

Allen Auxiliary Limited

# Allen Auxillary Limited

## 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 ●

# Summary of findings

## Overall summary

The inspection was announced and took place on 24 October 2017.

Allen Auxillary Limited is a small domiciliary care agency that provides personal care to adults living in their own homes who live in an area of Chichester, West Sussex. People who receive a service include those living with frailty or memory loss due to the progression of age, mobility needs and health conditions.

At the time of this inspection the agency was providing a service to 10 people, nine of who received personal care. Visits ranged from half an hour to over one hour. The frequency of visits range from one visit per week to four visits per day depending on people's individual needs.

During our inspection the registered manager was present. The registered manager is also the owner of the agency. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 2008 and associated Regulations about how the service is run.

We previously inspected the service in May 2015 when it was rated 'Good' overall and in all domains apart from the 'Well Led' domain which was rated as 'Requires Improvement.' One breach of regulation was made for incomplete records. In response to this the provider sent us an action plan that detailed the steps that would be taken to achieve compliance. At this inspection we found that steps had been taken by the registered manager and that the breach of regulation was met.

Since our last in May 2015 steps had been taken to ensure records were accurate and up to date. In addition to people now having personalised care plans other documentation had also been reviewed and expanded to ensure it could be used to monitor the quality of service provided to people. This included the expansion of home visit audit forms and questionnaires sent to people to obtain their views.

As at our previous inspection, everyone that we spoke with praised the registered manager, care workers who visited them and expressed satisfaction with the service they received. There was a positive culture at the agency that was open, inclusive and empowering. People said that they were aware who to speak to in order to raise concerns. The agency had a complaints procedure in place to respond to people's concerns and to drive improvement.

People told us that they felt safe with the care workers who supported them. Care workers received training and were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Recruitment checks were completed to ensure care workers were safe to support people.

People said that they received care visits at the agreed times and that care workers always stayed for the full allocated time. Care workers also said that they had sufficient time to care for people safely.

Safe medicine systems were in place. Risks to people's safety were assessed and action taken to reduce any harm to people. Care workers understood the procedures that should be followed in the event of an emergency or if a person was to have an accident or to fall.

People said that the registered manager and care workers had the appropriate skills to meet their needs and that they provided effective care. Both the registered manager and the care workers were knowledgeable about the people they supported. Care workers received support and training that equipped them with the skills and knowledge needed to care for people.

People were happy with the support they received to eat and drink and to manage any health needs they had. Care workers were provided with information before they started to care for people and were kept informed when people's needs changed.

Both the registered manager and care workers understood people's rights to be involved in decisions about their care and were able to explain what consent to care meant in practice. People were supported to express their views and to be involved in making decisions about their care and support.

People said that they were treated with kindness and respect by the care workers who supported them. People's privacy and dignity was promoted. The registered manager and care workers understood the importance of building trusting relationships with people and went out of their way to do this.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Care workers stayed for the agreed time to deliver safe care. There were safe recruitment procedures which helped ensure that people received their support from care workers of suitable character.

People's medicines were managed safely. Risks to the health, safety or wellbeing of people who used the service were managed safely.

People were protected from harm. People had confidence in the service and felt safe and secure when receiving support.

### Is the service effective?

Good ●

The service was effective.

People consented to the care they received. Procedures were in place to ensure people's legal rights were upheld.

Care workers received sufficient training and support to meet people's needs effectively.

People were supported with their health and dietary needs.

### Is the service caring?

Good ●

The service was caring.

Positive relationships between people and staff were promoted. People's care was provided in the way they wanted it to be and they were involved in making decisions about their care and support.

People were treated with dignity and respect.

### Is the service responsive?

Good ●

The service was responsive.

People received a flexible service based on their personal wishes and preferences. Changes in people's needs were recognised and appropriate action taken, including the involvement of external professionals where necessary.

Systems were in place to make sure people's complaints and concerns were investigated and resolved where possible to the person's satisfaction.

**Is the service well-led?**

**Good** ●

The service was well-led.

Quality assurance processes were used to monitor the service provided. Record keeping had improved and was used to monitor the quality and safety of service provided.

The registered manager promoted a person centred culture. Staff were proud to work at the agency.

# Allen Auxillary Limited

## **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 checked 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 24 October 2017 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service; we needed to ensure that someone would be available. The inspection was conducted by one inspector.

