the registered manager. We looked at six people's written records including their initial assessments, care plans and risk assessments, six staff personnel records including records of recruitment and training. We also looked at the staff training matrix, a number of policies and procedures, the service's business continuity plan and the staff handbook. As part of the inspection we contacted 20 people by telephone, including six people's close relatives. We also spoke with six members of care staff.

Are services safe?

Our findings

All of the people we spoke with and most people who returned survey questionnaires to us said they felt safe from abuse and or harm from the staff of Allied Healthcare – Sheffield. They said their rights and dignity were respected.

The staff we spoke with knew what to do when safeguarding concerns were raised and they told us there were policies and procedures for them to follow about safeguarding people and about how to ‘blow the whistle’ if they felt issues were not being dealt with properly. We saw there was clear guidance for staff about safeguarding people and about whistle blowing in the staff handbook. There was also a whistle-blower telephone line for staff to use if they didn’t feel able to share their concern with members of the branch team.

The records we saw confirmed care staff had training in safeguarding people from abuse. This was part of the induction training for all staff and regular updates had been provided. Some staff had also attended training provided by Rotherham Council. The registered manager told us the computer system used for booking care staff for work automatically highlighted if staff had not undertaken all of their core training, so they would not be offered work. This included safeguarding training.

The staff we spoke with told us they had induction training when they first started work with the service, which included safeguarding vulnerable people and whistleblowing. All of the staff we spoke with had had safeguarding training and most told us they had had an update in the last 12 months. They were clear that they would report any concerns to their line managers. They said they always phoned the office about any concerns they had.

We looked at the records about the one safeguarding issue that had arisen since the last inspection. The registered manager alerted Barnsley Council safeguarding team about an allegation that a person who used the service had been abused. Although the allegation was not upheld, we saw there were some lessons learned from this incident and some extra safeguards were put in place to help make sure similar circumstances did not arise in the future.

Key staff, such as the registered manager and other members of the management team had undertaken

training in Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS). These safeguards make sure that people, who lack capacity, are protected and are not deprived of their liberty unlawfully. We also saw a summary of the MCA, including DoLS, in the policies and procedures available for staff to help them understand the legal framework and their role in protecting people’s rights.

All of the staff we spoke with had a good, basic knowledge of the MCA and said they were clear they should uphold people’s right to make their own decisions. Although they told us they had not undertaken specific, external training about MCA and DoLS, they told us this was included as part of the safeguarding training they had completed. One staff member said they had undertaken training, run by Rotherham Council in supporting people with dementia. They said this course had an emphasis on promoting people’s rights and choices and included the use of MCA and DoLS to support this.

Several staff also told us they had completed a National Vocational Qualification (NVQ) in care at level 2. One staff member told us in doing their NVQ they had covered MCA and DoLS, human rights, confidentiality and person centred care. They said, “It’s about the people who use the service and what they want.”

Staff were clear that if they noticed changes in people’s ability to make decisions they would report this to the office, so that other professionals could be made aware. They said this sometimes led to people’s needs being reassessed. The registered manager said there had been instances when people had ‘best interests meetings’ and staff from the service had been involved.

Staff we spoke with told us people who used the service had risk assessments on their records. They told us this helped them to be aware of risks and people’s preferences. Again, they said they would report any risks or potential risk to their managers. One staff member particularly wanted to tell us the new manager was ‘on the ball’ and was making sure things were much better organised, so concerns and issues were dealt with more quickly and effectively in recent months.

We looked at how risks were managed. The registered manager told us each person had risk assessments in their records that were kept in their homes. We saw the written

Are services safe?

records kept at the office for six people and each person had risk assessments that were specific to their needs and lifestyles. These told the staff about the risks for each person and how to manage and minimise these risks.

The registered manager showed us a detailed risk assessment, which included a behaviour management plan for one person, who displayed behaviours which could challenge the service. This recommended responses care staff should use to help calm the person. There was a policy that two staff should provide care to the person. This was to help maintain the safety of the person and the care staff. The registered manager told us they were working on improving people's risk assessments to make sure people were protected and their freedom supported and respected, as not everyone who could display behaviour that challenges had a behaviour management plan of this quality.

When we asked how they knew what to do when people displayed behaviour, which was challenging, one member of care staff told us they had worked for the service for several years and had 'been on quite a few courses' in dealing with these behaviours. They said this was an area of people's care plans and risk assessments the new registered manager had started making improvements in.

