

Nestor Primecare Services Limited

Allied Healthcare Hythe

Inspection report

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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 

Summary of findings

Overall summary

The inspection was carried out on 23, 24 October and 10 November 2017, and was an announced inspection. The provider was given 48 hours' notice of the inspection as we needed to be sure that the office was open and staff would be available to speak with us.

Allied Healthcare Hythe provides care and support to people in their own homes. The service is provided to mainly older people and some younger adults and people who have a learning disability. At the time of the inspection there were approximately 82 people receiving support with their personal care. The agency provides care and support visits to people across the Ashford, Hythe, Folkestone, Dover, Deal, Romney Marsh and surrounding areas. It provides short visits to people as well as longer visits such as 24 hour support to people.

There was not a registered manager employed at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. However, the provider was in the process of employing a manager. At the time of this inspection the agency was being managed by the registered manager for their Maidstone branch who visited two to three times a week and undergoing registration for this branch with CQC when we inspected.

At our previous inspection on 12, 13, 14 and 15 September 2016, we found continued breaches of Regulation 9, Regulation 12, Regulation 17 and Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to do all that was reasonably possible to mitigate risks to people's health and safety and failed to have proper and safe management of medicines. The provider had failed to ensure sufficient numbers of suitably competent, skills and experienced staff in order to meet people's needs. The provider failed to ensure care plans reflect people's assessed needs, preferences and were up to date. The provider had failed to have systems and processes operated effectively to ensure compliance with requirements in a timely way.

The provider sent us an action plan on 26 September 2016 and continued to update this action plan weekly. The updated action plan was sent to us as part of this inspection evidence, which showed us planned changes, actions they had already taken and how they were now meeting the regulations.

The agency provided sufficient numbers of staff to meet people's needs. However, there continued to be incidents of late visits or missed visits. These were caused by limited travel times given to staff. We have made a recommendation about this.

There were a range of policies available at the agency, which provided guidance and support for staff. However, these policies and procedures did not include specific detail on how they would be assessed, in terms of practice and timescales. We have made a recommendation about this.

The agency continued to have suitable processes in place to safeguard people from different forms of abuse. Staff had been trained in safeguarding people and in the agency's whistleblowing policy. They were confident that they could raise any matters of concern with the branch manager, or the local authority safeguarding team.

The agency continued to have robust recruitment practices in place. Applicants were assessed as suitable for their job roles.

All staff received induction training which included essential subjects such as maintaining confidentiality, moving and handling, safeguarding adults and infection control. They worked alongside experienced staff and had their competency assessed before they were allowed to work on their own. Refresher training was provided at regular intervals.

Procedures, training and guidance in relation to the Mental Capacity Act 2005 (MCA) were in place which included steps that staff should take to comply with legal requirements.

The provider carried out risk assessments when they visited people for the first time. Other assessments identified people's specific health and care needs, their mental health needs, medicines management, and any equipment needed. Care was planned and agreed between the agency and the person concerned. Some people were supported by their relatives to discuss their care needs, if this was their choice to do so.

People were supported with meal planning, preparation, eating and drinking. Staff supported people, by contacting the office to alert the provider to any identified health needs so that their doctor or nurse could be informed.

Most people said that they knew they could contact the provider at any time, and they felt confident about raising any concerns or other issues. The provider carried out spot checks to assess staff performance and to check they were following procedures, with people's prior agreement. This enabled people to get to know the provider.

Staff had received regular individual one to one supervision meetings and appraisals as specified in the provider's policy.

There were systems in place to monitor and improve the quality of the service provided. However, this had not been effective in rectifying some issues identified by both the management and people.

Staff spoke positively about the way the agency was run. The management team and staff understood their respective roles and responsibilities. Staff told us that the branch manager was approachable and understanding.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

Care visits were often late. People told us sometimes there had been missed visits.

Agency staff were informed about safeguarding adult procedures. The provider had appropriate safeguarding policies and procedures in place.

