

# Allicare Limited

# Allicare Ltd

## Inspection report

Dairy Barn Lodge  
Norwich Road  
Mulbarton  
NR14 8JN

Tel: 01508 578109

Website: [allicareltd.wix.com/allicare](http://allicareltd.wix.com/allicare)

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## Ratings

### Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



## Overall summary

This was an announced inspection that took place on 9 September 2015.

Allicare Ltd is a service that provides personal care to people in their own homes. At the time of this inspection there were 66 people using the service.

There has not been a registered manager working at the home since October 2014. 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 and associated Regulations about how the service is run. The provider was in the process of recruiting a new manager.

At this inspection we found that the provider was in breach of three regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to failures regarding the monitoring of the quality of the service provided, a failure to implement robust

# Summary of findings

recruitment processes and a failure to apply the principles of the Mental Capacity Act 2005 (MCA) when obtaining consent from people who lacked capacity to make decisions about their care.

The required recruitment checks to make sure that staff were of good character before they started working for the service had not always taken place and the quality of the service being given was not being monitored effectively by the provider. The staff and the provider were not clear about how people needed to be supported in line with the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards (DoLS) where people could not consent to their own treatment to make sure that their rights were protected.

You can see what action we told the provider to take at the back of the full version of the report.

People's individual needs and risks to their safety had been assessed but there was not always enough information in place to guide staff on what care they needed to provide people with or how to reduce these risks.

Staff had received training and support to give them the knowledge to provide people with care but it was not clear whether their competency to do this had been regularly assessed.

The staff were kind, caring and compassionate and they respected the people they cared for and treated them with dignity. They encouraged people to be as independent as they could be and they knew people well which helped them to develop caring relationships with them.

There were enough staff to provide care to people when they needed it and they knew how to protect people from the risk of abuse. The staff and provider were responsive to any changes in people's individual care needs so they received the care they required.

Where responsible, the staff assisted people to have enough to eat and drink and helped them maintain good health.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe.

Recruitment checks were not robust to make sure that staff working for the service were of good character.

There was not clear guidance in place for staff to follow when administering people their medicines.

Staff knew how to protect people from the risk of abuse and there were enough of them to meet people's care needs.

**Requires Improvement**



### Is the service effective?

The service was not consistently effective.

Staff did not understand their legal obligations on how to support people who could not consent to their own treatment.

Staff had received training to provide people with care but it was unclear whether their competency to meet people's specific care needs had been assessed.

Where the service was responsible for providing people with food and drink, this was being received to meet their needs.

Staff would assist people to contact other healthcare professionals if needed to support them to maintain good health.

**Requires Improvement**



### Is the service caring?

The service was caring.

The staff were kind, compassionate and caring and treated people with dignity and respect.

The staff knew people well and had developed caring relationships with them.

People's independence was encouraged and they felt involved in making decisions about their care.

**Good**



### Is the service responsive?

The service was responsive.

People's care needs had been assessed and staff were responsive to their changing needs.

The service gave staff extra time to spend with people if it was needed to enable them to provide a good level of care.

People knew how to make a complaint. There was a system in place to investigate complaints although none had been received.

**Good**



# Summary of findings

## Is the service well-led?

The service was not consistently well-led.

There was a lack of monitoring in place to make sure that the care provided was of good quality.

People who used the service felt listened too and were able to raise concerns. The staff felt supported by their immediate manager.

People were asked for their opinion on the quality of the service.

**Requires Improvement**



# Allicare Ltd

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 9 September 2015 and was announced. The provider was given 48 hours' notice because the service provides care to people within their own homes. Therefore the provider and staff operate from a central office and we needed to be sure that they would be on the premises so we could talk to them during the inspection. The inspection was carried out by two

inspectors and an expert by experience who telephoned people for feedback on their care. 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 the inspection, we reviewed information that we held about the service. We had requested feedback before the inspection from the local authority safeguarding and quality assurance teams.

During this inspection, we spoke with 14 people who used the service and four relatives of people who received care from Allicare Ltd. We also spoke with eight care staff, the training and recruitment manager and a director of the service.

The records we looked at included four people's care plans and other records relating to their care and five staff recruitment and training records. We also looked at records relating to how the provider monitored the quality of the service.

# Is the service safe?

## Our findings

Before the inspection, we received concerns that the required checks had not been made to make sure that staff were of good character before they started working for the service.