Staff had training and access to clear guidance in the prevention and control of infection. Senior staff did regular spot checks' to observe staff knowledge and practice and gain feedback from people who used the service. These included infection control and the use of personal protective equipment (PPE). People we spoke with told us

the care staff used disposable gloves and aprons. Again, staff were clear if they had any concerns about someone's ability to keep their home clean, they would tell the office staff, so that they could escalate the concerns to the local authority.

The registered manager told us they did not recruit new staff until pre-employment checks were completed. We looked at six staff personnel records, three of which were for new staff members. The records showed that background checks were carried out on staff before they had started work with Allied Healthcare. The recruitment system included applicants completing a written application form with a full employment history and a face to face interview to make sure people were suitable to work with vulnerable people. We saw that interview notes were kept on each staff member's records to show that the recruitment process tested candidate's suitability for the role they had applied for.

References had been taken up and Disclosure and Barring Service (DBS) checks were in place for each staff member. This showed that service followed safe recruitment practices.

The records we saw showed that before new staff started work they received induction training. The induction included core training, including all relevant areas of health and safety, caring for people with respect and dignity and safeguarding people from abuse. Staff also received a period of 'on the job' shadowing with an experienced care worker before they were allowed to work unsupervised.

Are services effective?

(for example, treatment is effective)

Our findings

In people's written records we saw there was a summary of the person's needs from those making the initial request for the service. This had been included in the Allied Healthcare assessment of people's needs and was included in people's care plans. People who used the service and those who mattered to them had contributed to their assessment and care planning.

Nine people we spoke with told us they had been involved in the assessment and in putting their care plans together. For instance, one person told us that a member of the team from Allied Healthcare – Sheffield had visited them before the service started. They said they had talked about their needs and their views had been included in their assessment to help plan their service.

The six care plans we saw had been reviewed and updated on a monthly basis, and as necessary, in response to changes in people's needs. There was evidence people and those who mattered to them had been asked if they were satisfied with the service, if it met their needs and if there was anything that needed to be improved on a regular basis.

A member of one person's household told us, "They ask what you think, and they listen. They know (the person's) needs very well."

The registered manager told us they tried to match people who used the service and care staff to make sure they were compatible. This included making sure that if people had specific needs, the staff who provided their care had received training to meet their needs and to carry out their specific, specialist care tasks. The service used a computer system that prevented staff from being allocated work if they had not undertaken the necessary training. This helped to make sure staff had the skill and knowledge to meet people's assessed needs.

Two people's relatives told us about occasions when staff members proved incompatible. They said they told staff in the office and this was dealt with to their satisfaction. One person's relative said the service had improved because staff had sat down with the person who used the service and asked what would work for them. Then the way their care package was designed was changed to suit them. They said they had made suggestions about the suitability of staff and, "We were listened to." They told us their relative

had specialist needs. They said they also felt the service was safer, because the care staff had received better training and support from the qualified nurse in recent months. They told us there was a small, core staff team and the care staff had developed good, effective ways of communicating with the person.

The welcome pack that was given to people included a section for contact information for local advocacy services. There was also guidance for staff, in the staff handbook about supporting people to gain access to independent advocacy services. Of the six people whose records we looked at two had had some support from advocates. One was an Independent Mental Capacity Advocate (IMCA). The person's local authority had arranged for the IMCA to advocate for the person while they were assessing if the person has capacity to make specific decisions.

There was a programme of staff supervision and appraisal. The staff personnel records we saw showed that staff had one to one supervision sessions with their line managers and annual appraisals. Staff we spoke with said they had regular training updates in health and safety and fire, moving and handling, basic first aid, food hygiene and nutrition, infection control, safeguarding and medication management. One staff member we spoke with said, "We are always given training updates."

They also had training to help them meet the specific needs of the people who used the service. This included training in caring for people with dementia. One staff member told us they, and several other staff, had been provided with training about providing end of life care.

We saw that newly recruited staff were given induction training and supported by experienced staff to understand people's care needs and preferences. This included training, support and monitoring from a lead nurse for some specialist asks, such as percutaneous endoscopic gastrostomy PEG feeding. This is when a tube is passed into a patient's stomach to provide a means of feeding when a person's oral intake is not adequate.

One person's relative told us when new staff came; they 'shadowed' the experienced staff for a number of weeks before they provided care. Their relative used a specific piece of equipment to help them move from bed to chair.

Are services effective?

(for example, treatment is effective)

They said when new staff were introduced they were given 'on the job' training in how to help the person use the equipment by the experienced staff. They said, "They always ask if someone can come in and observe."

