

Nestor Primecare Services Limited Allied Healthcare Greater Manchester

Inspection report

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Ratings

Overall rating for this service	Requires Improvement	●
Is the service safe?	Good	●
Is the service effective?	Requires Improvement	●
Is the service caring?	Good	●
Is the service responsive?	Requires Improvement	●
Is the service well-led?	Requires Improvement	●

Summary of findings

Overall summary

This inspection took place over several days in July 2016. The initial unannounced visit to the branch office took place on 12 July 2016, and was followed by a second visit on 15 July 2016 to feedback our findings. We made phone calls to people using the service, on 12 and 13 July and also visited people at their home over both those days.

At a previous inspection in October 2015 we had found that the service was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in a number of areas and placed the service into special measures. The service had an overall rating of Inadequate. Part of this inspection was to check sufficient improvement had been made.

Allied Healthcare Greater Manchester is a domiciliary care agency which provides support for people in their own homes. At the time of this visit Allied Healthcare Greater Manchester had contracts with local authorities in two areas: Trafford and Tameside and provided support to 98 people. 50 staff were employed as homecare assistants (or 'carers'). In addition, there were service delivery managers, care quality supervisors, a co-ordinator, an administrator and a newly appointed branch manager carrying out the office and management functions.

The former registered manager had left in May 2015. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Allied Healthcare had appointed a branch manager in March 2016. They told us they had only been at the branch since July 2016 as they also had responsibilities at other branches within the company. We discussed with them the importance of ensuring there was a manager present within the branch. The person who was applying to become the registered manager was not present during the inspection as they were on leave. The branch manager was available throughout the inspection to answer any questions which arose.

At the inspection in October 2015 we found people had problems at weekends or when their regular carers were on holiday. The Inspector noted, 'Times of visits could be erratic and people were not always told when carers would be late. Agency staff were frequently used due to staff shortages.' At the inspection in July 2016 we found improvements had been made and people who used the service confirmed this when we spoke with them.

At the inspection in October 2015 we found, 'Safeguarding incidents had not been reported to CQC over the last six months and this was a breach of the regulation relating to reporting such incidents.' At the inspection in July 2016 we found improvements had been made which included the introduction of an 'early warning system'. This was a system whereby staff immediately informed the office of any change in a person's circumstance or care need which may require immediate action. This was a good way of keeping

people safe.

In October 2015 we also found a breach of the regulation relating to ensuring the proper recording of medicines. This had also improved at the inspection in July 2016.

People using the service and their relatives told us the service had improved significantly since the inspection in 2015 and they were complementary about all the staff and the management of the service.

Care planning was good and we saw regular reviews were planned or taking place. People who used the service told us they were happy with the level of care they received and would complain if they needed to. There was a system for recording complaints in the office which was reviewed weekly.

At the last inspection we found the service was inadequate in relation to leadership and management. This was because, 'There had been a succession of short term managers since the registered manager left in May 2015'. At this inspection we found the provider had restructured the management team which staff told us was better. People who used the service also told us they were happier with the managers. However because the restructure had only just occurred we found people were not clear about who the registered manager actually was. We spoke with the branch manager who explained they were in the process of informing the relevant people. As the service was in breach of the regulation in relation to leadership and management at the last inspection, which had had a significant impact across all areas of service delivery, and because the new management structure has not yet bedded in we will monitor this closely via notifications and check progress at the next inspection.

At the last inspection we found, 'There had been a severe shortage of office staff, which had led to many of the problems.' At the inspection in July 2016 we found the office had been restructured and there were clear lines of accountability and responsibility for all the staff based there. People who used the service knew who to contact if they needed to.

We found enough improvement had been made to take the service out of special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People we spoke with who used the service told us they felt safe. They told us they trusted the staff who supported them and the management at the service.

New safeguarding procedures had been introduced which were designed to keep people safe.

There was enough staff to support people at the times they wanted.

Good 

Is the service effective?

Requires Improvement 

The service was not always effective.

Training for staff was planned and there was a clear programme for staff training to take place over the next few months.

Due to the management restructure supervisions and spot checks were now taking place but this had not yet been fully embedded.

Staff had not previously been supported in their work but knew about changes which had occurred which they said meant things had improved. These changes had not yet been fully embedded and will be checked at the next inspection.

Is the service caring?

Good 

The service was caring.

People who used the service were happy with the improvements made by the service and were satisfied with their carers.

Staff spoke positively about the service and were clear about their commitment to provide good person centred care.

