Inspection Report

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

Allied Healthcare - Derby

1st Floor, 11 Melbourne Business Court,
Millenium Way, Pride Park, Derby, DE24 8LZ

Tel: 01332361700

Date of Inspections: 20 January 2014
17 January 2014

Date of Publication: February 2014

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

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

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'.

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 17 January 2014 and 20 January 2014, 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 carers and / or family members, talked with staff, reviewed information given to us by the provider and reviewed information sent to us by commissioners of services. We reviewed information sent to us by other authorities.

What people told us and what we found

We spoke with two people using the service and six relatives. People who spoke with us told us they found the care workers to be helpful. They told us they had regular care workers and sometimes had different care workers to cover sickness. They told us they liked having regular care workers as they knew what to do and how they preferred things to be done for them.

Most people told us they were happy with the service provided. One person told us they had requested a change of staff that supported them. One relative told us they found the office staff would alter the call time by up to 10 minutes of the time the care workers arrived. This was done without prior agreement and made it difficult to re arrange other appointments also scheduled for the day. The provider may find it useful to check with people when changes are being made to ensure the changes still meet people's preferred choices.

We saw there were systems in place to check medication so that they were given to people as directed. There were quality assurance systems in place to check and monitor the service people received.

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

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

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 told us when personal care was provided they were made to feel comfortable in the process. People told us they had a good rapport with the care workers who visited them. Family representatives who spoke with us explained how care workers demonstrated their skills when with their relative. For one relative this was by being happy and cheerful when giving care, for another it was by moving slowly and handling the person gently.

People told us care workers read the notes written about them. In this way they would know what to do for them. On a few occasions when their regular care worker was absent different care workers visited them. They found these care workers had to be reminded about the finer details of their preferences. In the care records we noted that people's care needs had been assessed and a plan for their care completed with them or a family representative signing the relevant documentation. One relative told us they were due a review soon although they had not yet been contacted about this. We saw in the meeting for staff dated 24 September 2013 this was being addressed. It was noted that many of the care plans were out of date with no reviews completed. We saw a board in the office to show x amount of care plans were being reviewed each month to respond to this.

Assessments were made around the person's ability to take or have assistance with medications. Other assessments included the person's level of mobility and of diet and nutrition as examples. For one younger person we found the assessments had been thoroughly completed. The family members had been fully involved in describing how they wanted the care needs of the young person to be met. We looked at four care records. We saw pre assessments were carried out before care was determined. The organisation's policy was to review care profiles for people usually around eight weeks. This involved making a telephone call to check on the person's response to care. We saw this was completed in the records seen. In this way people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

In each care plan we saw evidence of the person or a family member being involved. Life

histories were included to allow the care worker to get to know the person better. This was particularly important when the person's communication skills had been affected by their condition. We saw the care plans were clearly written providing instructions for a care worker to follow.

A contingency plan for was available for office staff to provide advice to care workers in the community. On call arrangements were in place every day of the week. A temporary manager was in daily charge of the service supported by seven other office staff. This was to ensure the delivery of the service would continue to support people receiving care. The registered manager was currently unavailable. We received information about the poor delivery of care to a person. The local authority became involved and the situation was addressed. Follow up action was taken appropriately by the provider. In this way we found there were arrangements in place to deal with foreseeable emergencies.

We spoke with the temporary manager about people's capacity. We saw an account of people's capacity and best interest decisions were informally recorded around people's needs thus promoting people's rights and choices relating to their day to day lifestyle, experiences and support requirements. We were told there was no one who needed a Deprivation of Liberty Safeguard. This is where a person is restricted of their freedom and considerations are made in their best interest.

Management of medicines ✓ Met this standard

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 looked at three people's medicine arrangements and found appropriate arrangements were in place in relation to the recording of medicine.

People using services or family representative told us they handled medicines and ensured medicines were kept safely. They told us they were responsible for the return of any unused medicines to ensure they were disposed of appropriately.

We saw the agency made checks to ensure medicines were safely administered. In September 2013 Derby City Council visited the service. They found the medication process to be of a good standard.

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

Reasons for our judgement

We looked at the records of four care workers. We found appropriate checks were undertaken before staff began work. As a provider they were aware that when staff who were no longer fit to work in health or social care they were referred to the appropriate statutory bodies. We found there were effective recruitment and selection processes in place.

We looked at four training records of care workers delivering care to the people whose records we looked at. We saw that they had received the company induction and had sufficient training to be able to meet their needs. There was evidence of specialist training being provided where required. In the case of the younger person information from this training was transferred in to the care plan and acted as a guide for the shared roles and responsibilities involving parents and the other agencies involved.

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.

We found efforts were being made to ensure there were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

Most people told us they were happy with the service provided. One person told us they had requested a change of staff that supported them. One relative told us they found the office staff would alter the call time by up to 10 minutes of the time the care workers arrived. This was done without prior agreement and made it difficult to re arrange other appointments also scheduled for the day. We examined the rota of four people who used the service. We found that where people received a number of different calls during their day, the number of care workers had been considered and wherever possible reduced. We received information of concern about the termination of a care contract. This was due to the length of time the person spent in hospital. When the person was discharged back to the community the agency had given the authorities very little time to arrange the new care arrangements. This could compromise the persons care arrangements as required. The provider may find it useful to check with people when changes are being made to ensure the changes still meet people's preferred choices.

We spoke with a member of staff from the Council Services Quality Brokerage Team. This team makes checks to ensure contracted out care to an agency is being provided as expected. They found the agency was not able to maintain the volume of work, there were management issues and internal invoicing issues. A voluntary suspension was requested and agreed by the agency. This was to not accept new clients during September 2013. By November 2013 the issues had been addressed and the voluntary suspension lifted. We also found Derbyshire County Council asked the agency to use the Derbyshire TRS (Telephone Recording System). This was used to record the visits made and length of time at the visit. They told us they would continue to monitor service delivery to ensure calls was being made. Information about calls being late were being monitored for improvement.

In the staff minutes dated 24 September 2013 we saw staff were reminded to address the issues of their own missing time sheets. Staff were advised about the voluntary suspension to new placements agreement in place as agreed by the agency with both Derby City and Derbyshire councils.

At our visit we saw a list of staff whose attendance was being checked. The office staff

would ring the care workers to check if they were where they were meant to be as per rota as part of their quality monitoring system. We saw checks were made of care workers working at people's homes and supervisions also took place.

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 a system to assess and monitor the quality of service that people received.

Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. Some people who spoke with us told us they had been asked to complete a survey about the care they received. We were shown this information and a report based on the findings of the survey had been written. The overall level of satisfaction was generally good.

The organisation had a management structure in place. When something was wrong, different managers responded as appropriate and the local office was advised. In this way decisions about care and treatment were made by the appropriate staff at the appropriate level.

We saw the agency had taken measures to respond to incidents. Investigations had taken place and appropriate changes were implemented. We saw a communication board was available in the office. Staff were using this to record changes during the day.

The provider took account of complaints and comments to improve the service. We saw the provider had a complaints system in place and they responded to complaints in accordance with their policy. We spoke with people who had needed to raise their concerns. They were mostly satisfied with two people needing to return to the agency for a further review of the service provided to them.

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.

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk