

Allied Care and Nursing Ltd

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Inspection report

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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?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

Allied Care and Nursing Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing within the Southend on Sea area. At the time of the inspection the domiciliary care service was providing personal care for 37 people. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

Initial feedback from people and their relatives about the care and support provided was positive. People told us staff were kind, caring, respectful and always treated them in a dignified manner. However, this contrasted with information received following our visit to the domiciliary care service office. This suggested not all of the care and support provided was as good as it should be. This referred specifically to recent 'missed' and 'late' calls and the impact this had on the people using the service. People were often not informed about staff changes and who may be visiting or caring for them.

People's nutritional support was affected by the inconsistent call visit times by staff. People told us they could receive their meals too close together or not at all. People were placed at potential risk of harm because not all staff had the skills and competence to support people safely. Improvements were required to ensure all staff were appropriately trained. Not all staff had received appropriate training to confidently deal with people's specific healthcare needs, such as stoma and catheter care.

Newly employed staff had not received a robust induction. Staff supervision and support was consistent to monitor staff performance, but records were poorly completed. Recruitment checks for staff were not robust as they should be to ensure the right staff were recruited to support people to stay safe.

When things went wrong, there was little evidence of learning or action taken to make the required improvements. Investigations were not as thorough as they should be. Governance arrangements were not as effective or reliable as they should be.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
The last rating for this service was Good (published September 2018).

This was a planned inspection based on the previous rating.

We have found evidence that the registered provider needs to make improvements. Please see the relevant key question sections of this full report.

You can see what action we have asked the registered provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Allied

Care and Nursing Limited on our website at www.cqc.org.uk.

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 always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate ●

Allied Care and Nursing Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

The inspection was completed by one inspector. An Expert by Experience made telephone calls to people using the service and people's 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.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

The service had a manager registered with the Care Quality Commission. The registered manager was also the registered provider of the service. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered provider and registered manager would be in the office to support the inspection.

Inspection activity started on 5 June 2019 and ended on 1 July 2019. We visited the office location on 5 and 7 June 2019.

To plan our inspection, we reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we sometimes ask providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

Prior to the inspection we attempted to contact 14 people, this included people using the service and those acting on their behalf. We spoke with three people who used the service and three relatives about their

experience of the care provided. This was because people were either unavailable or did not want to talk with us. We spoke with 11 members of staff, including the care coordinator and care workers. We also spoke with the registered provider, who was also the registered manager.

We reviewed a range of records. This included four people's care records. We looked at four staff files in relation to recruitment and staff supervision and appraisal. A variety of records relating to the management of the service, including policies and procedures and quality assurance records.

After the inspection we continued to seek clarification from the service to validate evidence found. We looked at training data and other data relating to people using the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as 'Good'. At this inspection this key question has now deteriorated to 'Requires Improvement'.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Where staff were previously employed, the rationale of why that employment ended was not routinely recorded and gaps in employment were not always fully explored.
- No recent photograph had been sought for four staff personnel files viewed.
- One staff member's application form was signed to state they did not have a criminal conviction. However, their Disclosure and Barring Service [DBS] certificate showed this was not accurate. This had not been picked up as part of the interview process and a risk assessment was not completed to show this had been discussed or how their conduct was to be monitored.

We recommend that the registered provider familiarise themselves with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which provides reference to the recruitment checks and documents required when appointing staff.

Systems and processes to safeguard people from the risk of abuse

- Everyone spoken with told us they felt safe and had no concerns about their safety or wellbeing when staff visited them. Comments included, "Yes, I feel safe enough with them all, I have no problem with them", "They [staff] are lovely people and I feel very safe when they are here" and, "I always feel safe with them [staff], they are lovely."
- No safeguarding concerns had been raised since our last inspection to the service by people using the service or those acting on their behalf.
- Most staff had completed safeguarding training. Staff demonstrated a good understanding of what to do to make sure people were protected from harm or abuse. Staff confirmed they would escalate concerns to the office and external agencies, such as the Local Authority or Care Quality Commission. The above was positive but though staff told us about their concerns about people using the service and other matters, staff failed to consider or raise these with the Local Authority or Care Quality Commission.