People told us that they felt involved in their care and felt in control. They told us they were more informed about their care.

Is the service responsive?

The service was not always responsive.

Care plans were good and written in a person centred way. Reviews had been done for some people though not everyone at the time of inspection. Some people told us they were not involved in their review.

There was a system for recording and responding to complaints. People told us their complaints had been listened to and action had been taken.

Requires Improvement

Is the service well-led?

The service was not always well led.

A Branch Manager had been appointed and the management team within the office had been restructured. However there was no registered manager and the service had been managed by a series of short term managers for over 12 months.

Although improvements had been made more time was needed to ensure the new management and ethos of the service becomes embedded across all areas of service delivery.

Requires Improvement

Allied Healthcare Greater Manchester

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. We also followed up on the findings of the previous inspection in October 2015 where we found breaches. The provider had sent us a weekly action plan which we wanted to make sure was being implemented.

This inspection took place over several days in July 2016. The initial unannounced visit to the branch office took place on 12 July 2016, and was followed by a second visit on 15 July 2016 to feedback our findings. We made phone calls to people using the service, on 12 and 13 July and also visited people at home over both those days.

The inspection team consisted of five adult social care inspectors. Two visited the branch to look at records and go through the action plans sent in by the provider about the improvements they said they had made since the last inspection and two visited people at home. An expert by experience made the phone calls to people using the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. This expert had experience of using care services to provide care for relatives. Two adult social care Inspectors contacted staff after the inspection to ascertain their feedback about improvements the service said they had made.

Before the inspection we reviewed all the information we held about the service. This included a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We also reviewed notifications submitted by the service, local authorities and questionnaires and information we had received from members of the public and relatives of people using the service.

We contacted the commissioning officers in the local authorities which commissioned services from Allied Healthcare Greater Manchester.

During the inspection we talked with 16 people over the telephone and three people and/or their relatives face to face in their homes. We looked at nine care plans in detail both in people's homes and in the office.

We talked with office staff in the branch office, including the branch manager, a service delivery manager, a care delivery manager and the administrator. During our visits to people's homes and after the inspection we spoke with 12 members of staff.

We reviewed records about training, and complaints, and we looked at policies on safeguarding, whistleblowing, and complaints.

Is the service safe?

Our findings

At the last inspection in October 2015 we found improvement was needed in this area because there was a breach in regulation relating to staffing. We had found examples where people had gone without support over weekends because there wasn't enough staff and there were a high number of missed calls.

We checked to see what improvements had been made.

We spoke with 14 people who used the service and some of their relatives. We asked them about missed calls and whether they had the same regular staff. They told us, "There used to be missed calls but not had one for about 6 months now. Things are so much better." And "When it was agency things go wrong. There's much less agency now. We get regular care staff and they are great."

All the people we spoke with told us they were happy with the staff and they were no longer worried about missed calls. One person told us, "We now have a small number of staff who come to see [Name]. This is so important because it allows [Name] to feel more comfortable, especially around personal care, when she gets to know staff she feels relaxed. If they are running late they always ring to tell us. Things have improved dramatically in the last 6 months."

Staff told us, "I don't rush people. In the past have had to cover a lot of calls". Another said, "Scheduling has improved significantly" and, "We did have a high turnover of staff which was difficult but things are much better now. We have time to support people properly. The scheduling is much better which takes into account where I live and any travel time."

At the last inspection the provider supported approximately 300 people across Manchester, Stockport, Tameside and Trafford. At the inspection in July 2016 the branch manager explained that this had now reduced to approximately 100 people as they no longer supported people funded by Manchester City Council.

We asked people using the service both over the phone and in person whether they felt safe when the staff were visiting. All of them confirmed that they did. We found the necessary improvements had been made in relation to staffing.

The administrator explained that electronic call monitoring was due to begin for all staff in the next week. This is a system whereby the staff member uses the person's phone to call an automated freephone number when they arrive and when they leave. It should enable the office to identify if a member of staff has not arrived, and coordinate a replacement. We were unable to ascertain its effectiveness as it had not rolled out across all service areas at the time of the inspection. We will check this at the next inspection.

At the inspection in October 2015 we found the provider was in breach of the regulation relating to incident reporting. The inspector noted, 'The office staff told us that they regularly reported safeguarding incidents to the local authority, but not to the CQC. For six months no incidents or allegations of abuse had been

reported to us.'

Since the inspection in October the provider had notified the commission of any incidents which had occurred in line with the requirements of their registration. They had also introduced an 'early warning system' (EWS) which was a tool they said was designed to help staff, "Spot early deterioration or changes to customers and is an important element in the safeguarding of customers."

Staff we spoke with were able to give examples of how this had been utilised to protect people's safety. Examples given were one occasion where there had been no food in the house. The member of staff phoned the office and reported it. This led to the office being able to respond quickly to ensure the person got food and a led to a change in the support plan to ensure the person was kept safe. Another member of staff told us that they noticed a change in one person's skin condition whilst delivering personal care. They then, "Triggered the EWS" and the office responded by calling the GP to check on the person. We found this was a good tool for staff to escalate, record and report changes in care needs and was designed to keep people safe

We did not look at the staff recruitment records during this visit. This was because at the inspection in October we found all the required checks had been made to ensure that people were suitable to work with vulnerable people. We will check this again at the next inspection.

At the last inspection in October 2015 we looked at how medicine was managed across the service and found there had been a failure to provide medication administration records (MAR) which was a breach of medicine management regulations. At the inspection in July we looked at what records were kept in relations to people's medicine and how this was managed and monitored. We visited people in their own home and asked if they were happy with the support they got in relation to their medicine.

People told us, "Yes they give my medication to me and they give it correctly. My new patches came today and one was missing, so the carer went to the chemist and sorted this out.", "Yes it's done properly I couldn't have better" and "They write in the book, give it to me with water and on time."

The branch manager explained that everybody requiring support with medicine would have a MAR chart in place to ensure a complete record could be kept to ensure medicine was managed and monitored. We saw MAR charts were in place for the people we visited who were supported with their medicine. We checked the MAR charts and saw that they had been completed accurately and were up to date.

We observed good practice in relation to the wearing of aprons and changing gloves in between tasks. People who used the service told us, "Once a week I have a shower and they use gloves and aprons." And "They have gloves and aprons, staff use them most of time." This helped ensure people were protected from the risk of infection.

Is the service effective?

Our findings

At the last inspection in October 2015 we found people had confidence in their regular staff but were, 'unhappy with the management.'

People we spoke with and family members at the Inspection in July 2016 again confirmed they were satisfied with the effectiveness of the staff. Comments included, "They know their jobs very well, I don't interfere with them." And, "The staff are so vigilant, they will always tell us if [relative] is not herself, and we then make the relevant appointments. And "Staff involve me, they ask my permission and ask me if it's ok before they do anything."

At the last inspection in October 2015 we found there was a breach of regulation in relation to training. This was because not all staff had received the training they needed and the inspector found, 'an absence of spot checks and supervisions during a period of six months.' At the inspection in July 2016 we found improvements had been made. This included a restructure of the office staff and clearer lines of accountability and responsibility. We saw evidence of spot checks being done regularly by the care co-ordinators along with supervisions and team meetings. However due to the fact that the office had recently restructured some of the staff we spoke with did not know who to report to as the new structure had not yet bedded in. One member of staff couldn't remember the management structure. Another member of staff said, "Two seniors come out and do spot checks, I have seen them quite a lot on the round. This is now done on a regular basis and staff get feedback. Its' much better."

However the management team were new and they, along with some of the systems - including supervisions and spot checks, had not yet fully embedded into the organisation. We will check progress at the next inspection.

People we spoke with who used the service told us they felt confident staff were trained and knew what they were doing. Staff told us they had access to a wide range of training and records we saw confirmed this.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). However following the Supreme Court decision in 2014 the accommodation settings in which a person might be deemed to be deprived of their liberty include 'domestic settings.' We therefore checked whether the service was working within the principles of the MCA.

We saw people had consented to the care received. People told us they felt involved and staff asked before

carrying out any tasks. Comments included, "Staff involve me in decisions and support me to access healthcare if I need it. Last week they got the doctor out because I had a bad chest."

We asked people who used the service whether they thought staff provided appropriate support when a healthcare professional was required. Comments included, "Yes I had a bad fall a couple of days ago and one of the carers was here and they rang an ambulance. I refused to go into the ambulance and so the carer called the doctor. I am happy with how the carer dealt with this." And, "A few months ago I had to go into hospital. The carer said they were going to call the doctor out for my own safety, I agreed to this, they never do anything without asking me"

People who received support at mealtimes were generally happy with the support they had and the time they had it. However one person told us, "Sometimes I get my breakfast at 10.30 then my dinner at 12. Bedtime call should be 9.30pm. Sometimes they are early, 8.10pm."

