

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

Allied Healthcare Brent

1st Floor, Wembley Depot, Pendolino Way, Off
Blackmore Drive, Wembley, NW10 0RP

Tel: 02087331421

Date of Inspection: 30 December 2013

Date of Publication: January
2014

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
Safeguarding people who use services from abuse	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard
Complaints	✓	Met this standard

Details about this location

Registered Provider	Nestor Primecare Services Limited
Registered Manager	Mrs. Jenita Suranganie Jeffrie
Overview of the service	Allied Healthcare Brent is a domiciliary care agency that is registered to provide personal care to people in their own homes. Other services include providing people with assistance with their medication, housework and shopping.
Type of service	Domiciliary care service
Regulated activity	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
<hr/>	
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
<hr/>	
Our judgements for each standard inspected:	
Consent to care and treatment	6
Care and welfare of people who use services	7
Safeguarding people who use services from abuse	9
Requirements relating to workers	10
Assessing and monitoring the quality of service provision	11
Complaints	13
<hr/>	
About CQC Inspections	14
<hr/>	
How we define our judgements	15
<hr/>	
Glossary of terms we use in this report	17
<hr/>	
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 30 December 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

We used telephone interviews with people who used the service and their relatives, to gain their views about the service provided by Allied Healthcare Brent. We spoke with sixteen people who used the service, six care workers, a field care supervisor, a care co-ordinator and the registered manager.

People's needs were assessed and care was planned and delivered in line with their individual care plan. Appropriate arrangements were in place to ensure consent was requested from people. People told us they were happy with the care and support that they received, and confirmed that staff were skilled, approachable, trustworthy and reliable.

People confirmed that staff respected their privacy and understood their needs. People's views of the service included "I tell staff what help I need and they provide it," "The care workers are very good," "I am happy, I have no complaints."

People knew how to contact the agency and had received information about the service it provided.

There were effective recruitment and selection processes in place. Staff recruitment records contained the required documentation.

There were arrangements for quality assurance. Monitoring visits and spot checks had been carried out. People who used the service and/or their carers were asked for feedback about the service that they received. The service had a complaints procedure.

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

People who used the service told us that they were always asked for their consent prior to receiving any care or support, and their decision was respected. Staff confirmed that they always asked people for their consent prior to providing personal care. A care worker told us that they "always asked people about the care that they wanted and I ensure I get their consent."

People's records showed that they had signed a form that indicated that they consented to their care plan. People who used the service had also signed forms consenting to the electronic call monitoring (ECM) system that monitored the arrival and departure times of care workers and they had also consented to their records being viewed by us and the local authority.

Staff knew about the need to have a best interest meeting with healthcare professionals, main carers of the person who used the service and with others if the person lacked capacity to make a decision about their care. Staff told us that they would always report to the manager if they found a person's needs had changed and it was found that they were unable to make a decision with regards to consent. Staff told us and records showed that staff had completed training with regard to the Mental Capacity Act 2005.

People who used the service told us "I tell staff what help I need and they provide it," "They listen and do what I ask," and "I am always asked for my consent."

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 was delivered in line with their individual care plan. People who used the service and their relatives confirmed that staff were kind, listened to them and provided people with the care and the support that they needed in the way that they wanted. A relative of a person who used the service told us that the agency had been "very flexible," and had arranged for a regular care worker to provide the care and support that a person needed at 6am so that they could attend an early, regular hospital appointment. Other people commented "I was asked questions about the care that I wanted," "They listen," "I get the help that I need," and "They stay the right time and I get told if they are running late."

People and their relatives told us that they generally had a regular care worker so received consistency of care, which was important to them. A relative of a person who used the service said that the person who used the service became very anxious when they had a new care worker and took some time to get to know them. A person who used the service told us that they were informed "well in advance," if their regular care worker planned to take annual leave and had got to know the replacement care workers well. A relative of a person who used the service told us that they were provided with a weekly rota so they knew on a daily basis the name of the care worker who was coming to provide the care that the person needed.

People were very positive about the care workers who provided their care. Comments included "The care worker is very good, she knows what I need," "The care workers are very good," "They are excellent," "They are nice and polite and come on time," and "I am happy." Care workers told us that they enjoyed their job supporting and caring for people.

The ten care plans we looked at were personalised and included information about people's varied needs, including people's personal care needs. The care plans included guidance about how these needs were met by staff. Reviews of care had been carried out at regular intervals with people who used the service and their relatives. The records of these reviews indicated that the care needs of people had been met and people were not placed at risk of receiving care which was inappropriate or unsafe.

The care workers that we spoke with had an understanding of people's cultural and religious needs. They confirmed that they always read people's care plans and followed the recorded guidance about meeting people's needs. Care workers told us that they informed a care co-ordinator and the person's family when they found that a person's needs had changed. A field care supervisor told us that appropriate agencies including the local authority would be informed of any significant change in a person's needs.

Records showed that people's progress was monitored by staff. Risk assessments had been completed for a selection of areas including medication, falls, moving and handling and the home environment. These had been reviewed at regular intervals. This indicated risks had been identified and guidance put in place to make sure people were safe. The registered manager informed us that all staff had 24 hour access to a clinical team when they needed advice about clinical issues.