The staff we spoke with were confident in their ability to carry out their role and had a good understanding of people's care and support needs. They talked about the need to be respectful of people's wishes and feelings.

Are services caring?

Our findings

All the people we spoke with said they felt the staff were caring. They said they were treated with kindness and compassion and their dignity was always respected. One person's relative said the care staff had always been very good and caring. Another told us the care staff really did care about the person who used the service. They gave an example of a time when the person had been unwell and the members of care staff had been visibly upset about it. They said, "They really do care. They are always mindful of (the person's) dignity. They really are smashing."

Another person's relative said they had "no grumbles" They told us it was usually the same staff who came and they were very caring. They said, "There are a certain number who come and we get used to them. When I ask them if they like their work they always say they love it."

One person told us the care staff had provided care to their relative at the end of their life. They said, "Towards the end, the service was absolutely superb. For the last six months, they were lovely girls who really did care."

People said the staff were very respectful of their religious and spiritual beliefs. Information about people's religious and spiritual beliefs was recorded. We looked at the care plan for one person with very specific needs and preferences, and saw that these were clearly recorded in their assessments and care plan. The staff we spoke with were aware of the person's preferences. They told us there was also information about each person's history in their care plans; to give them further knowledge about what was important to the people they were caring for.

We saw clear guidance for staff about respecting people's privacy, dignity and human rights and about making sure information about people were treated in confidence. We asked care staff how they made sure people's privacy and dignity was respected and promoted. They were aware of the preferences of the people they provided care to. They explained about giving people choices and talking to people to make sure they knew what was happening. They told us about the importance of maintaining people's dignity and making sure people had privacy. They said they made sure curtains and doors were closed and that people were covered over, as much as possible, while their personal care.

One staff member said, "I am as gentle as I can be. I think, what would I like? And I try and treat people as I would like to be treated." Another said, "I always talk to people, gently, to explain what I'm doing and to reassure them."

We saw that people were asked about their satisfaction with the service at 'spot check' visits and at reviews. They and their relatives were asked to complete annual satisfaction surveys and people's feedback was used to improve the service. When asked if staff asked the person their opinion about their care and if they listened they told us they had a visit from a manager from the office recently. They said, "They were somebody who knows from top to bottom, how things should be done. They were more than kind." They added that their relative filled in a survey form every year to say they were happy with the carers.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

All the people we spoke with told us staff asked their views and acted on them. To help make sure people received personalised care that was responsive to their needs their needs were assessed before they received the service. The written records we saw showed staff from the service spoke with people about what was important to them and clearly showed information about how people preferred their care to be provided.

People's capacity was considered under the Mental Capacity Act. The registered manager and the staff we spoke with explained if they thought there were issues with a person's capacity; a referral would be made to the local authority to help make sure decisions were made in the person's best interests. The registered manager showed us the written records for two people who had support from independent mental capacity advocates (IMCAs who were able to speak up on their behalf.

One person's family member told us staff had sat down with their relative, who used the service and asked them how their package of care could be provided to suit their needs better. The person received a twenty four hour care package and found the changes of care workers at regular intervals throughout the day quite disruptive. They were now, much happier as changes were made to reduce the number of different members of care staff coming into their home in a twenty four hour period. This showed staff encouraged people who used the service and those that matter to them to make their views known about their care and listened to what was important to people.

Staff we spoke with said the manager and office staff had worked hard to make sure they were allowed the time to provide the care people needed. The managers we spoke

with were aware of the issues raised earlier in the year about consistency of staff and of call times. They had put arrangements in place to make sure there was better consistency of call times and of staff. One person's relative told us that initially, the service had not been well organised. They said that the last few months things had improved considerably, as the person's care had been provided by a core team of six staff, who knew the person well and were familiar with their needs and preferences.

We saw the record of complaints kept by the service and reviewed how one complaint was dealt with. This showed when a complaint was made it was taken seriously and investigated fully. We also looked at the record of significant events and saw there was learning from these. We could see that learning from any complaints, incidents and investigations was fed back to staff at meetings and at individual staff supervision, if appropriate.

People were given a 'welcome pack' when the service began. This explained the aims and objectives of the service, what services Allied Healthcare could provide and how to complain. The registered manager told us the information could be provided in other formats, such as large print or other languages, to suit people's individual communication needs.

Everyone we spoke with knew how to make a complaint, but they had no current complaints to tell us about. One person said, "I'm happy with Allied. They have always been very good."

Another person's relative said they had "no grumbles" They told us it was usually the same staff who came and they were very caring. They said, "There are a certain number who come and we get used to them. When I ask them if they like their work they always say they love it."