Staff we spoke with understood the importance of time critical calls. Time critical calls are for people who need support with medicine/food at a regular time each day. If this is not planned properly people would be at risk of receiving support which was not effective.

Overall we found improvements had been made in this area but some of these improvements had not had time to bed in. We will check this again at the next inspection.

Is the service caring?

Our findings

At the last inspection in October 2015 we found a breach in relation to safeguarding. This was because there had been a number of occasions where safeguarding's had been raised and substantiated.

At the inspection in July 2016 we asked people whether they felt Allied Healthcare Greater Manchester cared for them. They told us, "In the past, we had two carers who were horrible. They didn't treat my mum well. I heard them whilst I was upstairs. They made me feel uncomfortable in my own home. One had her arms folded when I was speaking to her. I phoned the office and they haven't been back since. The care has improved and we don't have these issues anymore." And "Extremely caring, we have a good set of staff here now. [Staff] are gentle with [relative]. [Relative] doesn't like having her personal care carried out. But the staff talk her through this and make her feel at ease." And "I have two fantastic carers. I have a great rapport with them. They know how to help me."

Since the last inspection there had not been any further safeguarding's. All the people we spoke with and their families spoke highly of the staff and some knew about the changes in the management structure. Some told us about the improved communication between them and the office staff and confirmed they had been informed about the changes which were happening within the service. They told us, "There have been massive improvements; [name] and her staff deserve an awful lot of credit for the changes. We were close to leaving Allied but we stuck it out and I am happy we did."

People told us that their regular carers respected their dignity when they were supporting their personal care needs and tried to encourage them to be as independent as possible. They told us, "I am a very independent person, they respect that. I wash my own hair and they encourage me to do things for myself. That's important to me."

One person told us about their experiences with previous staff which had made them feel upset. They told us that staff that came were not able to communicate in the way they would have preferred which meant they couldn't really have a conversation. They said they had felt lonely because they had complained but felt nobody had listened. They then went on to tell us that this had now changed and different carers were providing support which had made a difference to them. They told us they now felt listened to. We found this was a good example of how the management of the service promoted the sense of well-being for this person which led to this person feeling respected and valued.

We carried out observations when we visited people in their homes and saw care being delivered sensitively and with dignity. Staff spoke to people respectfully and it was clear they had a good rapport with the people they supported and as noted at the last inspection we 'observed genuine affection between staff and residents'.

Staff we spoke with told us they were able to offer better support as the care plans were now well documented. This meant that they knew how to support people in the way they wanted and how long the support was for. They also told us that for calls which were taking a bit longer more time was added on. This

meant people received the correct level of care and support and there was little or no pressure on staff to try and 'cram in' calls. They told us they would, "Never leave a client until they were absolutely sure all was well." This was a good example of how the staff approach took into account the wellbeing of each person and ensured the level of care and support they received was appropriate.

Is the service responsive?

Our findings

At the last inspection in October 2015 we found a breach in relation to the delivery of person centred care. This was because care plans were out of date.

At the inspection in July 2016 we looked at the care plans for nine of the people receiving support from Allied Healthcare Greater Manchester. We found the care plans contained detailed personal information on how each person liked to be supported with their current care needs. We saw evidence in people's homes that care plans had been reviewed. We asked five people who used the service and/or their relatives if they had been involved in care planning. Comments included, "Yes a lady came down and spoke to me. She was asking about how my care was going, I can't remember her name." And, "Yes, there is a care plan and a lady comes round to review it." Other people when asked said, "I don't think so, I can't really remember, I am not sure", and "I have not been involved no, I don't think my husband has either." This meant that some people were not as involved as others in their care planning or review although we could see evidence that improvements had been made. We will check the progress of this at the next inspection.

We saw assessments were done by a member of the management team and support plans implemented as a result. For example one person had been assessed as high risk of falls so a moving and handling assessment had been done. We saw the results of the risk assessment had informed the basis of the support plan which meant staff supporting this person would know how much support they needed.

At the last inspection in October 2015 we found there were a high percentage of complaints which had not been dealt with appropriately or at all. We looked to see what improvements had been made and spoke to a number of people who used the service and their relatives about it.

Allied Healthcare Greater Manchester used a computer based system called CIAMS to record and monitor complaints. This stood for "complaints, incidents and accidents management system". We saw there was one complaint logged for missed care for the period 01/06/2016 – 12/07/2016. We found an analysis had taken place as to why this had occurred and where the responsibility lay. We could see that the service used the data contained within CIAMS to drive improvement.

