Care Quality Commission

Allied Healthcare Group Limited

Allied Healthcare - Newcastle

Inspection report

Ist Floor Wingrove House
Ponteland Road
Cowgate
Newcastle upon Tyne
Tyne & Wear
NE5 3DE
Tel: 0191 2713596
Website: www.alliedhealthcare.com

Date of inspection visit: 11, 12 and 13 February 2015
Date of publication: 11/06/2015

Ratings

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

Overall summary

This inspection took place on 11, 12 and 13 February 2015. It was announced.

The last inspection took place in July 2014. At that inspection we found the provider had breached two regulations: regulation 13 which related to the management of people's medicines; and regulation 22 which related to staffing. We judged the former to have a moderate impact on people using the service; the latter to have a minor impact on people.

Allied Healthcare – Newcastle is a domiciliary care agency that provides personal care to approximately 430 people in their own homes in the Newcastle area.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service is run.

At this inspection we found improvements had not been made since the last inspection regarding medicine management. We considered that the service was failing to protect people using the service against the risks associated with the unsafe use and management of medicines. Clear and accurate records were not being kept of medicines administered by care workers. Gaps in the medicines administration records meant we could not be sure people were always given their prescribed medicines. Details of the strengths and dosages of some medicines were not recorded. Care plans and risk assessments did not support the safe handling of some people's medicines.

This was a continuing breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This corresponds to regulation 12 (1)(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This is being followed up and we will report on any action when it is complete.

Improvements were found in the numbers of care workers available to provide people with a safe and reliable service. Extra workers had been recruited and their deployment had been improved. This meant there had been a reduction in the number of missed calls and an increase in the reliability of the service.

The service had a robust recruitment program in place for ensuring only people suitable were employed to work with vulnerable people.

Systems were in place for the prevention and reporting of abuse. The registered manager responded appropriately to any allegations of abuse.

Staff were given the training they needed to meet people's needs, and were given appropriate support, in terms of supervision and appraisal of their work. People told us their needs were met effectively, and that the reliability of the service had improved.

Feedback from the people who used the service was mainly very positive. They told us they were treated with kindness and care by their workers and said their privacy and dignity were respected.

The needs of people who used the service were assessed, with their involvement and with the help of family members and professionals. There was a clear focus on understanding what was important to the person, and their wishes and preferences about how their care should be given were recorded and acted upon. Care plans were in place to guide care workers on how the person's needs were to be met.

All complaints, accidents and other incidents were recorded and analysed. Appropriate steps were taken to investigate such occurrences and action plans were drawn up and monitored to reduce the chances of the incident being repeated.

Care workers reported any changes to a person's health or well-being to the office, so that these could be passed on promptly to other health or social care professionals for their action.

The service was able to demonstrate that it was committed to improving the quality of the care it offered to people. Systems were in place to monitor that quality, and the findings of audits were taken seriously and were used to develop the service further. The feedback we received from people using the service, their relatives, staff and professionals was that the service was steadily improving in its reliability, flexibility and person-centred care.

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 safe in all areas.

Care workers were not following the service's policy on the safe handling of people's medicines.

There were sufficient numbers of staff to meet people's needs in a safe way.

Systems were in place for the safeguarding of people from abuse.

Risks to people using the service were assessed and actions taken to reduce any risk.

Requires improvement

Is the service effective?
The service was effective.

People told us they received a reliable service, and said their workers had the skills necessary to meet their needs.

Care workers received the training needed to meet people's needs.

Care workers were given appropriate supervision, appraisal and support to allow them to carry out their duties effectively.

Good

Is the service caring?
The service was caring.

People told us they felt well cared for and spoke highly of the kindness and sensitivity of their workers.

People's privacy, dignity and independence were protected.

Good

Is the service responsive?
The service was responsive.

People told us they received a responsive and personalised service.

People's care needs were assessed and appropriately detailed care plans were drawn up to meet those needs.

People's health and well-being was monitored and any changes were reported.

Good

Is the service well-led?
The service was not always well-led.

Systems were in place for monitoring the quality of the service, but these had failed to identify ongoing problems with the management of medicines.

Requires improvement

Summary of findings

The registered manager demonstrated a commitment to continually developing the service.

The views of people using the service and of staff were sampled regularly.

Allied Healthcare - Newcastle

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.

The inspection took place on 11, 12 and 13 February 2015, and was announced. We gave the service 48 hours' notice to ensure the availability of the registered manager and records on our visit.