The agency carried out environmental risk assessments in each person's home, and individual risk assessments to protect people from harm or injury.

Accidents and incidents were monitored to identify any specific risks, and how to minimise these.

Staff were recruited safely, and there were enough staff to provide the support people needed.

Is the service effective?

Good 

The service was effective.

Staff had received training relevant to their roles. Staff had received supervision and support from the management team.

People gave us positive feedback about the choices they were supported to make and the support they received at meal times.

Staff had a good understanding and awareness of the Mental Capacity Act.

People received medical assistance from healthcare professionals when they needed it.

Is the service caring?

Good 

The service was caring.

People felt that staff provided them with good quality care. The agency staff kept people informed of any changes relevant to

their support.

Staff protected people's privacy and dignity, and encouraged them to retain their independence where possible.

Staff were aware of people's preferences, likes and dislikes.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

Is the service responsive?

Good ●

The service was responsive.

Systems were in place to ensure staff were responding to people's needs. Changes in people's needs were quickly recognised with action taken.

People received care that was based on their needs and preferences. They were involved in all aspects of their care and were supported to lead their lives in the way they wished to.

The agency had a complaints policy and people were aware of how to make a complaint.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

There was no registered manager in place. However there was a branch manager at the agency two to three times a week.

Policies and procedures did not include specific detail on how they would be assessed, in terms of practice.

The agency had an open and approachable management team. Staff were supported to work in a transparent and supportive culture.

There were systems in place to monitor and improve the quality of the service provided. However, this had not been effective in rectifying some issues identified by both the management and people.

Allied Healthcare Hythe

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 announced inspection took place on 23, 24 October and 10 November 2017. The provider was given 48 hours' notice of the inspection as we needed to be sure that the office was open and staff would be available to speak with us. The inspection was carried out by four inspectors. Two inspectors visited the office premises while two inspectors made telephone calls to people who used the service, relatives and staff.

Before the inspection, we looked at previous inspection reports and notifications about important events that had taken place in the service, which the provider is required to tell us by law. We used all this information to plan our inspection.

We visited the agency's office in Hythe area of Kent. We spoke with the branch manager currently managing the Hythe branch. The branch manager had many years of experience working within health and social care sectors. We spoke with the operations support manager and the care delivery director who supported the branch manager with the inspection. We also spoke with three care workers and the care coordinator. Following the inspection visit, we spoke with six people who received support in their own homes from the agency and five relatives.

During the inspection visit, we reviewed a variety of documents. These included seven people's care records, which included care plans, health care notes, risk assessments and daily records. We also looked at four staff recruitment files, records relating to the management of the agency, a sample of audits, satisfaction surveys, staff rotas, policies and procedures.

We asked the branch manager to send additional information after the inspection visit, including training records, a statement of purpose, the business continuity plan, an updated action plan and survey results. The information we requested was sent to us in a timely manner.

Is the service safe?

Our findings

At our last inspection on 12, 13, 14 and 15 September 2016, we identified breaches of Regulation 12 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to do all that was reasonably possible to mitigate risks to people's health and safety and failed to have proper and safe management of medicines. The provider failed to ensure sufficient numbers of suitably competent, skills and experienced staff in order to meet people's needs. We asked the provider to take action to meet the regulations.

The provider sent us an action plan on 26 September 2016 and continued to update this action plan weekly. The updated action plan was sent to us as part of this inspection evidence, which showed us planned changes, actions they had already taken and how they were now meeting the regulations.

One person said, "We definitely feel safe with the staff. They are absolutely lovely". Another said, "I feel safe and everything is absolutely fine". Relatives spoken with unanimously felt that their family member was safe with the care workers. One relative said, "She definitely receives safe care".

At this inspection, we found the provider improved the service by ensuring that they did all that was reasonably possible to mitigate risks to people's health and safety and ensured a proper and safe management of medicines.

