

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Allied Healthcare - Derby

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services ✓ Met this standard

Care and welfare of people who use services ✓ Met this standard

Safeguarding people who use services from abuse ✓ Met this standard

Requirements relating to workers ✓ Met this standard

Assessing and monitoring the quality of service provision ✓ Met this standard

Complaints ✓ Met this standard

Details about this location

Registered Provider	Allied Healthcare Group Limited
Registered Manager	Mrs. Irene Freer
Overview of the service	Allied Healthcare – Derby provides care and support to people in their own homes. It is based in Pride Park, Derby.
Type of services	Community health care services - Nurses Agency only Domiciliary care service Supported living service
Regulated activities	Nursing care Personal care Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 3 January 2013, talked with people who use the service and talked with carers and / or family members. We talked with staff.

What people told us and what we found

We spoke with four people who use the service and relatives of two other people who use the service. We also spoke to five staff members.

We found that people's privacy, dignity and independence were respected. One person told us they are always treated with respect, and the staff members were so caring and patient.

We found people experienced care, treatment and support that met their needs and protected their rights. One person told us "I can't fault the agency. It's so well organised and the staff are so caring". We found peoples' care needs had been thoroughly assessed and care was delivered in a way that met peoples' needs and ensured their safety and welfare.

People who use the service were protected from the risk of abuse as staff members had a good understanding of safeguarding issues. We found that staff had received recent training in the safeguarding of vulnerable adults.

The provider had effective recruitment and selection processes in place. We found people were supported by suitably qualified, skilled and experienced staff.

We found systems were in place to obtain peoples' views about the care and service they receive. We found the provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service.

People using the service knew how to make a complaint. The provider kept a record of all complaints made and responded to complaints in a timely manner.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care. People's privacy, dignity and independence were respected.

Reasons for our judgement

We spoke with four people who use the service and relatives of two other people who use the service. They told us they were fully involved in discussions about their needs and care. We saw that the person using the service had signed their care plans. However, when this was not possible, a relative had signed on their behalf. This told us that people had been involved in the assessment of their needs and the planning of their care.

We looked at the care records of five people who used the service. We saw each person had an individual support plan which detailed the type of support they needed. For example, one person needed specific support with their personal hygiene needs. People told us they felt listened to and were able to express their views and raise any concerns with staff if they were unhappy. One relative told us they had specifically requested male staff members to provide care for their family member: the service was able to meet this request. We saw people's wishes had been recorded and were respected. One person told us "the staff are brilliant, they always know our needs." The staff members we spoke to were knowledgeable about person's needs.

People told us that their privacy, dignity and independence was respected. Staff members ensured people's independence was promoted and respect for dignity and privacy was always given. One person told us they are "always treated with respect, and the staff members were so caring and patient." This meant that people's independence, dignity and privacy were respected.

The manager confirmed ten staff members were registered as 'dignity champions', which involves promoting dignity issues and ensuring people are treated with respect.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We spoke with four people who use the service and relatives of two other people who use the service. People we spoke with said they found the service to be flexible and reliable as they usually received the support they needed at their preferred times. One person told us they always receive a telephone call from the service to tell them if a staff member is running late. People told us that on the occasions they have needed to contact the office staff for help and advice or to deal with any problems, staff have duly responded to issues raised.

People told us they were happy with the care and service they received. One person told us "the carers are always on time and polite. I am very happy with the agency." Another person told us "I can't fault the agency. It's so well organised and the staff are so caring." People told us they usually received consistent care from regular staff who knew their needs. One member of staff told us "I feel I make a real difference in peoples' lives."

A family member of one person told us a staff member had been "wonderful" when an emergency arose. The staff member had contacted the ambulance service and the family member, and waited with the person until the ambulance arrived. This told us that staff are able to deal with emergencies.

We looked at five peoples' care records. We saw peoples' preferred visit times were clearly set out. We saw detailed assessments relating to the person's needs which were regularly reviewed. The service's assessment of peoples' care needs matched the local authority's support plan. This told us peoples' care needs had been thoroughly assessed.

The care records gave instructions for care staff on the type of support the person required and how they should deliver this. Each person we spoke to told us they have a care folder at home which staff members regularly look at and write in. The information in the personal care record was regularly updated to meet the person's changing needs. The records showed that peoples' care and treatment was delivered in a way that met their needs and ensured their safety and welfare.

We saw a number of completed risk assessments, which included assessing the risk in relation to the person's nutrition, medication, continence, manual handling and home care. We saw the risk assessments were up to date. This meant that peoples' risks were

assessed.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We spoke to five staff members about the safeguarding of vulnerable adults. They each had a good understanding of safeguarding issues. They were able to explain the different types of abuse and the actions they would take if abuse was alleged or suspected. They said they felt able to report any concerns to senior staff, the person's care manager, the local authority and the police if necessary.