This inspection was carried out by one adult social care inspector and one pharmacy inspector. We were supported by two experts by experience, who carried out phone calls to people using the service and their relatives. 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 the information we held about the service, including the notifications of significant events and any safeguarding issues. We contacted local authority commissioners of care services and safeguarding adults unit for their views on the service. We asked for and received information from the service in the form of a provider information return (PIR). A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

In the course of the inspection we spoke with the registered manager, two care co-ordinators, administrative staff and five care workers. We contacted 22 people using the service and five relatives by phone, with their permission, to ask their views. We attempted to arrange a number of visits to people in their own homes. One person, only, agreed to this and we visited them at their home.

After the inspection we asked the views of five people's social workers to obtain their views about the service.

We examined the care records of 15 people who used the service, six staff recruitment and personnel files, staff training records and quality audits.

Requires improvement

Is the service safe?

Our findings

At our last inspection in July 2014 we found people were not fully protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines. We asked the provider to send us an action plan outlining how they would make improvements. At this inspection we found continuing concerns.

Our pharmacist inspector looked at the medicine administration records for 10 people and found that eight of these were not fully and accurately completed, essential medicines information was missing and it was not possible to confirm that medicines had been given as prescribed. The manager told us that arrangements were underway to print medicine administration forms monthly in the office, rather than rely on care workers to handwrite new forms which would help make sure that medicines information was accurately recorded.

Arrangements were not in place to ensure that up to date information about people's medicines was available. In addition, guidance on how to crush and thicken medicines for one person with swallowing difficulties was inadequate to ensure safe and consistent medicines administration.

Arrangements did not always ensure that the administration of people's prescribed medicines was accurately recorded. We saw that the forms which care workers signed to record when people had been given their medicines did not always clearly demonstrate exactly which medicines had been administered on each occasion. We also found gaps in seven people's medicine records where some dates had not been signed for the administration of medicines. It was therefore not always possible to confirm if people had been given their medicines, or what medicines had been given.

This was a continuing breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This corresponds to regulation 12 (1)(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This is being followed up and we will report on any action when it is complete.

At our last inspection we found people using the service reported a significant number of late calls, and some missed calls. We identified this was due to there not being enough qualified, skilled and experienced staff to meet people's needs. We asked the provider to send us an action plan outlining how they would make improvements. At this inspection we found improvements had been made. The manager told us the company had introduced a new process by which recruitment would be tailored to the specific needs of the service and support would be given from head office to make the process smoother and more efficient. An example of this was focussing advertising for new care workers in the locality where the new workers would be employed, to make for a more efficient service. Extra care workers had been employed and the registered manager reported an improvement in continuity of care. Most people and relatives we asked confirmed this.

The service had a clear safeguarding policy and procedure which was in line with local and national guidance. Safeguarding records held by the service showed seven safeguarding incidents had been raised in the previous year. These were recorded in good detail and responded to appropriately. Checks on the records held by the Care Quality Commission (the Commission) showed all safeguarding issues had been notified to us. Staff had been trained in the use of the policy and told us they were told to report anything out of the ordinary. They were aware of their responsibility to report any poor practice but none had needed to do this.

The computer system used was designed to be able to roster only care workers who had been properly recruited and had been fully trained. This protected people against the risks of being cared for by untrained workers.

We saw the service operated a policy on whistle-blowing (exposing bad practice) which was clearly advertised on notice boards in the office and training room, on staff payslips and their ID badge. The registered manager told us no whistle blowing disclosures had been made to the service in the previous 12 months. Our records confirmed this.

We saw that risks assessments were carried out as part of the initial assessment of the person's needs. These included risks in moving and handling, the person's environment, handling medicines and cleaning chemicals. Where a risk was identified, counter measures were put in place. Examples seen included securing grab rails in the home and ensuring the person wore their wrist alarm, in case of emergencies.

Requires improvement

Is the service safe?

The service had a policy and procedure for protecting staff who worked alone. Panic alarms were offered to workers, and a 24 hour 'on-call' system was in place for workers and people. Staff were given supplies of disposable gloves, aprons and masks for the infection control purposes.

Accidents and incidents were recorded in detail, with a section for actions taken to minimise any identified future risks.

We looked at a sample of staff recruitment records. These showed the service had a robust recruitment program in place for ensuring only people suitable were employed to work with vulnerable people. Checks included an enhanced Disclosure and Barring Service police record application, asking for at least two satisfactory work references, requiring a full employment history and a formal, minuted interview.