Previously there had been no guidance about how to administer medicines that were prescribed 'as and when required' (PRN). We found that the provider had implemented a new form which had been developed for topical medicines that were prescribed this way (which was the majority of medicines prescribed), which gave staff clearer information about what topical medicines to apply and where. The form was specific to a medicine and included a body map. Where people had been prescribed medicines which required specific monitoring, such as people taking medicines to regulate their blood sugar levels, the staff were undertaking this monitoring and following guidance about the administration. Guidance included when and where staff should seek advice from. For example, one person was prescribed Laxido (for constipation) and paracetamol (for pain). There was detailed guidance in place for these medicines to ensure they were administered consistently and safely by staff.

At the previous inspection, we saw instances where there was no code or signature on medicines administration records (MAR). MAR charts were signed by a member of staff when the medicine had been administered and then taken to the office when fully completed for auditing. Audits of MAR charts continued in a timely way and this continued to pick up errors which were being addressed with staff. The previous registered manager introduced a more robust system to take relevant action when staff members made repeated errors. This included staff being spoken with as a first warning, being spoken with and receiving a letter on the second occasion and on the third occasion they would either undertake further training and/or disciplinary action. Staff were also observed by the field supervisor administering people's medicines during 'spot checks'.

Records showed that staff competency in specific areas was checked regularly. Staff informed us that they received medicines administration training, and that their competency in medicine administration was assessed annually, and records seen confirmed this. The competency assessment measured against specific criteria, including all stages of safe administration of medicines.

Staff had access to detailed information regarding meeting people's needs safely. For example, where a person had a catheter, there continued to be information about emptying and changing the catheter bag. There were guidelines in place for staff about monitoring the person's urine output and the colour and encouraging fluids. The daily records we looked at clearly confirmed these. People with diabetes had their care plans, which identified the signs and symptoms they may display when they became unwell due to this condition or what action staff should take to keep the person safe. People had had their care plans reviewed using the new template and there continued to be good information about risks and keeping people safe.

People's individual risk assessments included information about action to take to minimise the chance of harm occurring. For example, some people had restricted mobility and information was provided to staff about how to support them when moving around their home and transferring them in and out of their bed or to a wheelchair. Risk assessments had been reviewed regularly and also when circumstances had changed. These made sure people with identified risks could be cared for in a way that maintained the safety of the person and the staff assisting them.

Staff knew how to inform the office of any accidents or incidents. They said they contacted the office and completed an incident form after dealing with the situation. The branch manager viewed all accident and incident forms, so that they could assess if there was any action that could be taken to prevent further occurrences and to keep people safe.

The numbers of people receiving care and support had decreased since the last inspection from 128 to 82, which would result in fewer staff required. There had been a reduction in the number of missed visits people received since the last inspection. Records showed that week on week since the last inspection there had been an improvement in the percentage of people receiving their visit on time (or within 30 minutes of the visit time), although we still saw and heard about some instances where because staff were running late. We reviewed staff rota records for three staff over a three month period up to October 2017, and found that visits were not always scheduled to allow staff time to complete the required care and support, and also to travel from one person to the next. All three staff we spoke with told us that time was a constant challenge. One staff member said, "I have been given 15 minutes travel time on a 21 minute long journey before, and this makes things very difficult". Another staff member said, "Sometimes travel time given is not enough". The branch manager told us that this had been recognised as an on-going problem, and measures were being taken to address this. For example, all visit times and durations were being reviewed by the manager, and staff had been asked to submit realistic travel times in between their usual scheduled visits, so a more accurate rota could be established. One person said, "Calls can be up to two to two and a half hours late with no contact. No calls to explain the lateness. No rotas no ideas of what time and who will be at my doorstep. My call is supposed to be at 09:30, sometimes I get it at 11:30. I cancel my calls if they are any later (especially when it is going to be as late as 13:30)". Another person said, "Sometimes they are late if they are stuck in traffic". A relative said, "The agreed time was late because that was all they had. They had 10/10.30am and it wouldn't matter too much if they came at 10am but it is nearly always 11am and sometimes 11.15am before they arrive".

