Inspection Report

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

Allied Healthcare - Plymouth

Metropolitan House, The Millfields, Stonehouse, Plymouth, PL1 3JB

Tel: 01752604555

Date of Inspection: 04 November 2013

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ 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. 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

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 4 November 2013, talked with people who use the service and talked with carers and / or family members. We talked with staff.

What people told us and what we found

We arranged our visit two days prior to the inspection to ensure arrangements could be made for us to talk with people and staff.

The wife of a person receiving care told us that "someone came out and told us what to expect, the services that were available and asked what we wanted. We are treated respectfully and my husband is encouraged to do as much as he can, they help him when needed".

Another person told us that the service was "very good indeed, they are lovely men and women I haven't had a grumble since I started with them. They are very nice people I look forward to seeing them. They treat me respectfully; they are very polite to me and listen to what I have to say. They have the time to do what needs to be done and know what I require".

We spoke with four care staff who had worked for the organisation from between eleven months and eight years. All staff told us they received safeguarding adults training and were able to tell us the possible signs of abuse and action to take if they suspected abuse.

Staff we spoke with told us that they felt well supported and received regular supervision and an annual appraisal. One member of staff told us that they had "access to training that was second to none".

The organisation had a comprehensive computer based information system that helped to ensure consistency of care and monitor quality. One person told us that they had "complained about a carer being late and this had not happened since".

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

More information about the provider

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

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

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We saw the service user guide that was given to people when they received a service from Allied Healthcare. The guide stated that "any decision or action that must be taken will be done with your full consultation". The guide also included details of useful contacts including the local advocacy service and how to make a complaint.

We looked at five care plans and saw reference to people's preferences and things that were important to them had been recorded. In one care plan it stated that it was important to "place a towel over my legs when using the commode for dignity". In another care plan we noted that it was the person's preference to have a daily shower and another person had identified that one of the outcomes they hoped to achieve was "independence and my privacy for some aspects of my support". We saw in another care plan that privacy and dignity was important to the person and this must be respected. This showed that the organisation identified what was important to people and appropriately recorded this.

We spoke with four care staff on the day of our visit and asked them how they ensured they maintained the dignity and respect of people they worked with and involved people in their care. One carer told us that they "acknowledged the disabilities that people had and their wishes on how they would like things done; keeping dignity when washing and dressing, using a towel to cover people to maintain dignity was important". They went on to say "the biggest part is getting to know people finding out how they like things done; getting to know their routines". Another carer told us a cleaner was usually at the house when they visited so they ensured that the door was closed when they were undertaking personal care tasks and that the curtains were pulled to prevent people from seeing into the room. They said they asked people what they would prefer to eat and what they would like to drink, what they wanted to wear and what make up they wanted. They said "it is about thinking about the choices you would want to make for yourself".

We spoke with another carer who told us that they always asked the person's consent

before doing any task. They said "I talk through what I am doing and keep people covered as much as possible. I let people do as much for themselves as they can, I do what they can't do; I promote their independence". This showed that staff were clear about the importance of treating people with respect and dignity and involving them in their care.

We spoke with four people, one close relative and undertook a home visit during our inspection. Everyone we spoke with told us that they had felt fully involved in making decisions about the care they received. One person told us that they had "no trouble, they are very, very good people. They treat me with respect and listen to what I have to say." Another person told us that "staff were very kind. They tried to adapt to what I wanted. Trying to find the best time for me to go to bed and involving me. I feel very much involved in my care". The wife of a person receiving care told us that "someone came out and told us what to expect, the services that were available and asked what we wanted. We are treated respectfully and my husband is encouraged to do as much as he can, they help him when needed". Another person told us that care was "developed with me. A lady from the office came and listened to me she took notes of what I wanted." This showed that the people we spoke with felt respected and fully involved in their care.

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

The five care folders we reviewed had comprehensive assessments, including risk assessments and detailed person centred care plans. These had all been reviewed recently. Previous care plans were also kept in the files.

We saw that risk assessment checklists, including environmental risks, had been completed. There were risk assessments that identified the hazard, who might be harmed, likelihood of causing harm, impact of that harm, the risk level and counter measures to be put in place. These assessments were signed, dated and review dates stated. Risk assessments covered a broad range of risk areas that included pressure sores, manual handling, medication and control of substances hazardous to health (COSHH). Care assessments included information about the person (including their preferred name) and details such as people important to the person, health conditions, communication, food and drink, activities and hobbies. There was also a section for end of life care that was completed if the person wanted to do so. Any advance decisions that had been made and details of anyone that had been appointed to act on the person's behalf were also recorded when appropriate.