The service had a clear disciplinary process in place. The registered manager had been trained to use the process, and told us the provider contracted in legal advice to ensure the process was fair and non-discriminatory.

Emergency plans were in place for situations such as severe weather conditions and having to evacuate the office. We saw these worked in practice, when the office building had to be cleared during the inspection for a suspected gas leak. The service's business continuity plan came into action and arrangements were made to conduct the service's operation from another branch office of the provider.

Good

Is the service effective?

Our findings

People told us they thought their workers had the skills and knowledge to meet their needs. One said, "They know exactly what to do and if anything different needs doing they will do it." We noted that 94% of people who responded to satisfaction surveys sent out by the service up to January 2015 felt their care workers either 'mostly' (27%) or 'always' (67%) had the skills required to meet their needs.

Newly employed staff undertook a structured four day induction process in line with national common induction standards and which covered their roles, duties, all training required by legislation, and included a period of 'shadowing' an experienced worker. New workers were allocated a 'care coach' to act as a mentor, and worked with their coach to complete an 'induction passport' to demonstrate their competence to give care. Care workers told us the induction process was very thorough and helpful, and that the care coaching was particularly useful.

The registered manager told us the service worked with a local training agency to ensure staff had access to all necessary training, such as infection control, mental capacity, safeguarding and first aid. The service used a computer system that flagged up when staff needed to repeat training. Staff training records showed the large majority of staff were up to date with their training and others had future training dates booked. We also saw that individual workers were encouraged to ask for additional training, for their professional development or to better meet the needs of the people they cared for. We noted that a care worker had requested and been given end-of-life care training.

Staff records showed that workers were receiving formal supervision every three months, and had an annual appraisal of their work performance. Care workers told us they felt supported by the service. They said they were given the opportunity to talk about their practice and development in their supervision sessions.

People using the service were asked to sign their consent to the agreed plan of care, and to issues such as sharing necessary personal information with other professionals.

Staff had been given training in the implications of the Mental Capacity Act 2005. They were told to inform the office if they felt there were any new or unreported issues regarding a person's ability to make informed decisions about their care. These concerns were then raised with the person's social worker or other relevant professional for formal assessment and for any 'best interest' decisions to be made on the person's behalf. We noted that no copies of such assessments and best interest decisions were currently held on people's care records. The registered manager said she would ask for copies of such documentation immediately.

People's eating and drinking needs were included in their initial assessment of needs. Their food preferences and any special needs, such as pureed, sugar-free, or low-salt diets, were included in their care plan. The registered manager told us that the service was able to provide care workers with experience of a range of cultural diets, including kosher and halal.

Care workers told us they always asked people for their consent before giving any care. If a person refused an important element of care such as their medicines, workers told us they would explain the importance of the issue and use their skills to gain the person's consent. However, any adamant refusal was always respected, but reported to the office for advice.

We checked people's care plans and noted that staff contacted health and social care professionals such as GP's and district nurses if there were any concerns with people's health or welfare.

Good

Is the service caring?

Our findings

People told us they were very happy with the approach and attitude of their care workers. One person said, "The care workers are always very nice." A second person said, "They are lovely." Other comments received included, "They are angels – they are polite, kind and just marvellous" and, "They are very caring and kind – very nice ladies." One person, however, told us, "The more mature people are much kinder and more patient than the younger ones – I much prefer the more mature ones." All the people and relatives we asked told us their dignity and privacy were respected by their care workers and that they were treated with respect and consideration.

Relatives were equally positive about the care workers. One told us, "They are always caring and polite." Another relative commented, "[Our worker] is lovely – and my wife loves her, which is the most important thing." A third relative said, "I can't speak too highly of my [relative]'s care – I would rate them 10 out of 10."

We spoke with social workers who commissioned and reviewed the care of people receiving a service. They reported that people generally spoke highly of their care workers and felt they were treated with care and compassion.

The registered manager showed us the service's equal opportunities policy, which stressed the need to treat each person using the service as an individual, respecting their beliefs and preferences. The registered manager told us that some people from ethnic minority groups requested care workers from the same group, and that this was arranged. If a person requested a particular sex of care worker for their personal care, this was also respected.

Policies on dignity and respect, confidentiality and consent were available. We saw examples in care records of efforts made to uphold people's privacy and dignity under difficult circumstances, for example, when a family wished to become involved in the person's personal care, causing distress to the person. The service user guide informed people they could access any records held about them by the service at any time.