We recommend that the provider seeks further guidance on how to plan rotas to include any eventualities and improve communication about changes in order to meet people's needs.

Staffing levels were provided in line with the support hours agreed with the person receiving the service or in some cases with the local authority. The branch manager said that staffing levels were determined by the number of people using the service and their needs. Currently there were enough staff to cover all calls and numbers are planned in accordance with people's needs. The operations support manager said, "If we do not have enough carers, we do not accept new referrals. We will not take on people if we cannot provide for them". We found that staffing levels could be adjusted according to the needs of people, and the number of staff supporting a person could be increased if required. The branch manager told us that they carried out visits to people whenever required.

The provider continued to follow safe and robust recruitment procedures to ensure that staff working with people were suitable for their roles. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Records showed that staff were vetted through the Disclosure and Barring Service (DBS) before they started work and records were kept of these checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Employer references were also checked and we found that at least two satisfactory references were received before staff started working with people. This meant that people could be confident that they were cared for by staff who were safe to work with them.

Staff were aware of how to protect people from abuse and the action to take if they had any suspicion of abuse. Staff were able to tell us the different types of abuse and how to recognise potential signs of abuse. Staff training in protecting people from abuse commenced at induction, and there was on-going refresher training for safeguarding people from abuse. The training plan sent to us confirmed that all staff had completed safeguarding training. All staff spoken with were able to discuss the appropriate actions to be taken if abuse was suspected, and were able to demonstrate how they would ensure the person's safety was maintained. One care staff said, "I have a duty of care to ensure my clients are safe at all times". This showed that staff were knowledgeable about safeguarding, which would enable them to keep people safe from likelihood of abuse. Staff also had access to the updated local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. Staff spoken with understood what whistle blowing is about. Whistleblowing occurs when an individual raises concerns, usually to their employer or a regulator, about a workplace wrongdoing or illegality that affects others. They were confident about raising any concerns with the provider or outside agencies if this was needed. One member of staff said, "I feel able to bring any concerns to the manager; I think they listen to us".

Staff had received infection control training, staff told us they had a good supply of personal protection equipment and showed they knew how important it is to protect people from cross infection. We observed the branch manager reminding staff about hand washing and using gloves and aprons. The branch manager told us that they wanted staff to make sure they were washing their hands before providing care and before they leave the person's home in order to keep everyone safe from infection.

Is the service effective?

Our findings

One person said, "I always get the time I am supposed to". Another person said, "They all know what they are doing". The staff followed specific instructions to meet individual needs. One person said it is really important they have staff who are knowledgeable about epilepsy and what to do as they get no warning and just "drops". They said that staff member provided to support them definitely had this knowledge.

A relative said, "They certainly know what they are doing. They usually have the same person most of the time". Another said, "All the staff are very professional".

The branch manager told us that staff completed in house induction courses before starting. There was an induction process, which involved new starters being shadowed by more experienced staff until they were assessed as competent to work independently. We saw induction records within all the staff files we reviewed, which confirmed this. The records showed when each element of the induction programme had been completed by the new staff member, for example, the policies, employee handbook, and care plans. Staff told us that the induction and shadowing programme was very helpful, and allowed new staff to "Learn and grow on the job". The induction was based on Skills for Care, Care Certificate. These are an identified set of 15 standards that social care workers complete during their induction and adhere to in their daily working life. It is the minimum standards that should be covered as part of induction training of new staff.