Before the inspection we reviewed the Provider Information Return (PIR) that the registered manager submitted. The 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. We also reviewed the action plan that the registered manager submitted to us in response to our previous inspection. We used this information to decide which areas to focus on during our inspection.

During the inspection we spoke with three people who received care and support from the agency by telephone and two relatives. We also spoke with the registered manager and with two care workers. In addition to this, we contacted two health and social care professionals to obtain their views of the agency.

Whilst at the agency office we reviewed a range of records. These included care records for three people and other records relating to the management of the domiciliary care agency. These included two staff training, support and employment records and policies and procedures.

# Is the service safe?

## Our findings

People told us that they felt safe with the care workers who supported them and that they would know who to contact if not. One person said, "Oh I'm definitely safe with them. They are a lovely bunch." One relative said, "We get peace of mind knowing they visit and mum is safe in their hands."

A safeguarding policy was available and care workers were required to read this and complete safeguarding training as part of their induction. The registered manager and care workers had also completed refresher training to ensure their knowledge was current. Care workers were able to explain the different signs of potential abuse and the relevant reporting procedures. One care worker said, "Any concerns make a note and report to the manager straight away. Involve social services and raise a safeguarding."

There were sufficient numbers of care workers available to provide safe care. People said that they had not experienced a missed visit and that visits occurred at the agreed times. Care workers also said that they had sufficient time to care for people safely. One care worker said, "All the clients are close together and X (registered manager's name) doesn't take on too many clients so we can provide care when people want it." A rota system was in place that ensured people received visits at the agreed times and dates.

Staffing levels were determined by the number of people using the service and their needs. They could be adjusted according to the needs of people using the service and the number of care workers supporting a person were increased if required. The agency only supported one person who required assistance from two care workers. The registered manager explained that they would not offer a service to more people than this who required two care workers due to the size of the agency as they would not be able to meet their needs. As the agency only employed two care workers this meant people received care from the same people all of the time.

The agency did not have a formal system in place for monitoring missed calls. Due to the agency being small and only employing two care workers the registered manager completed care visits every week to each person who received a service. This allowed her to check with people that visits occurred at the agreed frequency.

Recruitment checks were completed to ensure care workers were safe to support people. These included checks having been undertaken with the Disclosure and Barring Service (DBS). These checks identify if prospective staff had a criminal record or were barred from working with children or adults at risk. Other information obtained included references, proof of identification and a recent photograph.

People were happy with the support they received to take their medicines safely. Care workers received medicines training and were able to describe how they safely supported people with their medicines. The agency used the local authority's medicines policy and procedure when they supported anyone, regardless of the funding source. People had assessments completed with regards to their levels of capacity and whether they were able to administer their medicines independently or needed support. Care plans then described the support that people required from care workers with their medicines.

Care workers were able to explain the procedures that should be followed in the event of an emergency or if a person was to have an accident or to fall. This included checking for injuries, calling for medical assistance if needed and notifying the registered manager and completing records.

Risks to people's safety were managed. Assessments were undertaken to assess any risks to people who received a service and to the care workers who supported them. These included environmental risks and any risks due to the health and support needs of the person. Risk assessments included information about action to be taken to minimise the chance of harm occurring. For example, when a person needed the assistance of two care workers to move and equipment such as a hoist.

Emergency contingency plans were in place to ensure people continued to receive a service in the event of staff shortages, severe weather or outbreaks of infection. People told us that information was provided when they first received a service that included emergency contact details. An on call system was in place along with procedures for reducing risks to care workers who worked alone in the community.



## Is the service effective?

### Our findings

People said that care workers provided effective care. One person said, "I am more than pleased. Whatever I ask them to do they do it. They are excellent."

Care workers were satisfied with support they received to undertake their roles and responsibilities. One care worker said, "The manger is very supportive. She is big on training as well which I like."

The registered manager and the care workers received training in areas that included moving and handling, health and safety, food hygiene, fire safety, equality and diversity and first aid. They were also provided with training that was relevant to the needs of people who received a service from the agency. For example, the registered manager had recently completed HIV and hepatitis B and C awareness and Parkinson's awareness training and one of the care workers recently completed Stroke awareness. All three completed epilepsy training in June 2017. The majority of training that they attended was face to face with people qualified to given guidance about particular subjects. For example, the Parkinson's training was provided by a representative of Parkinson's UK. The registered manager explained, "I take any opportunity to attend training."