We found that staff had received a Disclosure and Barring Service check to make sure that they had not been barred to work with older adults and that gaps in any previous employment had been explored. However, although references from previous employers had been requested before staff started working for the service, these had not been received for three of the five staff we checked. These staff were now working for the service but the provider had not assessed whether this was safe for them to do so in the absence of references regarding their previous employment. This did not follow the provider's recruitment policy which stated that two references needed to be required or the risk assessed before staff commenced employment. Therefore, the provider had not made sure that the required checks were made on staff before they started working for the service.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Documentation to prove the identification of staff had been gathered but medical history had not in all cases. We saw however, that the provider had recently introduced a healthcare questionnaire as part of their recruitment process.

Risks to people's safety had been assessed. These included risks in relation to falls, catheter care, medicines and the person's home. However, there was not always clear information in people's care records to advise staff how to reduce this risk. The director told us that they were aware of this and were currently reviewing the risk assessments to make sure they contained sufficient guidance for staff to follow.

Where staff were responsible for giving people their medicines, people told us that this always happened. One person told us, "Medication is no problem. If I need a refill I can call the service who will then check with the GP and also arrange for the prescription to be made up by a local chemist who will then deliver it." The staff also told us that

they were confident to give people their medicines when they needed them. However, we found that the management of people's medicines required improvement.

We checked three people's medicine records and found that there were gaps in all three which indicated the person may not have received their medicines as intended by the person who had prescribed them. We spoke to the director about this. They could not confirm that the medicines had been received by the person. There were also no pain assessment charts in place for people prescribed painkillers to help staff determine whether people were in pain where they were unable to communicate this to them verbally. When people were prescribed medicines on a when required basis, there was a lack of written information available to show staff how and when to administer these medicines. Therefore people may not have had these medicines administered consistently and when appropriate.

All of the people we spoke with said that they felt safe when staff were working within their home. One person said, "Yes, I feel safe." Another said, "I have no problems there." A further person told us, "The service keep a close eye on my condition- and I trust them completely."

All of the staff we spoke with knew how to protect people from the risk of abuse and told us that they received regular training on the subject. They understood the different types of abuse that could occur and how to report any concerns. We were therefore satisfied that the provider had taken steps to protect people against the risk of abuse.

Staff told us that they knew what action to take in the event of an emergency such as finding someone unresponsive within their home. The people we spoke with told us that they were confident that staff would respond appropriately. One person told us, "They would call the GP." Another said, "They would contact the emergency services."

The people we spoke with told us that there were enough staff to provide them with care and to meet their needs. The staff also confirmed this. They told us that they worked well as a team to cover for other members of staff to make sure that people received the care they needed. One staff member told us about a recent example where there had

## Is the service safe?

been an emergency at one person's home. They had contacted their team leader who had arranged for other members of the team to cover this person's rota so that they could stay with the person who was unwell.

The provider had a system in place to calculate how many staff were required to cover people's care calls. If the

service was unable to do this, then the director advised that he would not take on the contract of care. Any absences such as sickness or annual leave were covered by the existing staff who worked for the service.

# Is the service effective?

## Our findings

The staff we spoke with told us that they cared for some people who lacked capacity to make decisions for themselves. Therefore, the provider and the staff have a legal requirement to provide these people with care in line with the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS). The staff we spoke with had a basic understanding of how to support people to make decisions where they were unable to do this themselves but told us that they could not recall receiving any specific training regarding this. They also did not understand DoLS. Where there was doubt that a person may not be able to consent to their own care, this had not been assessed by the provider and there was no clear information within people's care records to guide staff on how to support these people to make decisions. The director also did not have a clear understanding of the MCA and DoLS legislation. This meant that there was a risk that people who could not consent to their own care did not have their rights protected.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Before the inspection, we had received some concerns that new staff working for the service were not well-trained. Most people we spoke with told us that they felt the staff were well trained. However, one relative said that they did not think that staff had received the necessary training to use a hoist to assist with the moving of their family member. Another relative said that staff did not know how to give their relative the correct medicines.

We therefore checked the training records of five new staff members. We found that they had all received training in various subjects such as moving and handling, infection control, food hygiene, safeguarding adults, medicines management and first aid and that this had recently been completed. This training consisted of both online training and practical hands on training with an outside agency.

The training and recruitment manager told us that they had recently introduced the Care Certificate qualification that all new staff who had joined the service had been working

towards. This is an industry recognised qualification that has been introduced to give care staff the skills and knowledge they required to provide people with effective care. We saw that a number of staff were completing the Care Certificate and during our conversations with them, they told us that they felt they had received enough training to provide people with effective care. They also told us that their team leader had assessed their competence before they were allowed to work with people on their own.

