

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

Allied Healthcare - Plymouth

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

Consent to care and treatment	✓ Met this standard
Cooperating with other providers	✓ Met this standard
Management of medicines	✓ Met this standard
Staffing	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Allied Healthcare Group Limited
Registered Manager	Mrs. Joanne Green
Overview of the service	The Plymouth branch of Allied Healthcare Ltd provides nursing care and personal care for people of all ages in their own home. This type of care can be from a minimum half an hour up to 24 hours a day.
Type of service	Domiciliary care service
Regulated activities	Nursing care Personal care Treatment of disease, disorder or injury

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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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 10 January 2013, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with staff.

What people told us and what we found

People told us they were "very satisfied" with the service provide by Allied Healthcare – Plymouth. They felt well informed and felt able to approach the agency if they had any questions or concerns.

We saw from care records we looked at that people had been asked if they agreed with their care plans and risk assessments. The care plans and risk assessments were detailed and directed staff in how to care and support people. We saw that the records were regularly reviewed and updated and were stored appropriately once removed from a persons own home.

The care records we looked at contained detailed information relating to medicines management. We saw there was a robust system of auditing medication records once they had been returned to the office. This meant that people could be assured that their medicines were being managed in a safe and appropriate way.

We were told there were enough staff to meet the current visits the agency had been asked to do. The registered manager told us they were recruiting more staff to meet increased demand for their services. We were told staff had a one week face to face induction before they were allowed to shadow experienced care workers or nurses for a period of time.

We saw there was ongoing training and robust systems in place to ensure the staff were able to carry out their role.

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

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

The people we spoke with told us they were "very satisfied" with the service provided. One person said they were "very happy" to approach the agency if they wanted to discuss their care plan and were fully aware and in agreement with their care plan and associated risk assessments.

In care records that we looked at we saw consent forms, signed by people who used the service or their representatives, regarding consent to share information written in the care records with other people. We saw the care records were signed by people who used the service or their representative to say they agreed to the care plans and risk assessments included in them.

We were told that if a person requested care or support from the agency, either privately or via social services (who would be responsible for carrying out a capacity assessment if required) they would be asked about their capacity to make decisions and to be involved in their care plan development. This information was then documented on the enquiry documentation.

We were told the clinical services team made sure a nurse assessed adults or children prior to a service being offered to them. This ensured the care plan and risk assessments were developed with the relevant people. We were told the care records were then reviewed three monthly or more often if required.

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

Reasons for our judgement

We were told that if more than one agency was involved in a persons care or they had a full time live in carer Allied Healthcare – Plymouth would negotiate who was the lead agency/person who would be responsible for certain aspects of communication with other outside agencies.

We were told that the times of visits to people sometimes meant liaising with the community nursing services to ensure that they fitted in with the person using the service and what the community nursing service had to do for the person.

The registered manager told us they sometimes encountered difficulties when the local hospitals did not always contact them on discharge, to inform them of any changes to a persons care needs since they had been in hospital She said this made the agency look disorganised if they then had to get different equipment in place once they were back at home for example. She added that social workers when carrying out a review of a person did not always ask them for information about a person they visited regularly and knew really well. The registered manager told us she was part of a local forum that met regularly with Plymouth City Council to discuss such issues and try to make improvements.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We saw there was a robust system in place to record either medication prompting, dispensing or administering whichever was relevant for that particular person who used the service.

The four care records we looked at included completed medication administration record (MAR) charts. They had all been audited and any issues that had been noted had been discussed with the relevant member of staff. The record of which member of staff had been seen and what was said and any required action to be taken was attached to the relevant MAR chart. We saw the care records included a form which was to be completed if medicines were returned to a pharmacy by a care worker. The form was signed by the receiving pharmacist.

The care records also included a list of all medications a person was prescribed including creams and support stockings. The records detailed if a person could take their own medicine, apply some or all of their own creams and who was responsible for reordering, collection and disposal of medicines. We also saw if a member of staff had received training specific to a prescribed item, such as application of support stockings, this was detailed in the care records. This showed the person who used the service the care workers were trained to help them with their specific needs. The records also included fact sheets about some of the medications in use.

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

The registered manager told us they had enough staff to make all the visits they were contracted to make. She added they were currently increasing their numbers of care workers to meet demand for their services. A number of interviews were taking place on the day of the inspection. We spoke with six people who used the service who all said the care workers were usually on time for their visits and stayed for the allocated amount of time. One person said of the care workers they "are spot on" and I am "very satisfied". Another said they are "brilliant" and "always phone if they are running late".

There were a team of administrative staff based in the office that answered the telephone, prepared rotas and dealt with the finances. The branch had a registered manager who was supported by other local branch managers and Allied Healthcare as an organisation. There was also a clinical services team who worked between several branches and carried out assessments and reviews of people who required nursing care. They also made sure that the nursing and care workers who worked with people who needed nursing care were up to date with their training and competencies. They provided three monthly supervision for their group of staff that included one to one meetings, group supervision or spot checks during the care workers rounds.

The registered manager told us that the way training was provided had recently changed to provide more face to face training in the branch office. There was an induction week ongoing for several new members of staff on the day of the inspection.

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

We saw that records were kept securely and could be located promptly when needed. We were told that the building was locked at night and had an alarm system in place.

We were told records were regularly sent to be archived and kept for the appropriate period of time in accordance with Allied healthcare policies and procedures.

Care plans are a tool used to inform and direct staff about people's health and social care needs. Care plans should involve people and/or their relatives and representatives, if necessary, to ensure the information written about a person is individual, reflective of current care needs and up to date. We looked at four care plans and found these were sufficiently detailed and directed and guided staff of the action they needed to take in order to meet people's assessed care needs

Risk assessments are a tool to identify any hazards and the action staff must take to reduce the risk from the hazard. They are used to reduce any identified risks while promoting the independence of people. We saw risk assessments were completed for people who used the service; they were up to date and had been regularly reviewed.

People who used the service who we spoke with told us that as soon as the "log book" in the house was completed it was collected by somebody from the office and a new one was left in its place. They added they knew it then "got checked" by people in the office to "make sure it was filled in properly".

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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