Care workers received support to understand their roles and responsibilities through supervision and an annual appraisal. Supervision consisted of individual one to one sessions and group staff meetings. Supervision included formal spot checks of care workers when supporting people in their own homes. There had been no new care workers since our previous inspection in May 2015. However the registered manager confirmed that if new staff were to be employed they would complete an induction programme at the start of their employment that helped them provide effective care.

People were happy with the support they received to eat and drink. One person said, "They heat my lunch up for me and make me sandwiches for tea." The support people received varied depending on people's individual circumstances. Some people lived with family members who prepared meals. Care workers reheated and ensured meals were accessible to people who received a service from the agency. Other people required greater support which included care workers preparing and serving cooked meals, snacks and drinks. One relative explained, "They now have to prepare and cook meals for mum." Since our last inspection in May 2015 the registered manager had introduced more detailed food and fluid charts to enable effective monitoring for people at risk of malnutrition or dehydration.

Care workers were available to support people to access healthcare appointments if needed. They also liaised with health and social care professionals involved in their care if their health or support needs changed. Information was included in people's care plans of healthcare professionals involved in their lives.

People confirmed that they had consented to the care they received. They told us that care workers checked with them that they were happy with support being provided on a regular basis. Both care workers and the registered manager had received mental capacity training and understood people's rights to be involved in decisions about their care and were able to explain what consent to care meant in practice. One care worker

said, "It's important to get clients agreement before providing care."

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.

People's ability to consent was considered at the initial assessment stage of their care package. The majority of people who received a service from the agency paid privately for this and records confirmed they consented to the care package that was being provided. Where people lacked capacity to consent to aspects of their care, MCA assessments had been completed by the local authority in conjunction with the registered manager and representatives of the individual. This ensured decisions were made in their best interests.

## Is the service caring?

### Our findings

Everyone told us they were treated with kindness and respect by the care workers who supported them. One person said, "I am very happy with the service. They are very nice people and they treat me very well. They are so kind." A second person said, "They are kind and respectful, in fact I would say exceptionally kind." A relative said, "They are just so very caring and it feels like a really intimate service."

Positive, caring relationships had been developed with people. One relative said, "As there are only three people working at the agency and that includes the manager it means mum knows them and they really know her. She is always telling me how they have a joke about things."

Care workers and the registered manager went out of their way to develop positive relationships that enhanced people's sense of wellbeing. People's care plans reinforced to care workers the importance of treating people with dignity and respect. Since our last inspection in May 2015 the registered manager had introduced 'All about me' documents for each person who received a service. These contained information about people's previous employment, favourite things, what made them happy or sad, personal care preferences and hobbies and interests. The registered manager and care workers told us this information helped them understand the person and provide a personalised service. When they found out that one person had a passion for motorcycles they arranged for somebody to visit the person with two motorcycles so that they could see these and rev the engines. On another occasion they made a window box with tomato plants in it for a person who loved to garden but was no longer able to do this.

Care workers understood the importance of building trusting relationships with people. One care worker said, "It's important to first find out people's likes and dislikes and follow these. I always talk to them when I am doing tasks to put them at ease." Care workers were provided with dignity and equality and diversity training on induction. Their practice was then monitored when they were observed in people's own homes.

People said that their privacy and dignity was promoted. One person said, "Oh they are excellent in that way. They help me dress and shower and never make me feel uncomfortable or embarrassed." Care workers were respectful of people's privacy and maintained their dignity. They were able to explain how they promoted people's privacy and dignity.

People were supported to express their views and to be involved in making decisions about their care and support. People told us that they and their family members had been involved when their care packages started. People also told us that they had been involved in reviews after this. In addition, people's views were obtained via annual questionnaires that were sent out to people.

## Is the service responsive?

### Our findings

People said that they received care that was responsive to their individual needs and preferences. One person said, "They used to help me wash and get in and out of the bath. I've improved a lot now and can get out the bath by myself." A second person said, "Oh they are very flexible. I like a 07.00am in the morning visit and they do that."

People said that the agency was responsive to requests for changing pre-arranged visits when circumstances changed. A relative said, "Originally my mother received one visit per day and this has increased as her needs grew. X (name of registered manager) is very flexible. I give 24 hours' notice if we need a time changing and they always can accommodate this."