Training records evidenced that staff had received training relevant to their roles. Some staff had obtained or were working towards a Diploma in Health and Social Care (formerly National Vocational Qualification (NVQ) level 2 or above. Diplomas are work based awards that are achieved through assessment and training. To achieve a diploma, candidates must prove that they have the ability (competence) to carry out their job to the required standard. Staff received training in a variety of topics, which included health and safety, fire safety, safeguarding and food hygiene. We reviewed the training record. This showed training, which included; fire prevention, infection control, moving & handling, lone worker, basic first aid and management of medicines. All staff were up to date with their training with refresher training planned. This showed that all staff had been trained to work towards expected standards of caring for people effectively.

Staff were supported through individual one to one supervision meetings and appraisals. This provided opportunities for staff to discuss their performance, development and training needs, which the branch manager monitored. Staff spoken with confirmed that they had been given regular opportunities to formerly meet with the branch manager to discuss their job role and development. Records reviewed showed that staff had supervision and appraisal a minimum of once a year, and spot checks on a more regular basis. The spot checks were conducted by the field care supervisor, who observed the staff providing care to the person in the person's home. The spot check covered areas such as punctuality, appearance and identification of the staff, correct use of personal protective equipment such as aprons and gloves, knowledge of the person's care plan, cleanliness and tidiness of work, correct methods of recording care provided, and completion of the care visit within the allocated time. The outcome of the spot check was documented in the staff member's staff file.

The supervision and appraisal sessions recorded a discussion between the branch manager and the staff member, which included feedback on the staff member's professional strengths and weaknesses, and any issues of concern with the staff member's performance. It was noted that staff members requested further training for development, such as training for new systems and Diploma level 3, but there was no record of this training being delivered. We fed this back to the branch manager at the end of the inspection. They told us they will review their processes immediately.

People told us staff asked their consent before performing any care or support tasks. The branch manager, management team and staff were aware of their responsibilities under the Mental Capacity Act (MCA) 2005. There was a planned MCA 2005 training course for staff on 24 October 2017. This was planned to provide further information on how staff can embed the MCA 2005 in practice. For example, how they applied it to their work such as through capacity assessments and offering choices. One member of staff said "If a client is unable to make a choice it's their family and professionals helping to make decisions in their best interests." Staff assumed that people had capacity in line with the MCA 2005. One person said, "Staff give me a sandwich or a microwave meal. I get a choice. They listen and ask what I want".

People's capacity to consent to care and support had been assessed and recorded within their care plans. A policy and procedure was in place to advise staff on any action they needed to take regarding a person's capacity. Records showed that these had been followed in relation to assessing people's capacity to make certain decisions. For example, people understanding prescribed medicines and consent to care and treatment.

Staff were matched to the people they were supporting as far as possible, so that they could relate well to each other. The provider introduced care staff to people, and explained how many staff were allocated to them. People got to know the same staff who would be supporting them. This allowed for consistency of staffing, and cover from staff that people knew in the event of staff leave or sickness.

People were supported at mealtimes to access food and drink of their choice. The support people received varied depending on people's individual circumstances. Care plans contained detailed information to educate staff of the support people required. Some people required support with preparing or heating meals and other people required support to eat their meals. When staff prepared meals for people, they consulted people's care plans and were aware of people's allergies, preferences and likes and dislikes. People were involved in decisions about what to eat and drink as staff offered options. The people we spoke with confirmed that staff ensured they had sufficient amounts to eat and drink.

People if required, were supported to maintain good health. Guidelines were in place to inform staff of the specific support the person required during their care visit and any equipment staff were required to use. For example, one person needed staff to remind them of their appointments which they did. Staff were available to support people to access health care appointments if needed and liaised with health and social care professionals involved in their care if their support needs changed. Staff told us the management team responded quickly when they had raised concerns about someone's health. For example, a member of staff told us they had called an ambulance for someone they were concerned about. Records showed that the staff worked closely with health professionals such as district nurses in regards to people's health needs. This included applying creams, recognising breathing difficulties, pain relief, catheter care and mental health concerns.

Is the service caring?

