

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

Allied Healthcare - Leicester

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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
Care and welfare of people who use services	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard
Records	✓	Met this standard

Details about this location

Registered Provider	Allied Healthcare Group Limited
Overview of the service	Allied Healthcare Leicester provides care and support to people living in their own homes within the Leicester City and surrounding area. At the time of this inspection there were 18 people using the service and 20 staff employed. The provider confirmed that although Allied Healthcare Leicester was registered for the regulated activity of nursing care because of a lack of demand they were not currently providing this aspect of the service and did not employ and qualified nurses.
Type of services	Domiciliary care service Supported living service
Regulated activities	Nursing care Personal care

Contents

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'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
Our judgements for each standard inspected:	
Consent to care and treatment	6
Care and welfare of people who use services	8
Requirements relating to workers	10
Assessing and monitoring the quality of service provision	11
Records	13
About CQC Inspections	14
How we define our judgements	15
Glossary of terms we use in this report	17
Contact us	19

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 announced 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 4 December 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

During our inspection we visited the homes of two people who used the service. We also spoke by telephone with one other person who used the service and four relatives. We met with the manager and care supervisor and spoke with two other care staff. Although there was no registered manager there was a manager in post and they had recently commenced their registered manager application.

People who used the service, or their representatives, were asked to give their written consent to the arrangements in place for the delivery of their care and support.

People we spoke with confirmed that the service was delivered in a reliable way. One person told us, "My care is going very well. The staff are very good on time keeping." Another person said, "The staff are very nice, they come on time, I have no worries whatsoever."

A formal recruitment process was followed when new staff were appointed and relevant checks were carried out. Staff participated in a two week training programme prior to them starting in their new roles.

The provider carried out regular checks to help assure the quality of the service. They audited the information in care support diaries (which were used to record each staff visit and the support provided), checked medication administration records (MAR) and carried out unannounced spot checks on staff to monitor their performance and the quality of the service they provided.

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

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Service user contracts had been signed by each person who used the service, or their representative, when arrangements for the delivery of care were first made. The contract confirmed people were in agreement with receiving the service and gave permission for their personal information to be used in connection with the service they received. This showed that people who used the service, and their representatives, had consented to receiving support from Allied Healthcare Leicester.

When we spoke with people who used the service, or their representatives, they told us that they were involved in making decisions and giving their consent in relation to the arrangements for care and support. One person explained this to us. They told us, "One of the staff came and discussed the care plan with me, I was able to say what needed to be included and agree that all the arrangements were right." This showed that people's points of view and wishes were taken into account and their consent sought.

Although people had signed a service user contract when they first began receiving the service none of the subsequent care plans or reviews had been signed to confirm the person's agreement with the plans that were in place. This would have been a useful way of formally recording people's on-going consent with the arrangements that were in place to meet their needs.

Information had been collected and recorded in care plans to explain how people communicated, what their preferred spoken language was and if there were factors that needed to be taken into account when communicating with them. When we spoke with staff they were aware of people's individual communication styles and confirmed that the information about this in people's care plans was useful and up to date. Staff understood what approach to take to assist each person to make choices and express consent. During our inspection we observed a member of staff adopted and gentle and reassuring

approach as they provided a person with support at mealtimes. The member of staff offered the person options then waited for them to express their views and consent before proceeding.

Where people did not have the capacity to consent the provider acted in accordance with legal requirements. Staff had completed training in the Mental Capacity Act 2005 so that they had the skills and knowledge to support them when working with people who might be unable to give consent. If there were any concerns about whether people had sufficient capacity to make decisions then advice would be sought. The provider may wish to note that although it was clear from our discussions with staff that consideration was given to whether people had the mental capacity to make decisions about their care, this was not clearly recorded in people's care plan documents.

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

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. During our inspection we selected five sets of care plan documents to review. These included copies of the assessments that identified peoples' individual needs and explained how their care and support was to be delivered. These documents were up to date and reflected peoples' current circumstances because they had been reviewed at regular intervals. When we spoke with people who used the service, and relatives of these people, they told us that they received the support they needed and staff followed the routines outlined in the care plans. Staff referred to the care plan information when they arrived at each care call to check for any changes in the arrangements. This showed that all aspects of people's support had been assessed and the support they received met the needs that had been identified.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Care plans included detailed information about peoples' specific needs and routines. The documents reflected peoples' preferences, explained the things that were important to them and described how their care and support was to be delivered. Copies of care plans were kept in each person's home so that they, and staff who supported them, could refer to these at any time.

The people we spoke with confirmed that the service was delivered in a reliable way. People told us that staff arrived on time and stayed for the expected length of time. One person said, "My care is going very well. The staff are very good on time keeping." Another person confirmed this point of view when they told us, "The staff are very nice, they come on time, I have no worries whatsoever." People were supplied with copies of their weekly plan of care so that they could see which staff were due to visit and the time their visits were scheduled to take place. If there had been any changes to the timing of visit these were highlighted on the weekly plan. One of the people we met told us, "I know who is coming and when from the plan. There are some slight changes to times on some days, but it is only ten minutes difference and I don't mind."

Care staff completed daily logs and timesheets after each visit. The person they supported was invited to sign these documents, where able, which confirmed that the visit had taken

place and support had been provided.

The people we spoke with told us that they usually had the same regular staff to support them. This helped to ensure continuity and reliability of care for people who used the service. One person told us, "Most of the time I have a regular group of staff that come to help. It works well and we have got used to each other." The provider may find it useful to note that a small number of the people we spoke with told us that there had been some occasions when they felt staff had not received adequate information prior to the call nor had the opportunity to shadow the visit beforehand. Although people told us they understood this was sometimes unavoidable they felt there were occasions when this could have been better planned.