Are services well-led?

Our findings

The service was well led with a clear set of values. However, in the last year the registered manager had notified three out of four reportable incidents to the Care Quality Commission. They had not notified us about one, recent safeguarding allegation. However, all other necessary action had been taken by the registered manager to safeguard the person. Because the registered manager did not notify us about the incident we found there was room for improvement in the way incidents were reported and we discussed this with the management team at the time of the inspection.

At the time of our inspection the service had a registered manager in post. The staff we spoke with told us the registered manager was very supportive and confirmed they would be comfortable approaching them with any issues or concerns. Staff said they felt well supported and told us there was an open and honest culture. For instance, one staff member said, “When we raise concerns the manager addresses things immediately.” Another staff member told us they were pleased that new contracts of employment had been introduced, so they did not have a ‘zero hours’ contract. They said this had helped to make them feel valued.

We met members of the local management team and of the national audit team. They all said Allied Healthcare had a clear set of values. These included involvement, compassion, dignity, respect, equality and independence for people. These were stated in the service user guide. Members of the senior management team of Allied Healthcare were visiting the Sheffield branch on the day of our visit. They were presenting an award to a staff member for outstanding service.

When speaking with the registered manager they promoted a culture that was focussed on the person, inclusive and caring. We also spoke with several staff who said the values of the service were very clear. They demonstrated a good understanding of these values. They said and were committed to they were part of their induction and on going training, and part of the discussion in staff meetings. One staff member said the ethos of the organisation was clear from “Day one.” Being part of their job descriptions and in the policies and procedures.

Members of the audit team told us they had completed an audit about all aspects of the running of the service for the Allied Healthcare management team. This included information about complaints, safeguarding issues, incidents and care documentation. This showed that resources and support were available to the manager and the team to develop and drive improvement. We also saw evidence that risk assessments and care plans had been updated in response to any incidents which had involved people who used the service.

No one we spoke with raised concerns about the levels of staff available. The registered manager told us there had been difficulty recruiting care staff and providing the care hours for one local authority last year, but this was no longer an issue. The registered manager told us the care hours were assessed by and agreed with the local authorities, depending on people's needs. They said where there was a shortfall, for example when staff were off sick or on leave, existing staff were happy to work additional hours.

We saw there were plans in place to help managers and staff deal with emergencies. There was a management on call system in case staff needed management support outside of office hours. The manager showed us there were clear emergency plans. For example, information about how to get the service to people in extreme weather.

People confirmed they were often asked for feedback by the managers. They told us that they were asked to fill in questionnaires about their view of the quality of the service and members of the management team visited periodically and asked if people were satisfied with their care. We saw quality reviews were carried out. The results of these showed that overall, people were satisfied with the standard of care and support they received, although earlier in the year some had highlighted staff consistency and staff arrival times as needing improvement.

Recent feedback showed staff were effectively deployed across the geographical area of the service to make sure people received the care they needed. We saw managers from the service had regularly telephoned people to ask if they were happy with the care they received. We saw records that showed members of the management team had undertaken ‘spot checks’ to observe staff working with

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people and people's feedback was sought at these visits. Overall, we saw the service had effective ways to seek the opinions of the people who used the service and this had helped to support recent improvements.

There was a clear complaints policy and evidence that the registered manager took account of complaints and comments to improve the service. The team learned from incidents and investigations and appropriate changes were implemented. We saw the minutes of the staff meetings, including evidence of learning from incidents and accidents and complaints. Actions were considered and taken following each meeting.

People told us that, if they were unhappy with their care, they would feel comfortable complaining to the managers. One person said, "If I had a problem, I would phone them and I'm sure they would sort it out." Two people we spoke with said they had complained. They said things had been sorted out in a timely fashion.

People said they were asked for their views about their care and treatment and they were acted on. People we spoke

with told us that overall, they were happy with the way the service operated. People who used the service, their family members and the staff we spoke with all said concerns and complaint were dealt with more quickly and effectively in recent months. They added that the staff rotas were also better organised.

One member of care staff also confirmed the rotas were better organised. They told us they had been to two staff meetings in recent months, the new manager had consulted staff about how the care rotas could be done better and consequently, the rotas had been improved. This meant that people who used the service had more consistency in which carers provided their care and there were fewer complaints about care workers being too late or too early.

Staff we spoke with told us Allied Healthcare also kept them up to date with good practice developments. They said training updates, team meetings and one-to-one supervision were used for this. The minutes of the team meetings that we saw confirmed this.