

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

NPSL trading as Allied Healthcare Norwich

Suite 6b Cringleford Business Centre, Intwood
Road, Norwich, NR4 6AU

Tel: 01603675910

Date of Inspection: 13 August 2013

Date of Publication:
September 2013

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. Catherine Mary Louise Dobson
Overview of the service	Allied Healthcare Norwich is a branch of the Allied Healthcare group and provides domiciliary care and support.
Type of services	Community health care services - Nurses Agency only 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'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	7
Safeguarding people who use services from abuse	8
Supporting workers	9
Assessing and monitoring the quality of service provision	10
About CQC Inspections	12
How we define our judgements	13
Glossary of terms we use in this report	15
Contact us	17

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 13 August 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

People told us they were satisfied with the service they received from this domiciliary care agency. One person said, "The staff are brilliant." Another person told us, "I have the same group of staff, they are top class." We were told that people usually received a telephone call if staff were going to be late, but the majority of those we spoke with said that staff were on time and stayed for the agreed period.

People described how staff supported them with their care needs and told us they were treated with respect. One person said, "The staff are...very respectful..." People said they were able to express their choices and these were included in their care plan. People's needs were kept under regular review, with assessments being completed with people each month.

Staff were well trained about safeguarding people from abuse and processes were in place to report any concerns. Robust recruitment processes helped to further safeguard people. Staff were trained to provide the care that people needed to the appropriate standard.

Monitoring processes were in place to ensure people received the care they expected. A complaints procedure was available to people in the event they were dissatisfied with the service and people's views were obtained through quality assurance questionnaires, with action plans being developed where necessary.

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 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

People told us they were pleased with the service they received. People said that carers called at the times that had been agreed with them. One person said, "They 'phone to say if they are going to be late." People described the choices and options that were offered to them when planning their care package and which carers should provide it. One person spoke about being able to request a change of carer if they didn't get on with them.

Each of the people we spoke with described the staff as respectful. One person said, "They are definitely respectful." Someone else told us, "The staff are very friendly, very good and very respectful." We were told how one person's dignity was protected because they preferred to be supported by older carers and this had been arranged.

People who were able, or their representative, expressed their views and were involved in making decisions about the care and treatment received. Each of the people we spoke with confirmed they had a care plan and that they saw staff writing in them at every visit. Some people knew what their care plan contained and had made decisions about its contents. The people we spoke with who were representing the person were also able to confirm that they knew about the care plan and what it contained. People said that the care they received met their needs and was in line with what had been agreed. We were told, "The staff cope very well. All the carers, to me, they are perfect. They know what they are doing."

We spoke with staff who were visiting the agency office, either to drop off records or to attend a training event. They described how they offered people as much choice as possible when supporting them. They spoke about getting to know the people they visited so that they could build up trust. They also told us that they looked at the care plan on every visit to check for any changes and they also kept the care plan up to date and telephoned the office if they became aware of significant changes to the person's needs. Staff also described how they tried to encourage people to be as independent as possible when supporting them with their care needs so that the risk of dependency was reduced.

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 they had been involved in the writing of care plans. Other people said that they knew what was in the care plan but preferred to leave staff to write it on their behalf. People also told us that they received a visit each month from a Field Care Supervisor or a Service Delivery Manager, who went through their care plan with them and made sure they were satisfied with the service.

We spoke with people about the reliability of staff and how often staff were late or missed a call. Most of the people told us they were satisfied and that staff were mostly punctual. We were told that they usually received a telephone call if the carer was running late to let them know. One person was very satisfied with the service and spoke about how staff were always punctual. The staff we spoke with told us that they always rang the office if they were running late so that their next person could be advised. We were aware that there had been some confusion over the visit rota and the agency was working to improve this situation.

We looked at care plans in the office and were told that a duplicate copy was kept in the person's home. These showed us that care needs for people were reviewed every three months or more frequently if the person's needs changed. People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. The care plans gave good information to staff about people's individual needs and how they could be met. Care and treatment was planned and delivered in a way that ensured people's safety and welfare. We saw risk assessments in place that included the environment in which staff had to work. Risk reduction care plans were in place to minimise the risks to people and staff. Where specialist equipment was in use, risk assessments were completed and staff trained in its proper and safe use.