People's care and support was planned in partnership with them. People had personalised care plans in place that had been developed with their involvement. For example, one person's care plan stated, 'On arrival please use the door entry system. I will let you in. I am on the first floor. Ring bed and enter. Please can you prepare breakfast. I always drink tea. I usually have either cereal, toast or fruit loaf. Administer my medicines and leave me a jug of fresh water. While I'm eating breakfast help me with ideas for lunch and take things out of the freezer.' People said that when their care was being planned at the start of the service a member of the management team spent time with them finding out about their preferences. This included what care they wanted or needed and how they wanted this care to be delivered.

A system was in place to review the care people received. The review included consultation with people who received a service from the agency, their representatives and other professionals that were involved in the formulation of the care package.

Care workers and the registered manager were knowledgeable about the people they supported. This enabled them to provide a personalised and responsive service. For example, they noticed a change in a person's needs, promptly contacted the district nursing team and arranged for their care package to be reviewed with a social worker. On another occasion care workers noticed that a person's bed was not suitable. They liaised with the person's family and the district nursing team and a more suitable bed was provided.

People said that they were aware of who to speak to in order to raise concerns. One relative said, "I have such a nice relationship with the manager. I can talk to her and things always get sorted out. I know mum would definitely complain if she was unhappy." People using the service and their relatives told us they were aware of the formal complaints procedure and that they were sure that the agency would address concerns if they had any.

The agency had a complaints procedure in place to respond to people's concerns and to drive improvement. One formal complaint had been received since our last inspection in May 2015. Records confirmed this had been responded to appropriately by the registered manager including an apology. The registered manager expressed the view that this was because issues were responded to quickly and this was

confirmed by people who received a service. The registered manager explained, "If unhappy I will go and see and try to rectify. I can't let things fester."

# Is the service well-led?

## Our findings

At the last inspection in May 2015 the provider was in breach of regulation 17. This was because accurate records had not been maintained. In response, they submitted an action plan that detailed the steps that would be taken to achieve compliance. At this inspection we found improvements had been made and that the provider was meeting the requirements of the Health and Social Care Act.

The registered manager was also the owner of the agency and ran this from her private, residential premises. Records relating to the business were stored securely in locked filing cabinets and the premises also had an alarm and security camera system. Records that we sampled were up to date and accessible. These included people's care plans, MAR (Medication Administration Records) charts and visit records.

People said that the agency was well led. One person told us, "She (the registered manager) is a very nice person and will do anything she can for you." A second person said, "There is nothing they could improve on. They are perfect." A relative said, "We are very pleased with the service."

The registered manager appeared passionate about providing a quality service to people. The agency did not provide visits of less than half an hour. The registered manager explained, "We won't do 15 minute calls. By the time you talk to people there is no time left to care." This showed a commitment by the registered manager to provide a quality service.

As at our previous inspection in May 2015 the agency had six core values that it based its services upon. These were privacy, dignity, independence, choice, rights and fulfilment. These were included in the agency brochure, discussed with people when they started to receive a service and with care workers when they were employed and applied in practice. For example, we noted that care workers had received a memo from the registered manager regarding conduct at work. The registered manager explained that she had issued this in response to a comment made by a person who lived with dementia. She explained, "Although they have dementia I still listen to what they say and believe what they say even if it can't be proved. So I took action and brought to the attention of staff." This showed a commitment by the registered manager to see the person and not just their disability.

There was a positive culture at the agency that was open, inclusive and empowering. Care workers spoke highly of the registered manager. Care workers were motivated and told us that they felt supported and that they received regular support and advice via phone calls and face to face meetings. They said that the registered manager was approachable and kept them informed of any changes to the service and that communication was good. One care worker said, "We either see the manager daily speak to her on the phone. We work so closely. I like the way she works."

Since our last inspection in May 2015 the registered manager had introduced a new home visit audit form that she completed in order to assess the quality of service that people received and to drive improvements. The audit included observing the practice of care workers in areas that included infection control, respect and dignity, personal care, eating and drinking, medicines administration and completion of

documentation.

The agency obtained the views of people who received a service in the form of questionnaires. Since our last inspection the registered manager had expanded the questionnaire form in order that the questions it asked were linked to the five CQC domains of 'Safe, Effective, Caring, Responsive and Well led.' All nine people who completed a questionnaire in May 2017 praised the agency and the service provided. Additional comments included 'We are all very pleased with the way you all care for mum and your flexibility with care sessions is very helpful' 'Allen Auxiliary have been my carers for about three years and I have no complaints at all. X (name of registered manager) only has two staff so it is good to always know whoever helps me. They are all very caring and they are well led.'