Care plans included a timetable of visits, the care that would be given during each visit and the number of carers present. Care plans clearly noted the person's preferences, for example "I would like the carer to use the back door access". Guidance for staff was very detailed for example, please replace washing basket to original position" and in the communication section "please do not try to talk whilst (the person) is completing another activity, Allow space and time for conversing". In another care plan we saw reference to the person feeling tired at the end of the day and finding it more difficult to speak and it was noted they would often look to their spouse for support. Care plans included details of what was important to the person, what outcome they wanted from the care received and how they would know when the outcome had been achieved. In a safer handling plan in one folder we saw very detailed guidance for staff relating to transferring the person. The guidance clearly detailed what the person was able to do and how staff should help the person. The manager told us that care plans were reviewed at least annually or when a change in need was identified. In the files we looked at we saw that care plans had been reviewed after six months. This showed that care plans were person centred, clearly

stated people's wishes and preferences and were regularly reviewed.

Staff we spoke with told us that if they observed any changes or had any concerns about the person they wrote these in the dairy log (kept in the person's home) and also informed the branch office. When issues were raised a senior carer would visit the person to undertake a review of care. One carer told us "some people are quite isolated I try to engage them in conversation and look out for any underlying problems. If I have any concerns I write in the person's log and report back to the office". Another carer told us that if they had any concerns about the person they write this in the person's log and inform the office. The person's next of kin would be informed when appropriate and if there were immediate concerns the GP would be contacted. During our home visit we saw the person's diary log which was clearly written, dated, signed and up to date. The manager told us that any concerns communicated by telephone were logged on to the organisations computer information system.

We saw customer quality review forms that had been completed. These included questions about the care people had received for example punctuality of carers and if people had been treated with dignity and respect. Details of any changes required to the care plan were noted on this form. We were told by the manager that the review forms were completed by a senior carer if any changes in the person's health or well-being had been identified. This showed that there were processes in place to ensure changes in needs were identified, reported and action taken.

All of the people we spoke with said they were very pleased with the care they received and generally the same carers visited. One person said "my support is consistent unless a member of staff is on holiday, I sometimes get someone I don't know, overall I don't mind but it takes longer to explain to someone new". They went on to say "staff have got to know me they recognise my needs and the importance of consistency to me. Staff now come for an hour, the times have changed according to my needs. We have worked together to develop routines that make things easier and I can now have time for reading before I go to bed. They are very caring youngsters; they listen and see what they can do to help. They have been very flexible and very kind".

The wife of a gentleman support by Allied Healthcare told us that they were "really happy. There have been a few difficult moments with the care of my husband but Allied changed things around to help. We have staff that my husband gets on with; they have fitted us in and have been flexible and changed what was needed. We have had consistent staff as much as possible. We have tended to keep the same staff; we like to know who is coming through the door". They went on to say "they are only a phone call away; it is good to know they are on the end of the phone. They are professional and help me as well as my husband. We are both content".

Another person said "I am very pleased with the support, they are a great help to me. They have taken the anxiety from me and are giving me independence. I have not had one person coming in that I have had a complaint with. I am very lucky I have had a consistent team and the staff that are due to come turn up. Occasionally there is a telephone call to inform me of a change; if they are going to be late they always let me know."

Safeguarding people who use services from abuse ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We saw the care workers handbook that was given to all staff. The handbook had a section about safeguarding and noted that staff had a duty of care to report any concerns or incidents that occurred if they thought any adult or child was being abused or was at risk of being abused. The handbook included detailed guidance for staff about what to do if they had concerns that someone was being abused. The guidance also advised staff to follow up after twenty four hours of contacting the office and ask what had happened to the safeguarding referral. The handbook referred to professional boundaries and gave guidance to staff on not accepting or giving gifts and not being involved as a witness or named in a person's will. The service user guide that was given to people receiving services also included information about abuse and contacts of the local safeguarding team. This showed that the organisation had guidance in place for staff and people they supported regarding safeguarding adults.

We spoke with four care staff who had worked for the organisation from between eleven months and eight years. All of these staff told us they had received safeguarding adults training and were able to tell us the possible signs of abuse and action to take if they suspected abuse. They knew where to access the local safeguarding policy and had necessary contact numbers if they needed to report possible abuse.

Two members of staff told us that they had personal experience of making a safeguarding alert. One person told us they would "look for signs not normally there such as anxiousness, bruising, soiling and changes in behaviour". She went on to tell us that she had noticed that a person she was caring for became incontinent in bed and told her she did not want to wash. The carer explained that she had asked the person what was wrong and they had been able to tell her. She had not logged the information in the person's diary log as it was seen by family members but had contacted the office immediately. As a consequence a safeguarding referral had been made and action taken the same day to keep the person safe.

Another carer also told us that they would look for changes in the person's mood and possible physical signs. They went on to say that they had observed bruises on a person's

arm and the person had told them how this had happened. The carer had explained to the person that they had to report this but the person was reluctant to get anyone into trouble. The carer told us that she had explained that she had a duty of care and had to inform her manager of what had happened.

