Inspection Report

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

Allied Healthcare Peterborough

20 Commerce Road, Lynchwood, Peterborough, PE2 6LR

Tel: 01733233484

Date of Inspection: 24 October 2013

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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
Management of medicines	✓ Met this standard
Assessing and monitoring the quality of service provision	✗ Action needed

Details about this location

Registered Provider	Allied Healthcare Group Limited
Registered Manager	Mrs. Denise Allen
Overview of the service	Allied Healthcare - Peterborough is a domiciliary care agency which provides care for people living in their home or supported living. The service also provides care for people with learning and physical disabilities and provides continuity of care.
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 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 24 October 2013, talked with people who use the service and talked with carers and / or family members. We talked with staff and reviewed information given to us by the provider.

What people told us and what we found

We reviewed seven people's care records. We saw that people were supported to provide agreement to their care where this was required. Staff training and understanding of people's capacity to provide a valid consent meant that people were only provided with care and support that they had agreed to.

Reviews of people's care plans and records evidenced to us that people's care was based upon their assessed needs. We saw that regular reviews had been completed and that this was based on the health risks that each person had. People we spoke with confirmed to us that staff always treated them with dignity and respect. People were supported with their independence but only where this was safe to do so.

Medicines administration records (MAR) that we looked at were found to have been mostly completed without error or omission. Staff training in medicines administration meant that people were safely support to take their prescribed medication.

The records we reviewed demonstrated to us that the provider regularly sought the views of people who use the service. We also saw where, following accidents or incidents that appropriate action had been taken to prevent any reoccurrence. However, audits completed by the provider for the recording of the safe administration of three out of seven people's medication were not effective. Gaps in people's medication records were not explained and incorrect codes used for recording medication administration were not identified.

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

What we have told the provider to do

We have asked the provider to send us a report by 05 December 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is

taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

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. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

We reviewed seven people's care records. We found that people had signed that they agreed to their care and support. We also saw that these consents were reviewed at least once every 12 months.

People we spoke with (by telephone) told us that staff always asked if it was 'alright' to provide personal care and support. One person said, "I know the staff so well now they know when I am happy for them to provide my support needs."

We asked staff what they would do if a person lacked the mental capacity to provide a valid consent to care and support that they provided. Staff we spoke with were able to describe the circumstances in which agreement to provide care and support was gained from a person who was living with dementia. Staff went on to tell us how people were also given time to consider their agreement. People were not rushed or forced into making a decision about their care. People were assured that they would only be provided with care and support where a valid consent had been obtained.

Our review of people's care records showed us that people had also provided agreement to the management of their medicines and use of personal information. We saw that there were procedures and processes in place that enabled a family member or representative to sign on behalf of a person who was not able to provide a verbal, implied or written consent to their care. People who required this were assured that they would only be provided with care where it was in their best interest.

We asked to see the provider's consent policy. We saw that this included information and

guidance for staff if the use of an advocacy service was required for people who required this support. People who use the service were provided with every opportunity and assistance in providing agreement to their care, including nursing care, if this was required.

Records we reviewed evidenced to us that staff who worked at the agency were provided with training and understanding of the Mental Capacity Act 2005 including that for people living with dementia. This would assist them in determining if people still had the capacity to provide consent and agreement before any care was provided.

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.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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 looked at seven peoples' plans of care. We saw that an initial care needs assessment had been completed and that this formed the foundation of people's care plans. Our review of people's care records also evidenced to us that people's care was based upon their assessed needs. These same records were found to contain sufficient information and guidance that would allow any member of qualified staff to provide their care.

People we spoke with said, "The provider visited me in my home and went through everything to do with my care and support very thoroughly indeed". The records for people who required complicated nursing care contained sufficient details. People were assured that their care records accurately reflected the care that had been provided.

Care records contained information on people's lives, their likes and dislikes and their aspirations to maintain a healthy and active lifestyle where this was possible. The provider sought to obtain as much information about people where this was possible and that the person agreed to this. This ensured that if a person developed health conditions such as dementia that information and guidance was provided to staff that enabled them to care and support the person in a way the person liked to be cared for.

One relative, whose partner was not able to talk with us, told us that they were thrilled with the rapport that the carers have developed with their partner. The same relative went on to tell us how well the care staff knew their partner's needs.

We looked at people's assessed health risks for things such as, but were not limited to, falls, moving and handling, allergies to food and pressure sore care. People were supported to maintain their independence. We also found that regular reviews of people's health risks had been completed based upon each person's level of risk.

Our review of people's care records evidenced to us that people's equality and diversity

was recorded. People's religious beliefs and values were respected. People's care and treatment was planned and delivered in a way that protected them from unlawful discrimination.