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

People who used the service told us that care staff treated them well. They felt safe and had no concerns or complaints. They knew how to contact the agency if they had a worry or a concern about the service. A person who used the service told us that they had no concerns and said that their care worker was "excellent, and the most lovely person that you could imagine." Another person told us "I have no complaints."

The agency had a safeguarding policy and a whistleblowing policy. Staff had access to a whistleblowing team, which they could contact at any time.

Care workers told us that they had received safeguarding adults training during their induction training and had received regular refresher safeguarding training. Records confirmed this. The manager told us that no children were currently receiving a service and she said that specific safeguarding training would be provided to care workers prior to them providing care and support to children.

Staff we spoke with could provide us with examples of what constituted abuse. They were aware of action to take when responding to allegations or incidents of abuse. They knew about reporting to the care co-ordinator and management staff. Most care workers knew that they could report allegations to the local authority safeguarding team and the Care Quality Commission. However, the provider might find it useful to note that some care workers needed to be prompted before they acknowledged that they could report allegations to the local authority safeguarding team.

The agency had notified us as required about safeguarding concerns. However, there was a delay in the reporting of one safeguarding referral to us. The registered manager told us that lessons had been learnt from this and that in future the Care Quality Commission would be notified promptly of all safeguarding concerns.

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 checked the recruitment files of six staff. We found that appropriate checks were undertaken before staff began work. These checks included two written references and a Criminal Record Bureau (CRB) or Disclosure and Barring Service (DBS) check. There were also identity checks, checks of entitlement to work in the UK where needed, application forms, and copies of relevant training certificates. Staff confirmed that they had attended an interview and checks had been carried out during their recruitment. This meant that the provider operated effective recruitment procedures in order to ensure that people using the service were cared and supported by suitably qualified, skilled and experienced staff.

People who used the service and their relatives told us that they were happy with the care workers and had no concerns about them or of other staff. Staff we spoke with were knowledgeable regarding their roles and responsibilities and the needs of people who used the service. Care workers informed us that they had received the training that they needed and received support from care co-ordinators and other senior agency staff, which helped them to care effectively for people who used the service.

Comments from people who used the service about the care workers included "They are very, very good," and "They are very kind."

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 relatives informed us that they were satisfied with the quality of care staff and services provided. Comments included "We are very happy," and "I am asked if I am happy with the service." The registered manager told us that she had an 'open door' policy and encouraged feedback about the service from staff and from others.

Records showed that a field care supervisor had visited people who used the service and carried out a 'Customer Quality Review'. During the 'quality review' they had reviewed the person's care needs and had asked questions to gain feedback about people's views of the service.

We saw the results of a satisfaction survey that covered the period from 8/6/12 to 17/10/13. The results included feedback from the organisation's other location based at the same address of Allied Healthcare Brent. The registered manager told us that the 2014 feedback survey will be collated separately for each location. An '8 week' survey had also been carried out that had obtained feedback from people who had received a service from the agency for 8 weeks. These surveys indicated that people were generally satisfied with the services provided. However, there were areas where improvements were needed. The registered manager told us about the improvements that she had put in place in response to the feedback from the survey. One improvement included supplying people on a weekly basis with details of the care worker or care workers who would be providing them with the care that they required. The registered manager informed us that she would complete an action plan in response to the feedback from the survey to ensure that further improvements to the service were carried out.

The registered manager told us that there were systems in place that ensured that the organisation monitors the service provided to people. We saw that an alert was raised electronically if a care worker had not 'logged in' when they visited a person who used the service. A member of the monitoring team would then call the person and the care worker and take action to ensure the person received their service.

There were systems in place to ensure that a central on call system managed alerts and responded to calls out of standard office hours. The registered manager told us that all the alerts and calls were reviewed every day by the agency's service delivery manager or by herself.

Internal annual audits of the service were carried out by senior staff within the organisation. The registered manager told us that these audits included checks of people's records, health and safety, and staff records.

We were informed by staff and records showed that field care supervisors had carried out visits including 'spot checks' to monitor the quality of the service provided to people. A field care supervisor told us that these 'spot checks' also monitored the competency of care staff to ensure that they carried out to a high standard what was agreed in the care plan of people who used the service. Care workers and people who used the service confirmed that spot checks had been carried out.

Care workers told us they visited the office and were in regular telephone contact with senior office staff who were responsive to their feedback.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

The agency had a complaints policy, which had been recently reviewed. The complaints policy was recorded in an information pack that was supplied to people who used the service when they commenced a service with the agency. The registered manager told us that in response to the survey feedback she had asked the field care supervisors when they first visited a person who used the service to explain to people the procedure for making a complaint.

People we spoke with were aware of how to make a complaint. One person told us about a complaint that they had made and confirmed that this had been responded to appropriately by the agency. Another person who used the service said that they had the contact number for the agency and if they had any concerns their "care worker helps them sort them out."

Care workers and other staff that we spoke with knew about the reporting and recording procedures they needed to follow in response to receiving a complaint.

Records showed that complaints were recorded and appropriate action taken in response to complaints. The organisation had a dedicated central customer service team that was automatically informed of each complaint as soon as it was recorded electronically. The customer service team then sends a letter to the complainant and monitors the action taken by the agency. Records showed that the customer service team agreed action taken by senior staff in response to complaints and had asked the service delivery manager to take further action when they considered that this was needed. The registered manager told us that complaints were monitored daily and she provided a weekly update about them to her line manager.

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@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
