

Allied Healthcare Group Limited

Allied Healthcare - Telford

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

Allied Healthcare Telford provides personal care and support for people in their own homes within Telford and

Wrekin. There was a registered manager in place. A registered manager is a person who has registered with CQC to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

We inspected the service on 13 August 2014. We told the provider two days before our visit that we would be coming. At the time of our inspection the registered manager told us the service was providing personal care support to 148 people.

Summary of findings

People using the service told us they felt safe and that staff treated them well. Policies and procedures were in place in relation to abuse and staff understood how to protect the people they supported from abuse.

We saw supervisors carried out regular unannounced checks on the care team where their working practices were observed. There was an out of hours on call system in operation, this ensured management support and advice was always available for staff.

We found staff would not be expected to support people with specific care needs or medical conditions unless they had received the appropriate training.

People told us they knew how to make a complaint if they needed to. They were confident that the service would listen to them and they were sure that their complaint would be fully investigated and action taken if necessary.

The provider carried out annual satisfaction surveys; we were informed that the most recent results were in the process of being analysed. The service had an action plan which was as a result of its own quality assurance audits. We saw action plans for areas that needed to be improved upon. The registered manager told us they had already met the majority of improvement areas identified in the action plan.

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 safe.

People using the service told us they felt safe and that staff treated them well. We saw people received support from a consistent team of care workers.

Staff understood how to protect people they supported from abuse.

People using the service had health needs assessments, care and support plans and risk assessments in place. Care and support plans and risk assessments had been kept under regular review in order that staff had up to date information to meet people's needs.

Appropriate recruitment checks were undertaken before staff began work.

Good



Is the service effective?

The service was effective.

We saw staff had completed an induction and they were up to date with their essential training.

Regular unannounced checks were carried out to carers as part of the quality checks to people who used the service.

We saw in care records that some people required assistance at meal times. Staff told us they provided this support if this was required.

There was an out of hours on call system in operation so that management support and advice was always available for staff.

We saw people were supported to access health care professionals when required.

Good



Is the service caring?

The service was caring.

We saw people who used the service received care and support that met their needs.

People who used the service told us staff were caring, respected their privacy and dignity and they were pleased with the service they received.

People and their relatives were consulted about their assessments and involved in developing their care plans.

Good



Is the service responsive?

The service was responsive.

People told us they were involved in their care planning. Care records confirmed this to us. We saw people's wishes were documented and they told us they received their care in the way they preferred.

People we spoke with told us they knew how to make a complaint if they needed to. They were confident the service would listen to them and they were sure their complaints would be fully investigated and action taken if necessary.

Good



Summary of findings

Is the service well-led?

The service was well led.

The service was led by a registered manager who had clear vision and values for the service.

Staff told us they liked working for the agency and they received good support from the registered manager.

The provider recognised the importance of regularly monitoring the quality of the service provided to people. This was done by visits to people who used the service, surveys, reviews of care plans and risk assessments.

Good



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Detailed findings

Background to this inspection

The inspection team consisted of an inspector and an Expert by Experience, who had experience of older people's care services. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we reviewed information we held about the provider, including the provider's information return (PIR). This is a form submitted by provider giving data and information about the service. We also contacted care managers from the local authority that commissions the service to obtain their views.

We spoke with six people who used the service and two relatives in order to gain their views about the quality of the service provided. We spoke with three care staff, two care co-ordinators, the registered manager, the operations support manager, quality assurance manager and quality auditor. The operations support manager, quality assurance manager and quality auditor support the registered manager in ensuring the service has robust quality systems in place. We also looked at the care records of two people who used the service and the recruitment and training records of three members of staff.

Is the service safe?

Our findings

All of the people who used the service told us they felt safe. One person told us, “I feel safe, I feel comfortable with them because I know them”.

We spoke with the registered manager and two members of staff about protecting people from abuse. They demonstrated a clear understanding of the types of abuse that could occur, the signs they would look for, and what they would do if they thought someone was at risk of abuse. This included who they would report any concerns to. The registered manager told us they and all staff had attended training on protecting people from abuse. Staff training records confirmed this. Staff told us they were aware of the service’s whistle-blowing procedure and they would use the procedure, if they needed to. This meant that any incidents of poor practice would be reported by staff to the registered manager.

We saw the service had a policy for protecting people from abuse and a copy of the multi-agency adult protection policy agreed locally. Staff told us they had access to the policies via the provider’s website. We saw posters on display at the office about whistleblowing procedures and contact numbers if staff needed to report bad practice. This meant staff knew how and who to contact if they had any concerns about bad practice.