People we spoke with told us that if ever their carers were going to be late they were, in the majority of cases, informed of the reason for this and when staff were expected to arrive to provide their care. One person we spoke with told us that they had been informed the day before that their regular carer was off sick but that an alternative carer would be provided. The same person told us that they preferred a male carer and that this was always provided.

People's health care needs were assessed. We saw where people were supported to attend hospital appointments or to be visited by their chosen GP. People who required nursing care such as support with their skin and tissue viability were supported by the relevant healthcare professional. Staff we spoke with told us that district nurses liaised with them to ensure that the correct and safe care was provided to people, especially where a person had recently been discharged from hospital. People were safely supported with their healthcare needs.
The provider may wish to note that people's current care information was difficult to identify in the three clinical care plans we reviewed. This was due to the amount of historic records held within the care plan.

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

Appropriate arrangements were in place in relation to obtaining medicine. Appropriate arrangements were in place in relation to the recording of medicine.

Staff we spoke with told us that where a person was living with dementia that the medicines were kept locked in a secure location to prevent unsafe access. Medicines were kept safely.

We reviewed the provider's records for staff training in the safe administration of medicines. We found that staff were trained in the safe administration of medicines. Staff we spoke with told us what action they would take if someone had been accidentally given the wrong medication or that they suspected this. Medicines were safely administered.

We looked at seven people's care and medicines administration records (MAR). We found that there were gaps in three of these records where staff had not correctly identified why a person had not signed that they had administered all of a person's medication. Staff recorded in people's daily care records that they had administered people's medicines, although the MAR sheets we reviewed did not indicate that this was the case.

We saw that there was use of MAR codes which did not tally with those required by the provider's medicines administration policy. We asked staff what these codes meant. They told us that they thought that this was where a person had not been given or had refused their medication but were not able to positively tell us. The provider may wish to note that people's MAR records should be completed accurately and at each occasion a person's medicines are administered. Any additional codes used by staff should be clearly identified on people's MAR sheets. The provider informed us that they were aware of these issues and had already introduced action to ensure that staff's completion of people's MAR sheets was accurate. This was in the form of an escalating process where staff were offered further training and also where disciplinary action could be taken in extreme cases.

The provider delivered care and support for people living both within and outside the Peterborough area and used MAR forms according to the care commissioning body. The provider may wish to note that for some forms where blister pack medication was provided

that staff could only sign in one place. In some circumstances we saw that this was for more than seven different medicines. This did not allow any provision to record where a person refused one or more of their medicines. The provider told us that this was being looked into as part of their amalgamation of the two care providers at this location.

Assessing and monitoring the quality of service provision ✖ Action needed

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 not meeting this standard.

The provider had a system to regularly assess and monitor the quality of service that people receive. However, the provider did not always have an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

The provider did not always have an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

During our review of seven people's care records we found that audits and reviews of people's care and support plans had been completed. We saw where changes had been made as a result of these reviews. However, when we checked the provider's audit reports for the safe administration of people's medicines we found that gaps in three out of seven people's medicines administration and the use of inappropriate recording codes had not been identified. Staff who we spoke with could not positively identify these unauthorised codes. We could not be sure that the audits of people's medication records were effective. There is a risk that appropriate actions and preventative measures would not be reliably put in place to prevent this recurring.

We spoke with eight people (by telephone) the day after our inspection. All of these people confirmed to us that they had either been visited or contacted by the care provider after they started to use the service. This was to confirm that all their care and support needs were being met and that their care was of a good quality. People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. One person we spoke with said, "I honestly can't think of anything that they could do better. I am thrilled with everything".

We looked at the provider's electronic complaints recording and management system. We saw how complaints were recorded, action taken and also reviews which ensured the complainant was satisfied with the way their complaint had been handled. This evidenced to us that the provider took account of complaints and comments to improve the service.

The Care Quality Commission (CQC) has recently been made aware of an increase in the

number of missed calls for people requiring care provided by Allied Healthcare Peterborough. The provider has co-operated fully with the local safeguarding authority and the CQC in taking corrective action and putting plans in place to prevent this occurring in the future. The provider showed us their incident recording system which now collected information from the provider's other locations. The provider told us that, in future, missed calls would be more easily identified. There was evidence that learning from incidents / investigations took place and appropriate changes were implemented.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Nursing care Personal care Treatment of disease, disorder or injury	**Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010** **Assessing and monitoring the quality of service provision**
	How the regulation was not being met: Audits and reviews of people's prescribed and administered medication had not identified that people did not reliably receive their medication. These audits had also failed to identify omissions and errors on people's medicines administration records. We could not be sure that the audits of people's medication records were effective. Regulation 10 (1) (a) (b) (2) (c) (i)

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 05 December 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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