The registered manager told us that, where a person appeared to be in need of advocacy to get their wishes heard, she would raise the issue with families or professionals, or would refer the person to local independent advocacy services. Advocates can represent the views and wishes for people who are not able express their wishes.

We saw that people's independence was supported. Care plans included comments such as, "Encourage [person's name] to do as much as they can safely do for themselves" and, "Maintain [person's] independence as much as possible." We saw examples of imaginative work done to enhance people's independence. One person who had been house-bound for a long period, and who had not managed to engage with the local authority's re-enablement team, developed a relationship with their care worker that resulted in the person now being able to get out of their home nearly every day, and to use public transport. Care workers told us they were clear about the importance of maintaining a person's independence, and the need to protect people's self-respect and dignity.

End of life care issues were assessed sensitively and any special wishes or instructions recorded. Advanced decisions were respected and acted upon, where relevant to the service.

Good

Is the service responsive?

Our findings

People using the service told us they felt they received a responsive and personalised service. One person told us, “They are nice and they do listen.” A second person said, “often ask if there’s anything else I need.” Other comments from people included, “They always listen and respond – if I ask, they supply it”; “They will always respond if I ask or query anything”; and, “They are mostly very helpful. If I need anything sorting my [relative] gets onto them and sorts it out.”

People told us they received a reliable service. Some people said they got a regular care worker, others said their workers varied, but most people said their service was usually prompt and reliable. There had been a noticeable improvement in the timekeeping of care workers. Comments included, “I have lots of different ladies, and that’s fine. They are all polite, kind, nice ladies- they are always prompt and they don’t rush me”; “I always have the same person and if she goes on holiday or is ill I’ve asked them to let me know whose coming and they do. She’s always on time and stays as long as she should”; and, “I don’t know who I will get but that’s not a problem as I couldn’t get a better team- they never let me down.” One person said they used to have to complain about workers being late, but told us, “It’s better, now.” Another person told us their workers were sometimes a bit late, but said it was “ten minutes late, at most.” Social workers told us they had noticed an improvement in the feedback they were receiving about the reliability of the service. One told us, “Things certainly seem to have got better in recent months.”

Relatives told us the service was usually reliable. One told us, “It’s the same person during the week and sometimes different on a weekend but we know them all.” However, one relative said, “They are fine on a morning always on time, but they seem to lose time as the day goes on. They are often just a few minutes late.”

Relatives also spoke highly of the ways their workers responded to them. A typical comment was, “They make you feel as if you count. They go the extra mile – they know what interests my [relative] has and they bring him DVDs to watch and magazines to read, which they don’t have to.“ A second relative said, “They know exactly what to do and if anything different needs doing they will do it.” Another relative commented, “We particularly asked for male carers and we always get them.”

Professionals also felt the service was responsive, and generally quite flexible. Social workers told us the service responded to requests for calls back and for changes to care packages, where they had the capacity to do this. A care package is a combination of services put together to meet a person's assessed needs as part of the care plan arising from an assessment or a review. It defines exactly what that person needs in the way of care, services or equipment.

Care records showed that an assessment of each person’s needs and wishes had been carried out. Areas covered included health, communication needs, nutrition, help with medicines and moving and handling. Information from the referring professional was integrated into the service’s assessment, as were the views of family members, where appropriate. A relative told us, “The first meeting we had was very thorough. They made sure they had the whole picture from the beginning – they didn’t rush it – they made sure they did it once and got it right.”

An individual care plan was developed by senior care workers for each person using the service. This addressed each identified need and included a section entitled, ‘What is important to me and how I want to be supported’. Care plans were person-centred and sufficiently detailed to give appropriate guidance to care workers in meeting people’s needs. They included the person’s desired outcomes, such as, “My personal hygiene will be maintained to a high standard.” Care plans for people with more complex needs described the necessary care worker actions in very good detail. The registered manager told us that, wherever possible, she and her co-ordinators attempted to match the care worker to the person, in terms of personality and interests.

The registered manager told us the service was introducing ‘early warning’ training for staff. This was designed to enable care workers to recognise any signs of deterioration in the health or well-being of people using the service, and to take the necessary actions to report this.