The service did not always ensure staff acted on their concerns about people's wellbeing and follow good safeguarding practice guidance. This demonstrated a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Initially, people told us there were enough staff available to provide the care and support as detailed within their support plan. However, following the inspection we were told by staff of recent incidents whereby

some people had not received all agreed calls or planned tasks had not been completed as part of the call visit. This had impacted on people not receiving a meal, enough drinks or their medication. Relatives spoken with confirmed what we were told. One relative told us they had discussed a recent incident with the registered provider and manager, whereby their family member had not received an evening meal. No explanation for this omission was provided to the person's next of kin despite requesting this.

- People's comments about staff being on time was variable. Where comments were favourable these included, "Mostly they [staff] do, if they are held up they let me know" and, "Yes, they [staff] are usually on time and stay for the right amount of time." Other comments were less favourable. Two relatives confirmed that call times for their family member fluctuated. One relative stated, "The timing is horrendous. I need them [staff] here at 8.30am as I have to go to work but they are regularly late, and I have to leave them [family member] alone, which is worrying for me. I look through the records and sometimes it can be 9.35am when staff arrive." Another relative told us, "The calls for my relative got later and later, you never knew what time they [staff] would arrive. [Relative's] last call could be at 9.00pm and then not again until 9.30am, that's a long time."
- Staff told us rostering arrangements were poorly managed by the care coordinators. Staff confirmed they did not always receive their roster in a timely manner to plan their week and travelling time between visits was not included. Rosters showed the finish and start times of call visits were on occasions the same and meant staff were often running late to their next call and scheduled to be in two places at once.
- Following the inspection people's relatives and staff told us several people had been 'given notice' as there were insufficient staff available to provide their care and support.

The service did not always ensure there was enough staff to give people the care and support they need. This demonstrated a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us staff stayed for the allocated time as detailed and agreed within their support plan.
- Most people stated they were supported by a regular team of staff to ensure continuity of care. Comments included, "Generally, they are the same ones", "Mostly I do, I have the same one [staff]" and, "I do have a regular one [staff member] and one who comes when they are ill are on holiday. I used to know them all but there are some new ones now."

Assessing risk, safety monitoring and management

- Risk assessments were in place for six out of seven files viewed and related to people's environmental, manual handling and medication risks. However, where a person's needs had changed, risk assessments were not always updated to reflect these changes. For example, the manual handling risk assessment for one person was not updated to reflect handrails and a raised bath seat were now fitted within their bathroom. No risk assessments were completed for one person assessed as requiring end of life care. We discussed this with the care coordinator and they told us information had been verbally given to staff. However, when we discussed this with staff, all confirmed no information had been provided.
- Key safe arrangements were in place as a means of providing access for staff to enter the person's home and to keep individual's safe. Care was taken to ensure the key safe and code numbers were only available for those authorised to enter the person's home.

Using medicines safely

- We were unable to fully assess this KLOE at the time of this inspection as records were not readily available, despite a request for people's Medication Administration Records [MAR]. However, following the inspection staff told us about one person who had recently not received all of their medication [eyed drops]. This did not provide assurance that people's medication was being managed as it should, and improvements were required to the service's medication arrangements.

Preventing and controlling infection

- People told us staff wore Personal Protective Equipment [PPE] such as gloves and aprons. People told us staff washed their hands and wore the equipment as detailed above, when supporting people with their personal care and comfort needs.