We found that some people required care that meant that staff needed training in specific areas such as catheter and stoma care. The training and recruitment manager told us that this type of training had been completed and staff's competency assessed but they were unable to provide us with documentary evidence to demonstrate this. We have therefore concluded that improvements are needed to make sure that evidence is in place to show that staff have been assessed as being competent to provide care.

The majority of staff told us that they felt supported to carry out their role and that they received regular supervision that enabled them to discuss their care practice and training needs.

People told us that where it was part of their care package, that staff prepared their food and drinks to their liking. One relative told us, "They carers make sure that [family member] drinks enough. They are generally concerned for his well – being." Another person told us, "Carers do my food and lots of cups of tea." We saw that there was information within people's care records regarding what food they liked and how it should be prepared. Where people had been identified as being at risk of dehydration, there were clear instructions for staff on how many times per day the person should receive a drink.

People told us that staff would assist them if they needed to make appointments to see other healthcare professionals such as a GP or nurse. The staff we spoke with told us that they were aware of people's healthcare needs and supported them to access various healthcare if the person wished them to do this.



# Is the service caring?

## Our findings

People were happy with the way they were treated by the staff. One person told us, "Some carers are perfect, doing way beyond the call of duty." Another person said, "I like my carers. They do a good job and are very polite all of the time." A relative told us, "The carers are lovely."

People told us that the staff treated them with dignity and respected their privacy. One person mentioned how the staff were very attentive when they provided them with care and that they always had time to chat which they enjoyed. People told us that they never felt rushed when the staff assisted them with their care. Other people told us they found the staff who provided them with care and who were in the main office considerate and helpful.

We found that some staff completed extra tasks for people that were outside their care duties. For example, one staff member took one person's dog for a walk. The director also asked some of the people he provided care for if they wanted to accompany him to the local football match.

People told us that the staff encouraged their independence. One person said, "They ensure that I walk as much as possible as I must keep the circulation going." Another person told us how the staff assisted them when preparing their food.

The people we spoke with said that the staff knew them well and that this was helped because they usually had the same staff provide them with care. The director told us that the service was arranged so that they could give people continuity of care which helped establish caring relationships with people.

The staff told us that the care was arranged so that they could spend time with people. They said that they did not feel rushed when providing people with care which meant they had time to chat to get to know people as well as provide them with the assistance they needed. The staff we spoke with were enthusiastic and passionate about the care they provided for people and it was evident from our conversations with them, that they put people first. One staff member told us that they treated people how they would expect a member of their own family to be treated.

People also told us that they were listened to by the staff and the provider and felt that they were able to make decisions about their own care. One person told us, "I was also told that this service treated the clients like adults. Previously I was treated like a child, the 'We know Best' attitude. It was so demeaning! Not any longer though, the staff at Allicare want me to participate in my care as best I can – to feel responsible." Another person told us, "They [the staff] know me, they are caring people who recruit good carers who really listen to what we say and act upon it."

# Is the service responsive?

## Our findings

An assessment of people's individual needs had been conducted before people used the service. This was completed by a member of staff who visited the person to understand what care they required. The assessment covered people's care needs but we saw that people's preferences were not recorded, although the director told us that they asked people if they wanted a male or female carer and at what time and for how long they wanted their care to be provided.

Some of the care records we looked at contained plans of care to guide staff on what care the person needed to meet their specific needs but this was not consistently applied. For example, one person had a catheter but there was no information to guide staff on how to support the person regarding this. However, the staff we spoke with were knowledgeable about people's individual needs. The director acknowledged this and agreed to make sure that relevant care plans were in place to give staff appropriate guidance.

The staff we spoke with told us that any change in people's care needs were communicated to them in a timely way. This included if people had returned from hospital and if they needed more care. The information was communicated to them via the staff working in the office or during team meetings that they held regularly to discuss the needs of the people they cared for.

People we spoke with told us that the care staff and the staff working in the office were responsive to their questions, needs or concerns. One person said, "The Team Leader from the service comes out on a visit quite often. She also phones to see if there are any problems as she knows us both well now. She has arranged for the hoist

that I had to be changed to a more suitable one, all this is down to her." Another person told us, "When I ring the office with any questions I get a good response. I know they are there if I need them." A further person told us, "I've been with this service for three years, and I'm very happy. They do everything I ask and they come round immediately if there is even the smallest problem."