Our findings

One person said, "I am very happy with the staff". Another said, "They treat me with respect. I have a joke with them sometimes". Other comments included, "I am very happy with the care I receive", "The girls are lovely, very caring", "They are all very caring and very good to me" and "The staff are very caring indeed. I will give them 80 to 90%".

A relative said, "My [person] was treated with dignity and respect. Staff knew him and his care needs. Staff are very helpful". Another said, "They treat [person] with dignity and respect".

Staff were respectful of people's privacy and maintained their dignity. Staff described how they protected people's privacy and dignity. For example, closing doors and curtains and keeping as much of a person's body covered up whilst completing personal care tasks. Staff received training and guidance during their induction in relation to privacy and dignity.

Staff treated everyone with respect. They involved people in discussion about what they wanted to do and gave people time to think and made decisions. Staff knew about people's past histories, their life stories, their preferences and the things they liked and disliked. This enabled them to get to know people and help them more effectively. Staff ensured people's privacy was protected whilst they supported them with personal care, but ensured they were nearby to maintain the person's safety, for example if they were at risk of falls.

Staff understood the importance of promoting people's independence and this was reinforced in people's care plans. For example, one person's personalised mobility plan, it stated they required supervision at all times and that they used a walking stick at all times. The mobility plan went on to detail how important it was for the person not to be rushed and allowed to go at their own pace. Staff explained how they provided support to people whilst maintaining their independence. For example, a member of staff said "I always try and promote people's independence, one lady I support when she makes a cup of tea I hold the cup whilst she pours the water, to maintain her skills. One person we spoke with said, "They enable me to walk around my flat gently without rushing me".

Staff were able to talk about the people they supported and explained people's likes and dislikes. They gave examples of how people liked to have their personal care delivered in different ways such as, some people had certain routines and other people preferred a bath to a shower. Staff told us that they read people's care plans before they met people to ensure they had up to date information.

The agency had reliable procedures in place to keep people informed of any changes to their care plans. The branch manager told us that communication with people and their relatives, staff, health and social care professionals was a key for them in providing good care. The branch manager told us that people were involved in the review of their care packages, which might lead to changes in their care plan. People confirmed to us that if staff were running late, they do inform them. One person confirmed this and said, "If they are going to be late because someone else has taken ill and the carer is still with them and waiting for

an ambulance I do get a call".

Staff had a good understanding of the need to maintain confidentiality. People's information was treated confidentially. Personal records other than the ones available in people's homes were stored securely in the branch office. People's individual care records were stored in lockable cupboards in the office. Other documents were securely stored on the computer with passwords. Staff files and other records were securely locked in cabinets within the offices to ensure that they were only accessible to those authorised to view them.

Is the service responsive?

Our findings

At our last inspection on 12, 13, 14 and 15 September 2016, we identified a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider failed to ensure care plans reflect people's assessed needs, preferences and were up to date. We asked the provider to take action to meet the regulations.

The provider sent us an action plan on 26 September 2016 and continued to update this action plan weekly. The updated action plan was sent to us as part of this inspection evidence, which showed us planned changes, actions they had already taken and how they were now meeting the regulations.

One person said, "I have no complaints but if I did I would call the office". Another said, "We have no complaints at all. If I did, I would ring the office and let them know straight away, I would have no problem with that".

At this inspection, we found the provider had improved the service by ensuring that all care plans reflected people's assessed needs, preferences and were up to date.

An initial assessment was completed with people, their relative, the branch manager and external professionals before the service could commence. Referrals were made directly from the local authority but relatives could also make direct contact with the agency themselves. An initial holistic needs assessment and risk assessment were then completed at the initial assessment stage. These were detailed assessments which covered the person's needs including physical environment and recorded any identified hazards to both the person and staff. The assessments were then used to draw up a plan of care which took into account the current abilities and specific needs of the person for a variety of daily tasks, such as getting up, walking or personal care. The assessments determined the level of support required; for example whether the person was independent, or required minor or major support. The corresponding plan of care then detailed which resources or equipment were required to provide this support. The care plans were personalised and reflected the person's preferences. For example, one person who was living with dementia had a care plan which clearly documented their needs in terms of staff reminding them to take their medicines. Care records showed that staff provided this care. Another care record noted that although the person was unable to communicate verbally, they could choose their own clothes by tapping on their choice from a provided selection. Care plans for each person included an identified need, the actions required to meet that need and a planned outcome. There was evidence of regular reviews of care, which involved all the key stakeholders in a person's care, such as their doctor, social worker, relatives, as well as care staff from the agency and the person. The reviews discussed the suitability of the person's care package, and whether or not any changes were required.