We looked at the provider's staff training records. We saw that all staff members had received training in the safeguarding of vulnerable adults in the past year. This meant that staff would be able to respond appropriately if abuse was suspected.

We saw the provider's staff handbook was dated October 2010 and was available to staff working at the service. This handbook contained some information about the provider's whistle blowing policy in which the provider's own 'in confidence helpline' was mentioned. The manager showed us the provider's whistle blowing policy, dated April 2011, which was available on the provider's intranet. The provider may wish to note that neither the staff handbook nor the whistle blowing policy mentioned the Care Quality Commission (CQC) or the whistle blowing helpline (provided by the Royal Mencap Society) which can be contacted by a person wishing to report concerns externally.

We saw the provider had an up to date safeguarding vulnerable adults policy, dated February 2012. This policy mentioned informing the Local Authority of any safeguarding issues. The provider may wish to note that the safeguarding vulnerable adults policy did not mention informing the CQC of any safeguarding incidents.

The manager confirmed there had been one safeguarding incident in the last year. We had been previously made aware of this incident by the provider. We saw evidence that a thorough investigation had taken place, in liaison with the local authority, and the matter had been resolved and concluded. This told us that the provider managed safeguarding incidents in line with agreed policies and procedures.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were supported by suitably qualified, skilled and experienced staff.

Reasons for our judgement

People we spoke with told us they were happy with the staff group and did not express any concerns about them.

There was a safe and robust up to date recruitment procedure in place that was followed by the service. We looked at the recruitment information in five staff files. We saw that each person had completed an application form giving a full employment history. We saw that staff had the relevant experience, skills and training for the job they had applied for. The staff files we saw contained completed health questionnaires. This meant the provider had checked that new staff members were physically and mentally able to carry out their job.

Each person had an interview and this was documented in their staff file. Two satisfactory references were obtained. A Criminal Record Bureau check had been completed prior to the person starting their employment in the service. We saw evidence of the person's identification in each file, including a recent photograph. This meant that staff had the necessary checks completed before they started their employment with the provider.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

Reasons for our judgement

We were told that the provider undertakes an annual national quality survey to each person using the service. This quality survey is not specific to people using the service in Derby. People using the service told us that they had previously completed this survey. We have asked the manager to send us the results of the Autumn 2012 survey when they become available. The manager showed us the results of the local authority's quarterly quality monitoring, dated August 2012. We saw that ten people had been contacted and, overall, the feedback received was positive and complimentary.

The provider undertakes care worker spot checks on an annual basis to find out peoples' views about the care they received. The provider also completes follow-up checks to find out peoples' views about the care provided by new staff members. We saw a number completed forms in peoples' care records which told us that these checks regularly took place. This meant that systems were in place to obtain peoples' views about the care and service they receive.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service. We saw a selection of risk assessments. These related to peoples' nutrition, medication, continence, manual handling and home care. The risk assessments were kept up to date and reviewed as the peoples' needs changed.

We saw the provider records all incidents on a computer system. The manager told us they check the system on a daily basis to review each incident. We were told that some incidents needed an investigation, after which an action plan is developed to ensure that lessons could be learned from the incident. This process is monitored by the head office. This meant that the provider had systems in place to monitor and learn from incidents.

The manager told us that staff meetings were held every three months. We saw the notes from the last three meetings. We saw the meetings were well attended and discussions covered a wide range of issues, for example, customer information, uniforms, the rota, feedback and timesheets. This told us that the provider had a system in place for regularly communicating issues with staff members.

We were shown the required records were kept relating to the maintenance of building. These included the fire alarm testing, fire escape and fire door checks, fire risk assessment, portable appliance testing, and Legionella risk assessments. The records we saw showed us all the necessary inspections and checks were recorded and up to date.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

We saw the provider's complaints policy, dated October 2011. This policy was up to date and included details about how to contact the CQC.

People using the service and their relatives told us they would always contact the provider's office if they had a complaint. If the complaint was not resolved, they would contact the Local Authority. The staff members we spoke to were aware of the complaints policy and who to contact in the event of a complaint. This meant that people were aware of the provider's complaints policy and how to make a complaint.

The provider records all complaints on a computer system. The manager told us they check the system on a daily basis. We saw that there had been two complaints made in the past year. Whilst one complaint was still being dealt with by the provider, we saw the second complaint had been investigated, resolved and concluded. This told us that the provider kept a record of all complaints made and responded to complaints in a timely manner.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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