People told us that the service had not missed any calls and that they were kept informed if the staff were running late or there was any issue with staff delivering their care at the normal time. One person said, "I am never kept wondering if and when my carers are coming." Another said, "If there are any problems, they always call to let me know."

Some of the staff we spoke with told us that if they needed to spend more time with people to provide them with a good level of care, that the provider was responsive to this and extra time was given. One staff member told us how one person who they supported on occasions would refuse care. The staff member had reported this back to their team leader and more time had been given to the staff member so they could encourage the person with their personal care and with eating and drinking. Another staff member said that they had been given extra time to provide care to someone who was living with dementia so that they could have meaningful conversations with them to enhance their wellbeing.

In the main, people and their relatives told us that they did not have any complaints about the service they were receiving. The provider had not received any complaints but there was a process in place to investigate complaints received from people should one arise. Information regarding how to complain was given to people when they started using the service.

# Is the service well-led?

## Our findings

Systems were not in place to enable the provider to monitor the quality of the service effectively.

The director told us that the team leaders monitored the quality of the care that was provided to people. The provider did not have a process in place to assure themselves that these checks were always being carried out or that they were effective. For example, the records we looked at in relation to people's medicines contained gaps which indicated that people may not have received them. The director could not confirm to us whether this issue had been identified by the team leaders and therefore, whether any action had been taken to address this issue. No audits were provided to us to show how people's medicines were being monitored.

There was little documentary evidence to support that new staff had been signed off as being competent before they worked with people independently or that staff had received training in areas to meet people's individual needs such as stoma care. We saw that some staff had been subject to a 'spot check' by their team leader to assess the competence of the care they provided. However, there was little evidence to demonstrate that this had taken place for all staff on a consistent basis to assure the provider that staff were competent to perform their roles. We also found a lack of documentary evidence to demonstrate that staff were receiving formal supervision.

A number of people's care records did not contain clear actions on how to reduce risks to people's safety or clear guidance for staff relating to how they should provide people with care to meet their individual needs. The required recruitment checks were not in place or being conducted in line with the provider's own policy. No audits were provided to demonstrate that these areas were regularly audited to make sure that people received safe and appropriate care.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Comments received from the people we spoke with demonstrated that they had a lot of respect for the service and for the staff that they employed. They were enthusiastic about the care they received and liked the

visits they received from the carers and the staff from the main office. One person told us, "This service is very good (I've seen others)". Another person said, "I would be lost without them."

People told us that they felt the service was well led and that they would recommend it to others. One person said, "I'm very satisfied with both the carers and the Agency. The service is well managed and the staff can't do enough for me." We saw that 21 compliments had been received by the service between March and July 2015.

It was clear from conversations with the director that he was passionate about providing people with person-centred care. It was evident through conversations with staff that this ethos had been instilled within them.

The staff we spoke with told us that they felt supported by their immediate team leader. They were able to progress within the service to more senior levels and were also able to complete recognised qualifications within the industry if they wanted to. They told us they felt listened to and were able to raise any issues with their team leader without fear of recriminations. Regular staff meetings were held where they could discuss the care that was being provided to people and any improvements that needed to be made. The people and majority of relatives we spoke with agreed with this.

The provider had recognised that some staff were not enthusiastic about attending their required training, supervision or team meetings. He therefore developed a bonus system where staff could obtain extra remuneration if they attended these areas each quarter. This system was in the early stages but had improved staffs attendance within these areas which are important to help staff provide people with safe, good quality care.

The majority of staff we spoke with said that the morale within the service was good and that they worked well as a team. They said they understood their roles and responsibilities and enjoyed their jobs. They also said that they felt they had good leadership in place.

People were asked for their opinion on the quality of care they received and how it could be improved each year. The last survey had been conducted in September 2014. We saw that all of the comments made were positive and that people were happy with the care they received and that no suggestions had been made on how the provider could improve the service.

This section is primarily information for the provider

## Action we have told the provider to take

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

### Regulated activity

Personal care

### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

The provider and staff did not understand their legal obligations in relation to the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards when obtaining consent from people who may lack the capacity to give this. (Regulation 11, 1, 2 and 3).

### Regulated activity

Personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Systems and processes were not in place to monitor the quality of the service effectively to prevent the risk of people experiencing poor care or treatment. (Regulation 17, 1, 2 a b, 3 a and b).

### Regulated activity

Personal care

### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The required recruitment checks were not in place to make sure that staff were of good character before they started working for the service. (Regulation 19, 1 and 2).