Most people we spoke with were not aware, or could not remember, if they had any formal reviews of their care However, care records showed that, with some exceptions,

Good

Is the service responsive?

people received an annual review of their care. Nearly all the people who responded in surveys conducted by the provider up to January 2015 said their care met their assessed needs. Three quarters of those who responded also said the service dealt with any problems effectively. Social workers we asked told us people's needs were being met, and that they received positive feedback from them about the service received.

Care workers told us they felt the service was responsive, and that any suggestions they made about improving aspects of a person's care were taken seriously and often implemented.

We looked at the 'Complaint, incidents and accidents' monitoring system. This captured feedback in all these areas, recorded the details of any investigations undertaken, and identified the actions necessary to resolve the issue in question. The system was accessed by the company's head office, for the monitoring of outcomes. One person told us, "[My family] would complain but they never have to."

Requires improvement

Is the service well-led?

Our findings

We asked people if they felt their service was well-led and well-managed. A number of people and relatives felt the service did not carry out checks on how they felt their service was meeting their needs. However, most people also felt the service responded well to any contacts they made. Comments included, "I don't think they do surveys or anything but my [relative] is always in touch with them"; "They have never solicited any response but I'm happy the way it's going so I don't mind"; and, "I don't have any links with the management but I don't need any – it's first class." Other people told us they were contacted by office staff. One said, "They ring occasionally to check my care is OK. It couldn't be much better like – I'm quite satisfied." Most people also felt the service responded well to any contacts they made with the office.

We saw the service carried out an annual satisfaction survey. The most recent was dated January 2015, and included the views of 153 service users. We noted the overall service was rated as 'good' by 30%; as 'very good' by 30%; and 'excellent' by 26% of people who responded. Satisfaction with people's care workers was even higher, with 35% saying their workers were 'very good' and 38% rating them as 'excellent'. Friends and family members were asked whether they would recommend the service to others, and 80% responded that they would recommend the service.

Regular audits were carried out, both by the registered manager and other staff at the location, and by the company's compliance and quality inspector. The latter were twice yearly and unannounced. The most recent audit by the compliance and quality inspector, carried out in January 2015, demonstrated a robust approach and identified a number of areas for improvement. These included issues regarding the recording of medicines, incomplete consent to care documents and overdue care reviews. The registered manager told us she was in the process of drawing up a plan of action to address these issues. The audit also identified many positives, including people's high levels of satisfaction with their overall care, with their care workers, and with communication with the office. Audits were carried out by location staff on areas such as people's care records, records of medicines administered and care worker visit report books. Issues identified were followed up with appropriate actions, such as further record keeping training.

We found that, although audits had identified continuing problems regarding the management of medicines, the provider had not taken effective actions to resolve these outstanding issues.

The performance of care workers was monitored through regular spot checks and by quarterly and annual performance and development reviews. Areas covered in the spot checks were observations of care given, the attitude of workers and care worker timekeeping and reliability.

The provider used a 'complaints, incidents and accidents monitoring system' to capture all feedback necessary to identify shortfalls. The registered manager reported all such events to head office, which collated and analysed the information, to produce an action plan to minimise future risk. She told us staff were to be given refresher training in the service's concerns and complaints processes, with the aim of identifying more effective practices for investigating and responding to concerns.

Staff meetings were held every three months to keep them up to date with policy developments and to give workers the opportunity to discuss any concerns or issues they might have. We found the minutes of these meetings to be business-orientated and did not show clear evidence of the views of staff opinion. However, staff were asked their views in the form of annual surveys, the most recent of which had a 100% completion rate. The most recent data regarding staff views available at this inspection was at regional, rather than branch level, so has not been included. Staff were sent regular briefings, covering policy updates, survey results, and a 'you said – we did' section. A suggestions box was located in the service's office.

Care workers told us they were treated with respect by the management of the service, and felt their views were listened to. We were told the manager's door was always open to anyone who wished to talk with her, and that the office staff gave them good support.

The registered manager told us she attended regular provider meetings with the local authority and

Requires improvement

Is the service well-led?

commissioners of services to remain well informed about service and sector developments. We contacted the local authority commissioners, who told us they had no significant concerns about the service.

Social workers we spoke with told us they felt the service had improved over recent months, and that they normally received a professional response to any calls or requests for changes.

The registered manager demonstrated a commitment to continually improving the service, and was open and co-operative during the inspection. She told us she received good support from her line manager and the company, in the form of regular visits and phone calls.

Overall, we identified improvements in the management of the service, but we considered that action was required to consolidate these improvements.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines The registered person had failed to protect service users against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines used for the purposes of the regulated activity.