Risk assessments had been completed to consider whether there were any risks associated with providing a person's support. A generic risk assessment was used to determine whether there were any potential risks and, if any were highlighted, a more detailed risk assessment was completed for those specific issues. This helped to ensure that people who used the service, and the staff who supported them, were protected from risk.

There were arrangements in place to deal with foreseeable emergencies. Care plan documents contained up to date emergency contact information, including telephone and addressed for relatives and doctors. Summary care plan information was available on the provider's electronic record keeping system and gave an overview of peoples' needs and health issues. This meant that accurate up to date information was available should it be needed in any emergency situation.

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 cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

When we spoke with people who used the service they commented positively about the staff who supported them. One person told us, "The staff are brilliant, They are helpful and jolly – we enjoy them coming." Another person said, "We are very satisfied. All the staff are very kind to us and are very flexible if we need to change things."

There were effective recruitment and selection processes in place. We reviewed two sets of recruitment documents which confirmed that a formal process was followed when new staff were appointed. An application form was completed with details of employment history and experience, formal interviews were held with applicants asked about their experience, skills and knowledge and then a two week training programme was followed before employment was confirmed. Staff we spoke with told us that they had followed this formal process when applying for a post. One staff member told us, "The recruitment process was quite long, and the training I had when I started was very good – very detailed and thorough."

Appropriate checks were undertaken before staff began work. Applicants supplied reference details for three previous employers and one character reference. Written references were taken up and a criminal records check carried out, prior to a formal job offer being made. The staff we spoke with confirmed that they had commenced their employment only after these checks had been completed.

Staff sickness absence was monitored so that the provider could identify if there were any work related factors that impacted on staff sickness. There were policies in place to explain how any concerns about the performance or conduct of any member of staff would be addressed. This showed that there were arrangements in place to help ensure that staff remained fit and able to work in this setting.

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 to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who used the service and their representatives were asked for their views about their care and treatment and they were acted on. Care plan documents showed that the arrangements for people's care and support were reviewed on a regular basis and as part of this process people were asked for their comments on how well the service was meeting their needs. This helped to make sure that people's care and support was being delivered in a way that met their needs.

Surveys had been used to help capture people's views and comments about the quality of the service they received. These were administered by the provider's head office and sent to people at regular intervals. We saw that where individual surveys had highlighted issues or concerns these had been passed from head office to the Leicester branch office and action taken. This showed that there had been regular checks of satisfaction levels to help monitor the quality of the service people received. However, the provider may wish to note that there was no information available to show what these surveys reflected in relation to the overall quality of the service provided by Allied Healthcare Leicester.

The provider carried out regular checks to help ensure that the service was being delivered reliably. They made use of audits to check that the information in care support diaries (which were used to record each staff visit and the support provided) were returned to the office when complete. This process checked that these records had been completed to a consistent standard and that support delivered was in line with that specified in people's individual care plans. Similarly, medication administration records (MAR) were audited to ensure that the support people required with their medicines was given and recorded reliably. Unannounced spot check visits were used to monitor the performance of staff and check the quality of the service they provided. These checks took place at regular intervals and also gathered feedback from the person using the service to ascertain their views on the quality of the service they received. One of the staff members described how these spot checks worked. They told us, "I get spot checked regularly. I think it is helpful to get feedback and to know that all staff are consistent in the way they do things."

The provider took account of complaints and comments to improve the service. When

people first began to use the service they were given information about how to raise a complaint and how this would be handled. When we spoke with some of people who used the service, and relatives, they told us that if they had any concerns about the service they received they would raise these with staff. They felt confident that action would be taken. One person told us, "If I had a niggle then I would either speak to the staff who come here or I would ring the office, it would depend on the issue."

The provider had received a small number of complaints about the service over the last 12 months. These had been responded to in line with the provider's complaints policy. This showed that the concerns had been investigated and changes or improvements made, if required. When compliments and thanks were received these were noted and shared with staff involved in delivering the care to the people concerned. This demonstrated that feedback from people was used effectively to help improve the service.

Decisions about care and treatment were made by the appropriate staff at the appropriate level. There was a clear organisational structure in place to help the service run smoothly on a day to day basis. Senior staff completed assessments to determine people's individual care needs, assessments of any risks associated with the delivery of care and reviews of peoples' care plans. These staff had attended training to support them in this role. This meant that staff were clear about their individual responsibilities when making decisions about the care and support people received.

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

People's personal records including medical records were accurate and fit for purpose. We reviewed five sets of care plan documents during our inspection. We also looked at daily log records which showed that essential tasks had been completed to support the health and wellbeing of people who used the service. The information in the documents we reviewed was up to date and relevant to the service provided. Staff had participated in training about record keeping so that they were aware of their responsibilities in relation to making sure written records were legible, factual and up to date. Standards of record keeping were checked through regular audits.

Staff records and other records relevant to the management of the services were accurate and fit for purpose. We reviewed a selection of policy and procedure documents and found these were up to date and easy to follow. They provided staff with clear information on the processes that were to be followed. We also reviewed two sets of staff recruitment documents. Information in these folders was comprehensive and well organised.

Care plans and information relating to people's care and support was kept securely in the branch office and could be located promptly when needed. Copies of care plans were kept in people's own homes in clearly marked folders, so that the information could be located easily by staff and by people who used the service. This meant that documents were kept safe to help protect people's confidential information and the documents could be accessed promptly when needed.

Records were destroyed securely. There were arrangements in place to ensure that documents relating to a person who had used the service in the past, or a member of staff who had left, were disposed of securely. There were data protection and information policies in place which outlined the arrangements for security and storage of documents and explained the responsibilities staff had within this. The provider may wish to note that these policies did not explain how long different types of documents would be retained prior to disposal.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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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