Staff were informed about the people they supported as the care plans contained information about their backgrounds, family life, previous occupation, preferences, hobbies and interests. The plans included details of people's religious and cultural needs. The branch manager told us that they matched staff to people after considering the staff's skills and experience. Care plans detailed if one or two staff were

allocated to the person, and itemised each task in order, with people's exact requirements. This was particularly helpful for staff assisting new people, or for staff covering for others whilst on leave, when they knew the person less well than other people they supported, although they had been introduced. People were able to choose the staff that supported them which helped to ensure they were compatible in terms of interests, cultural, religious beliefs, age and sex.

Staff we spoke with knew people well and were able to describe how they met people's individual needs. A member of staff said, "My clients are different and have different needs. For example, one person likes their bath in a certain way, like washing their face themselves and I will do the rest". We saw occasions where staff supported people to access the community and assisted people to access healthcare appointments. We also noted that the agency referred matters to specialists when required. The branch manager said, "I regularly contact healthcare professionals when there are issues or concerned about people's health".

People had opportunities to provide feedback about the service they received. The agency's questionnaire/satisfaction survey responses received in 2017 supported what people told us. People had been asked to confirm their views about the agency by answering questions. They were asked 'Overall, how would you rate the service you receive from us?'. 31% rated the service excellent, 42% very good, 11% good, 11% fair and 3% poor. This demonstrated that majority of people receiving service/s from Allied Healthcare were happy with service provided. Action plan was developed to address areas that people were not happy with and we saw records that showed that these were being seen to by the branch manager.

People were given a copy of the agency's complaints procedure, which was included in the 'service users' guide. The information included contact details for the provider's head office, social services, local government ombudsman and the Care Quality Commission (CQC). People told us they would have no hesitation in contacting the branch manager if they had any concerns, or would speak to their staff. Staff were aware of the complaint procedure and one member of staff said, "If someone wanted to complain I would suggest they speak to the manager. If they are forgetful I would suggest they write things down so they don't forget what they want to say".

Records of complaints received were logged. The main themes of the complaints were continuity and timing of visits or staff lateness. Complaints were recorded onto the computer system and an action plan developed to address any shortfalls. This was then allocated to the most appropriate senior member of staff to investigate and resolve. Complaints records confirmed that complaints were investigated and responded to. People confirmed that their complaints were listened to and acted upon. The provider viewed concerns and complaints as a way of driving improvements in the service people received. The branch manager completed a monthly audit of any complaints that had been received. As a result of feedback which had been received following complaints, the provider had ensured that staff wore uniforms to work and this was further discussed with staff at team meetings.

Is the service well-led?

Our findings

At our last inspection on 12, 13, 14 and 15 September 2016, we identified a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to have systems and processes operated effectively to ensure compliance with requirements in a timely way. We asked the provider to take action to meet the regulations.

The provider sent us an action plan on 26 September 2016 and continued to update this action plan weekly. The updated action plan was sent to us as part of this inspection evidence, which showed us planned changes, actions they had already taken and how they were now meeting the regulations.

At this inspection, we found improvements in the audit systems and processes of the agency.