The service had identified safeguarding concerns and had made appropriate referrals to the safeguarding adult’s team at the local authority. We were told by the local authority that the service had fully co-operated with the investigations.

We discussed the Mental Capacity Act 2005 with the registered manager. The Mental Capacity

Act 2005 sets out how to act to support people who do not have capacity to make a

specific decision. Staff members working in health and social care who work with people who lack capacity to make particular decisions have a duty to know about and

follow the Act’s codes of practice. It was reported by the registered manager that staff had completed training in this area. We were told by the registered manager that no people lacked capacity to make their own decisions at the time of our inspection. We spoke to staff who were able to tell us what they understood about mental capacity. They showed a good understanding of this topic.

People told us they were involved in the initial assessment visit undertaken by the service. We saw that people’s care and support plans and risk assessments were kept under regular review by the registered manager and senior care staff. Staff told us there was sufficient information for them to be able to understand what people’s needs were and how they wanted their support to be provided. This meant that risks to people who used the service and staff had been assessed and minimised through proper risk assessments being in place, and staff understood what people’s needs were.

We saw the provider had undertaken appropriate recruitment checks before staff commenced work. We looked at the records of two members of staff. These were well organised and had completed application forms which included a full employment history. We also saw interview questions and answers and completed skills tests. Staff files included evidence of criminal record checks, proof of their identification, two employment references and health declarations. This meant there was an effective recruitment and selection process in place which ensured people were properly checked before they began working with people who used the service.

Care workers and care co-ordinators told us that staffing numbers were reviewed if people’s needs had changed. The registered manager told us staffing levels were constantly reviewed and arranged according to the needs of the people that used the service. This meant that people received care and support from a consistent group of staff that knew them well. One person told us, “They never miss a visit, I am sent the same staff which I like, I’ve got to know them well”.

Is the service effective?

Our findings

People who used the service told us they felt their care workers knew what they were doing when they received support.

The registered manager told us that all new staff received induction training. The induction programme included training on health and safety, fire safety, emergency first aid, safe food handling and infection control. Other essential training included protection of adults and moving and handling. We spoke with three members of care staff. They all told us they had completed an induction when they started work and they were up to date with their essential training. Care workers told us that they had access to training and on-going support provided by the registered manager and supervisors. One care worker told us “Training is good and if I need any specific training I can talk to the registered manager or supervisors about it.”

Staff we spoke with told us they enjoyed working with the people they provided care to. They all said the initial shadowing visits with experienced members of staff helped them to understand people’s needs and get to know them. All of the staff we spoke with told us they would not be expected to support people with specific care needs or medical conditions unless they had received the appropriate training.

Staff told us they received regular formal supervision and attended regular staff team meetings.

Supervision is a process where the employee meets with their manager to discuss their work. Staff that had worked at the service for more than a year said they had an annual review of their work performance during which their training needs were identified. Care staff told us they had

been subject to regular unannounced checks carried out by supervisors where their working practices were evaluated and they had received feedback. They told us there was an out of hours on call system in operation that ensured that management support and advice was always available for them when they needed it. This meant that there was always a senior person available from the organisation to support staff at all times and in times of emergencies. This was important that staff were not left alone to work especially out of hours.

The care files we looked at included details of people’s health care needs and contact details of relevant health care professionals. One care worker told us that, “I went with someone to hospital recently and stayed with them throughout their visit”. Information about people’s medicines taken and support required was recorded in care plans. Care workers received training in the management of medicines, dementia care needs and other specific health care needs which was confirmed by care workers spoken with and training records viewed. This meant care workers had the appropriate knowledge and skills to effectively meet people’s needs.

The care files we looked at included details of people’s health care needs including dietary needs and eating and drinking needs assessments. These assessments indicated people’s food likes and dislikes any allergies they might have and if they needed any assistance with eating and drinking. One person told us, “They give me a good selection of meals”. Where it had been identified that people needed help at meal times this was recorded in their care plans. Staff we spoke with told us provided support in this area if this was assessed as required. This meant that people were supported to eat and drink and maintain a balanced diet.

Is the service caring?

Our findings

People we spoke with made positive comments about care staff and the service they or their relatives received. One person using the service said, “I get enough support from the carers”, they went on to tell us, “If there’s anything else I need my son asks the carers and they will sort it out”. Another person told us, “They arrive on time, can’t fault them caring and kind, the carers are on the ball”. Another person told us, “They are kind and caring” another person told us, “I have been with them for six or seven years and I would recommend them”. Another person told us, “I have care at the times I asked for; they are flexible when I need them to be”.