Learning lessons when things go wrong

- When things go wrong, lessons are not always learned to support improvement. Improvements made at our previous inspection to the service in August 2018 had not been sustained and maintained.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as 'Good'. At this inspection this key question has now deteriorated to 'Requires Improvement'.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff had attained updated mandatory training, except for one member of staff who commenced employment at the beginning of May 2019. The staff training matrix showed they had only completed two out of a possible eight subjects.
- Following an incident in March 2019 whereby the Medication Administration Record [MAR] for one person had been signed but medication not administered, the member of staff involved was to undertake further medication training and to have their competency assessed. No information was available to demonstrate this had happened and a rationale for this oversight was not provided.
- Not all staff had received appropriate training relating to the specific needs of people using the service. This referred to people who had a stoma or catheter fitted and required support with their Percutaneous Endoscopic Gastrostomy [PEG]. The latter is used to provide a means of feeding when oral intake is not possible or adequate. Staff told us they had received basic training from the registered provider and manager on caring for someone with a PEG and relied heavily on the person's family or other colleagues to provide guidance and instruction.
- Staff did not receive a robust induction relating to their roles and responsibilities or the aims and objectives of the organisation. However, staff told us they were given the opportunity to 'shadow' more experienced staff.
- Where staff had not attained a National Vocational Qualification [NVQ] or qualification under the Qualification and Credit Framework; and had limited or no experience in a care setting, staff had not completed the 'Care Certificate'. The 'Care Certificate' is a set of standards that social care and health workers should adhere to in their daily working life.
- Supervisions and 'spot check visits' were completed at regular intervals. These allow staff the time to express their views and reflect on their practice. 'Spot check visits' are where the registered provider's representative calls at a person's home during a visit by a member of care staff. This is so they can observe the member of staff as they go about their duties and check they are meeting the organisation's standards and expectations and remain competent to undertake their role. However, records were poorly completed and provided little evidence of discussions held and outcomes where follow-up actions were required.
- Staff employed longer than 12 months had received an annual appraisal of their overall performance, but two out of three members of staff did not have objectives set for the next 12 months.
- Staff told us they did not always feel supported or valued by the organisation.

Not all staff had received suitable training or a robust induction. This demonstrated a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were assessed prior to the service being agreed. This ensured the service could meet the person's needs.
- People's protected characteristics under the Equalities Act 2010, such as age, disability, religion, gender and ethnicity were identified as part of their need's assessment. Staff knew about people's individual characteristics.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us staff supported them as needed with the provision of meals, snacks and drinks throughout the day to ensure their dietary needs were met. However, there were occasions whereby some people's experienced 'missed calls' and did not receive a meal or drink or this was provided later than usual.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to health professionals as required. If staff were concerned about a person's health and wellbeing they would relay these concerns to the office for escalation and action.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had received Mental Capacity Act 2005 (MCA) training and were able to demonstrate an understanding of the requirements of the Mental Capacity Act 2005 and what this meant for people using the service.
- People's capacity to make decisions was recorded and confirmed staff always sought their consent prior to providing support and enabled people to make their own decisions and choices.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as 'Good'. At this inspection this key question has now deteriorated to 'Requires Improvement'.

This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff had a caring approach towards them or their member of family and were kind and considerate. One person told us, "They [staff] have a good attitude and treat me very well." A second person stated, "Yes, they are all lovely ladies, nothing is too much trouble and they [staff] do all I need."
- Overall, people and those acting on their behalf believed the care and support received was good. Comments included, "I am very happy with them, it is very good", "I think they are [domiciliary care service] are good, they do everything I need" and, "I think it is excellent, they [staff] are excellent, they are all very helpful."
- However, the above contrasted with the care and support experienced by some people. This referred specifically to 'missed' and 'late' calls and the impact this had on individual people. This could impact on the quality of care people receive.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives told us they had been involved in decisions about the care and support provided when the service was first provided but had little input in the development of their support plan thereafter. Comments included, "I did when it was done a while ago", "Not that I can remember" and, "The carers sign the book [daily log] every day, I don't see or sign anything."
- Effective arrangements were not in place to review people's care and support needs or their care plans. Records available showed only three reviews were completed in 2018 and 2019 respectively. The HR manager told us this was accurate and verified improvements were needed.
- A quality assurance questionnaire had not yet been sent out to people who use the service or those acting on their behalf to monitor the quality of the service provided for the period 2018 to 2019. The HR manager confirmed this would be sent out in due course.

Respecting and promoting people's privacy, dignity and independence

- People's dignity and privacy was respected. People received support with their personal care in private.
- People's independence was promoted and encouraged according to their capabilities and abilities. For example, some people were able to undertake some tasks relating to their personal care and to self-administer their medication.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as 'Good'. At this inspection this key question has now deteriorated to 'Requires Improvement'.