The provider had taken action to address the shortfalls identified at the previous inspection. The provider and branch manager told us that they recognised the importance of regularly monitoring the quality of the service provided to people. They showed us records of audits and spot checks including observations carried out in the workplace to make sure staff supported people in line with their care plans. These records were clear. Audits of call/visit times were carried out to ensure that people were getting the care and support they were assessed for. Visit log books were being audited in line with call times. Care plans and log books were now being audited regularly. This was being carried out quarterly by the branch manager. When shortfalls were identified, either through the audits or surveys these were addressed with staff and action taken. An example of this included people requesting for a service handbook. As a result the provider had ordered and sent out new handbooks with procedures that people can follow. The branch manager said that if they found any issues then they would talk with staff and offer extra training or guidance where necessary. Records and quality monitoring systems were improved. However, adequate actions had not been taken to resolve issues of late visits by staff that had been identified by the branch manager. We were informed that the management team had identified this and were working on travel times between visits.

Communication within the agency was facilitated through regular meetings. This provided a forum where staff shared information and reviewed events across the agency. Staff members told us that team meetings were held regularly, to ensure all staff were kept up to date with any changes at the service. We found that team meeting minutes for a meeting held in June 2017 were kept in each staff member's file, and covered discussion of appropriate uniforms for staff, how to encourage fluids and recording of this, as well as completion of log books used to record care provided. This showed that there had been a system of communication in place that provided for staff voices to be heard and promoted knowledge.

Our discussions with the provider and staff showed us that there was an open and positive culture that focused on people. The agency had a culture of fairness and staff were listened to and encouraged to share their ideas. A member of staff said, "I feel able to bring any concerns to the manager; I think they listen to us".

There was not a registered manager employed at the service. A registered manager is a person who has

registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. However, at the time of this inspection the service was being managed by the registered manager for their Maidstone branch who visited two to three times a week and undergoing registration for this branch with CQC when we inspected.

The management team included the branch manager, operations support manager and the care delivery director who supported the branch manager with the inspection. There were also the field care supervisor and the coordinators who supported the branch manager. The branch manager was familiar with their responsibilities and conditions of registration. The management team had managed the agency for a number of years and had concentrated on consolidating existing processes and bringing about a number of changes.

The aims and objectives of the agency were clearly set out in their statement of purpose. It stated, 'To be the choice for care that gives people the freedom to stay in their own homes'. We found that the organisational values had been discussed with staff, and reviewed to see that they remained the same and in practice.

There were a range of policies available at the agency, which were showed to us and provided guidance and support for staff. These included all aspects of care provision, as well as guidance for staff on how to support a person to be involved within their care. For example, there was a policy on mental capacity, which provided further information on presumption of capacity, and the procedure for assessment. The policy also included information on the best interests' decision making procedure. Staff told us that they found this very helpful, and it allowed them to ensure that people were at the centre of care planning and delivery. However, it was noted that the policies showed to us did not include specific detail on how they would be assessed, in terms of practice. For example, the medicines policy did not include information on how the medicines management at the agency would be audited and the frequency of the audit, to ensure staff are adhering to policy and procedure. Following the inspection, the provider sent us two documents namely 'Conduct Log Book & MAR Chart Audits and Manage MAR Charts, Log Books & Other Records'. These provided timescales regards the management of medicines.

There was a quality policy, but again this did not provide specific detail for staff. For example, the policy provided general information on review of complaints, accidents and incidents, but there was no specific information on how trends would be analysed or how resulting actions and learning points would be disseminated amongst all the staff. However, the branch manager carried out regular audits of the Medicines Administration records and complaints, incidents and accidents were analysed regularly. We discussed our findings with the management team who told us that they will be looking at developing local procedures to deal with our findings.

We recommend that the provider seeks guidance from a reputable source about detailed, robust policies and procedures.

The branch manager had a good understanding of their role and responsibilities in relation to notifying CQC about important events such as serious injuries, safeguarding concerns, deaths and if they were going to be absent from their role for longer than 28 days.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had clearly displayed their rating at the entrance to the agency office and on their website.