People were encouraged to express their views to care workers and through means of reviews of their support packages and annual surveys. People told us they could contact the office at any time if they wished to discuss anything about their support with the registered manager. One person told us, “If you call the office they will help you with whatever it is you need”.

Staff we spoke with displayed a good understanding of people's health and care needs. They understood the

support each person required to meet their assessed needs. Staff told us that they discussed and received training during their induction on privacy, dignity and human rights. Induction records from two recently employed staff confirmed this. We asked care workers how they would maintain privacy and comments included, “I close the door” or “I draw the curtains” and “I always knock or ring the doorbell before I enter someone’s room or house”.

Care workers told us that all people they provided care to were known to them and the service tried to regularly allocate the same care workers with people who used the service. This meant that people received continuity of care from the same care workers.

Care records we looked at included assessment of risks with measures needed to minimise risks identified and explained for staff. They included information about people’s likes and dislikes, the support they required and how this was to be carried out. Records had been signed for by people who used the service. This meant people’s care had been discussed, planned and agreed with them and was delivered in the way they preferred.

Is the service responsive?

Our findings

People received personalised care because they told us they were involved in their care planning before the service began. This meant they were consulted and were able to tell the service what their needs were, how they wanted them to be met and at what time of the day they required the support. People told us, “Someone came and assessed me before my care started. We talked about what I needed help with and how I wanted this to be done”. Another person told us, “It was all sorted out before the carer started to call to help me. The manager came to talk to me at home”. People told us they had not had any missed calls and if the carer was going to be late they were always informed by the office. People told us their support was carried out how they wished and that the support met their needs. We saw reviews of people’s care had been carried out at regular intervals. This meant people had the opportunity to tell the agency if the support still met their needs.

People using the service and their relatives told us they knew how to make a complaint, if they needed to. Most said they were confident the service would listen to them if they had to make a formal complaint. They were also sure that their complaints would be fully investigated and action taken if necessary. One person using the service told us they had made a complaint and this had been dealt with appropriately and they were happy with the response from the registered manager. This meant people had confidence in the provider’s complaint system.

The provider’s complaints procedure was included in the statement of purpose. We looked at the complaints file. We saw that the provider had dealt with complaints in a timely manner. A system was in place to analyse the trends and any patterns of complaints so the registered manager could act and potentially put plans in action to stop similar complaints in the future.

Is the service well-led?

Our findings

The service had a registered manager in post. Staff told us they received good support from the registered manager and senior care staff. One person told us, “The registered manager is very supportive, I find them very good. They listen and include staff”. Another person told us, “There have been improvements since the registered manager started. There is an open door policy, they act on things and the atmosphere is much better”. Another staff member told us, “I get good support. I can ring the office whenever I need to if I need any help”. We spoke with two care co-ordinators about the management support provided. They told us that the registered manager was always available and helpful.

Staff told us they had access to the provider’s website where they could access the policies and procedures. These included dealing with emergencies, gaining access, complaints, dealing with bad practice and reporting accidents and incidents. There was a system in place for reporting accidents and incidents to the registered manager. Staff logged any accidents/incidents and the registered manager monitored these to identify any patterns or trends. Action was taken to minimise the risks involved or to prevent future occurrences. This meant that the registered manager could monitor and review incidents and take action where necessary.

We saw people’s care and support plans and risk assessments were reviewed regularly. Supervisors carried out unannounced checks on care staff to make sure they turned up on time, wore their uniforms and identification cards and supported people in line with their care and

support plans. They talked to people who used the service at quality monitoring visits to find out if they had any problems with the care and support they received. We saw records of these visits in people’s personal files.

Staff told us regular staff meetings were held. They told us the meetings were useful and enabled them to raise issues within the team. They told us these were particularly useful for issues that involved the whole team. We saw a copy of the minutes from the last staff meeting. Topics discussed included the implementation of a new medication sheet which was green and would be kept at the front of the person’s care folder. This would help carers see at a glance that the person they were visiting had a medication care plan in place.

A satisfaction survey was sent to people who used the service by the registered manager in June 2014. At the time of our inspection the providers head office had not analysed the results. The registered manager told us that when the analysis was provided to them they would take action on any areas that had been highlighted that required improvement.

The service had an action plan which was as a result of its own quality assurance audits. We saw action plans for areas that needed to be improved upon. For example better communication between the office and the care team. As a result of this ‘champions’ had been selected to be the voice of care staff to management to improve communication. This meant the registered manager was actively seeking to improve communication. The registered manager told us they had already met the majority of improvement areas identified in the action plan.