This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- Two out of six people did not have a care plan in place detailing the care and support to be provided by staff. This meant that staff providing care and support to both people did not have all information needed to provide safe care and support to an appropriate standard. We discussed this with the care coordinator who was responsible for writing both support plans. They told us they had not had the time to complete the support plans, but information had been verbally given to staff. However, when we discussed this with staff, all confirmed no information had been provided.
- One of the people as detailed above was assessed as requiring end of life care. Although a 'Fast Track Pathway Tool' document had been completed and signed by the local palliative care team and confirmed the person was entering the last weeks and/or days of their life, none of this information had been transferred to the person's support plan. One member of staff told us, "I received no information from the care coordinator, it was awful, I went in blind, it is not right." A second member of staff told us, "When I went to [name of person using the service] I didn't know anything about them, I had no idea about the care to be provided or the risks involved. I was never given any information by the care coordinator, but I did my best to support [name of person using the service]."
- Staff confirmed they did not always have sight of people's support plan prior to providing their care and support for the first time.
- The training matrix showed no staff had received end of life care training and staff spoken with confirmed this as accurate.

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carer's.

- There was no evidence to demonstrate information by the domiciliary care agency was provided in line with the Accessible Information Standard (AIS), because of a disability, impairment or sensory loss.

This demonstrated a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improving care quality in response to complaints or concerns

- Guidance on how to make a complaint was given to people when they first started using the service.
- People confirmed they knew who to approach if they had any concerns or complaints. Comments

included, "I have never needed to complain about anything" and, "I have no complaints."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as 'Good'. At this inspection this key question has now deteriorated to 'Inadequate'.

This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Effective governance and quality monitoring arrangements were not in place. Areas which required improvement included, recruitment practices and procedures, staff rostering and ensuring people received their calls. Staff training, induction and supervision arrangements were not robust. Support plans were not completed for all people prior to the commencement of the service being provided by Allied Care and Nursing Limited. These areas were not picked up by the registered provider's quality assurance arrangements.

- Specific information relating to the above is cited within this report and demonstrated the registered provider's and manager's arrangements for identifying and managing the above were not robust and required improvement. There was a lack of understanding of the risks and issues as detailed above and the impact on people using the service.

- Following the inspection, we advised the registered provider and manager about concerns relating to one member of staff. We asked them to investigate the concerns raised as this could impact on the staff member's ability to effectively carry out their role and responsibilities. To date the Care Quality Commission has not received an investigation report and this remains outstanding.

- People spoken with told us their overall experience of using the service was positive, confirming they would recommend the service to others. Comments included, "Yes, I would recommend them. They [staff] are very good carers and very pleasant" and, "Absolutely I would recommend them to anyone."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Management meetings were held to give the management team the opportunity to express their views and opinions on the day-to-day running of the service. Although this was positive, there was a lack of discussion held relating to people using the service and the overall quality of care being provided. The meeting minutes suggested primary focus was on the service's finances and the lack of care packages.

- Staff meetings were periodically held to give staff the opportunity to express their views and opinions on the day-to-day running of the service and minutes of these meetings were available. Where issues were highlighted, such as, staff texting the care coordinator or HR manager when not available for work and too

many staff cancelling calls at short notice; an action plan was not devised detailing how this was to be addressed and monitored.

Continuous learning and improving care

- There had been seven incidents relating to the domiciliary care service which required the management team to investigate. Although these were logged, not all investigations were robust and demonstrated evidence of learning, reflective practice or service improvement. For example, evidence of discussions held with relatives, external agencies and outcomes were not always recorded.

Effective robust arrangements were not in place to monitor the service and identify and address shortfalls. This demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- An incident had been reported to the police in April 2019, however the Care Quality Commission had not been notified in line with regulatory requirements. When we discussed this with the registered provider and manager and HR manager, they were not aware of their responsibility to do this.

Working in partnership with others

- Information showed the domiciliary care service worked closely with others, for example, healthcare professionals and services.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Not all people who use services had an assessment detailing their care and support needs.
Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Effective arrangements were not in place to ensure staff were aware of their individual responsibilities to prevent, identify and report areas of concern and potential abuse.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Effective arrangements were not in place to ensure compliance with regulatory requirements.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Effective arrangements were not in place to ensure there were enough staff to meet people's needs. Suitable arrangements were not in place to ensure all staff were appropriately trained and received a robust induction.