We received many comments about satisfaction with the delivery of care. For example, "I have the same group of staff and they are brilliant." Another person told us, "The staff are very well trained and they understand [person] needs." We were also told, "The staff treat me with respect, they are nice and helpful. They know what's in the care plan. They offer me plenty of choice and positive support."

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 looked at four staff files and saw that the provider had taken reasonable steps to ensure only appropriate applicants were employed to work with vulnerable people. We saw that there was proof of identity, a full work history and written references. Pre-employment checks with the Disclosure and Barring Service (previously the Criminal Records Bureau and Independent Safeguarding Authority) were obtained for all staff before they started work.

We looked at the service's safeguarding policy and procedure, which referred to support for the people who raise an alert to any abuse so that staff felt able to raise concerns. It also described the signs of abuse and was given to all staff as part of the staff handbook. We noted that the safeguarding policy did not contain the telephone contact list for staff to make a referral to the appropriate bodies. We were told that the telephone contact list for staff to make a referral to the appropriate bodies was displayed on the office notice board. We also looked at the vulnerable adult policy. We saw that robust procedures were in place in the event that staff carried out any financial transactions on behalf of the person.

We spoke with staff and they confirmed they had received training about caring for vulnerable people and safeguarding them from abuse. We looked at the training records kept in staff files and saw that they contained recent training certificates about safeguarding people from abuse. Staff demonstrated a good understanding of what they would do if they suspected someone was at risk of, or was being abused. They talked through the process they would follow, including if the concern was raised outside office hours.

People we spoke with said they felt safe and that they trusted staff.

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 told us they felt they were well supported and had access to relevant training that enabled them to fulfil their role.

Staff received appropriate professional development. We looked at four staff files and these contained a wide range of training certificates including training about new worker induction, lone working, safeguarding children and adults, infection control and medication. Training to support specific needs was also provided and included diabetes, epilepsy awareness and end of life care. This told us that staff received training that ensured they could support people effectively. Staff were able, from time to time, to obtain further relevant qualifications. Staff told us they had been able to study for a National Vocational Qualification in social care and one member of staff said they hoped to be able to start the course soon.

We saw evidence within their files that staff were periodically assessed to ensure they were providing care to a good standard and this was fully recorded. We also saw that supervision and appraisal was taking place regularly so that staff had an opportunity to discuss their work and plan their further development. Staff confirmed that they received supervision regularly and that they found the process helpful. They also said that there were staff meetings every three months and minutes were provided to staff for reference.

People told us that they felt the staff were well trained and competent. One person said, "Staff definitely know what they are doing and seem well trained."

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, their representatives and staff were asked for their views about the care and treatment provided and these views were acted upon. People described how they were consulted about their package of care and support and this was kept under review. They told us that they received the care and support they needed and that had been agreed. We saw that there was a process for keeping all packages of care under review. Password protected electronic diaries were used so that staff were alerted when a review became due. Early reviews took place when staff alerted the office to changes affecting the person that might require a change to the care and support they received.

The provider took account of complaints and comments to improve the service. We were told that quality questionnaires were sent to people by the organisation's head office to seek the views of people. A report summary was sent to the manager on a monthly basis, detailing the branches overall quality assurance score against Key Performance Indicators, so that an improvement plan could be developed. Some of the people we spoke with confirmed they had received a questionnaire and a number of them had completed and returned it to the head office.

People said they knew how to complain if they were dissatisfied with the service although most people could not remember where their copy of the complaints procedure was. One person who had complained in the past told us that, "In the past they were not listening to me but it is better now." Another person said, "I'm very happy with the service, I have no complaints." During our visit to the office, we were told about how a review of practice was taking place because concerns about missed and late calls had been received.

We looked at the organisation's complaints procedure, which was clearly displayed on the office noticeboard in the reception area. The procedure included details about how to escalate the complaint if the person was dissatisfied with the response. We were told that a copy of the complaints procedure was given to all service users within the client information pack. All expressions of concern or dissatisfaction were recorded within the person's electronic diary where update information was also recorded. Where appropriate, development plans were put in place so that concerns were thoroughly addressed. Where

necessary, the complainant would be visited so that their concerns could be discussed in full.

All monitoring of accidents and other incidents were completed by the manager in order to assess what had caused the accident and what steps, if any, needed to be taken to reduce the risk that the accident may occur again. All accidents and incidents were logged immediately on to the companies electronic incident and accident monitoring system and the root cause and learning outcomes were identified and the appropriate action taken immediately.

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.