This showed that staff were aware of signs to look for that could indicate possible abuse and had the confidence to take appropriate action when they suspected abuse had occurred.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff we spoke with told us that they felt well supported and received regular supervision and an annual appraisal. They told us that in addition to mandatory training they had access to specialist training in areas such as epilepsy, management of percutaneous endoscopic gastrostomy (PEG) feeding tubes and caring for people who have had a tracheostomy. One member of staff told us that they had "access to training that was second to none". Another carer said that Allied Healthcare "was one of the better organisations for training with training being offered and staff encouraged to learn". The carers we spoke with told us that staff were encouraged to obtain a National Vocational Qualification (NVQ). The manager explained that approximately forty per cent of the staff team (approximately ninety staff) had an NVQ at level two. This showed that staff received mandatory training, had access to specialist training and were encouraged to undertake accredited training.

The manager told us that e-learning was used for training updates, an Allied Healthcare trainer facilitated the four day induction programme and the organisation had access to a clinical trainer who provided training in specialist areas. In addition to this local experts and other professional staff were involved in training. For example someone from the Parkinson's society has been scheduled to talk to staff working with people with Parkinson's disease and someone from the motor neurone disease society and a counsellor had been invited to talk to staff about motor neurone disease. We were also told that district nurses, occupational therapists and other specialist staff were involved in working with Allied Healthcare to develop safe processes for moving and handling people with complex needs. This showed that training was identified and provided to meet the needs of particular people.

New staff joining Allied Healthcare had a four day that covered a wide range of areas that included the organisations values, role of the carer, duty of care, personal development, communicating effectively and security and lone working. Core topics such as management of medicine, principles of safeguarding adults and preventing the spread of infection were updated on a three yearly basis. Moving and handling training was updated annually. Carers we spoke with told us that staff without previous experience of providing care would shadow experienced staff as part of their induction training. We looked at six

staff folders and saw certificates that confirmed attendance on induction training and completed work sheets and evidence of other training. We also saw written records of recent staff supervision and up to date appraisals.

Care staff we spoke with told us that spot checks were undertaken by senior carers to check how they were doing. We saw records of these checks in staff files and these had usually occurred on a six monthly basis. This showed that the organisation monitored the quality of care offered by care staff.

We were informed by the manager that staff had access to a corporate website that provided information about benefits, personal information, career opportunities, a staff forum, frequently asked questions, recruitment information and a support area that included such things as up to date policies and procedures. Staff also had access to counselling services if this was required.

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

We saw that the organisation had a comprehensive computer based information system that was used by each branch for the organisation and management of care arrangements. It was also used to audit a range of areas of care provision that included accidents, incidents, complaints and on-call contacts. Information about people supported by the organisation and staff employed was contained within the database. Various checks within the system ensured that all required information had to be completed before records could be closed. The system alerted when mandatory training was required, supervision and annual appraisals were due or the annual review of a person's care plan was required. If any staff training was out of date the system blocked the allocation of the member of staff to work with a person.

The system included rostering software that helped to ensure consistency of staff allocated to work with a person. If there were any reasons that a member of staff and the person to be supported were not compatible the system would prevent allocation of the carer to that person. When it had been necessary to allocate a different carer to work with the person this was easily identified and the reason for the "unusual visit" could be established. This enabled the manager to audit the consistency of care provided.

Accidents and incidents were recorded on a paper form and then entered into the computer system. The computer system allowed for filtering of information and reports could be generated that helped to identify trends or common themes. Any concerns identified by carers or safeguarding incidents were recorded in the same way. Aggregated reports allowed for specific details to be obtained about a particular person or incident. Complaints were also recorded in the system and emails were sent from head office to alert the branch team if any concerns had been raised. There were clear timescales for the organisation to respond to complaints.

The manager told us that if any issues were highlighted about the care for a particular person, perhaps as a result of a number of specific incidents or concerns raised by care staff, a meeting was arranged for the team working with that person to look at learning from the incidents, consider options for care and ensure consistency of care. This showed

that there were robust process in place to monitor care provided and action taken to learn from any concerns.

The manager told us that there were quarterly meetings that staff were expected to attend. A meeting was held in the morning and afternoon to make it easier for staff to be present. These meetings were used to discuss more general staff related issues, pick up on any areas of concern and give positive feedback. Staff were also reminded at these meetings to report any concerns that they had about care. One carer we spoke with told us that she had raised concerns about the quality of care she had seen. We spoke to the manager about this who informed us that this issue was being investigated. This showed that staff were aware of the importance of providing good quality care and that action was taken if concerns were raised.

One person we spoke with told us that they had some concerns when the organisation began working with them they told us "there was a time that someone didn't come, this was very distracting. I raised concerns and they responded to my concerns". Another person told us that they had "complained about a carer being late and this had not happened since". This showed that people felt able to comment on the care they received and action was taken by the organisation in response to this.

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

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