People who used the service told us, "If you asked me 12 months ago if I was happy with the way things were dealt with I would have said no, but in the last 6 months the changes have been amazing. [Name] has worked wonders turning this service around, we are so pleased we stuck with it and didn't leave to find a new provider." And "I complained, as there were not enough regular staff. They listened to me and gave me the ones I wanted. It's definitely got better especially when you ring Allied up they seem to bend over backward to sort things out"

Another person told us, "I have made in excess of 23 complaints. This was a while ago, when the service was terrible. Staff were not turning up, the staff we did have were rude. I didn't feel back then they took my complaints seriously. In the end I even contacted CQC because I was not getting anywhere. But since [service delivery manager] has come on board 6 months ago the service has changed for the better. I have

made one complaint in the last 2 months concerning a member of staff who I felt was rude, [service delivery manager] addressed the complaint and has ensured the girl has never returned here. I am happy now that they will deal with complaints professionally and appropriately."

We saw the views of people about the care they received were regularly sought during spot checks. We found this was a good way of ensuring people's complaints or concerns were listened to and responded to quickly and efficiently. For example one person had said that they would like the same person to come all the time. The response to them was that this was not always possible although the service would endeavour to do so. This meant the service was managing people's expectations in a realistic way and the response from the person using the service was a positive one.

Is the service well-led?

Our findings

At the last inspection in October 2015 we found that the lack of management, leadership and governance within the service had led to significant failings across all areas of the service which had impacted on the people receiving support and the service being placed into special measures.

After the inspection in October 2015 Allied Healthcare Greater Manchester sent to the Commission a weekly action plan outlining the improvements they had or had planned to make.

During the inspection in July 2016 we spent time speaking with people who use the service, their families and staff to ascertain whether these improvements had been made.

The weekly action plan sent to the commission outlined a number of changes including a management restructure, introduction of new policies and procedures including the early warning system and a more structured and comprehensive supervision and support plan for staff. As some of the changes had only just been implemented we were unable to ascertain on whether they were effective or not but we could see there was an acceptance of the mistakes made and a willingness to improve the service based on lessons learned. We will check progress on this at the next inspection.

People who used the service and their families told us things had improved significantly. Comments included, "About six months ago they had bad managers. The new manager is doing well and we are getting better quality care." And, referring to the service delivery manager, "She came not long ago, for an audit, she's smashing. For me it's managed very well" and "It's working well because they have new management."

We asked people if they knew who the manager was. The person they said was the manager was in fact a service delivery manager. People who used the service were not clear about who the registered manager was or was going to be. The branch manager had told us that the operational support manager would become the registered manager when they returned from leave. A registered manager is a person who has registered with the Care Quality Commission to manage the service. We spoke at length with the branch manager about the need for the person who would become the registered manager to be present in the branch in order to ensure the service continued to be managed appropriately. The branch manager told us that part of their role was to manage the Greater Manchester branch along with two other branches within the company. We were unable to speak with the person who was to become the registered manager but were assured by the newly appointed branch manager that the service was moving in the right direction.

We found that more work was needed to ensure the new management structure was rolled out to all staff and to the people who used the service so they understood it. We will check the impact the new structure has had on the delivery and management of the service and report it at the next inspection.

In relation to the management of the service staff told us, "They are good, supportive and reassuring. The new manager [service delivery manager] is whipping everybody into shape." And "It's really good now. We

get the rotas well in advance, before it was on a day to day basis which really impacted on our personal life. We also have involvement in people's care planning and are listened to if things are not right."

We asked staff if they liked working for Allied healthcare Greater Manchester. They told us, "Yes I like the company now because of the positive changes. I stuck with it because of the clients. I have a very good rapport my clients, professional but I'm friendly. I treat them how I would like to be treated - with respect and with dignity. The management team are very supportive now and address any issues raised. It's a good place to work".

Another member of staff told us, "I feel so proud, I have been here through all the changes and I now trust the team. People are safe and receive good care. We are all working together now, it's great."

We found the office to be well organised with a calm relaxed and friendly atmosphere. All the staff in the office were new in post although some had worked for the company in other roles. We observed positive interactions between team members and a respect for each other's role and the positive contribution they thought they could make.

We saw a number of positive initiatives designed to motivate staff. These included a "carer of the month award" and "the great big giveaway." This was described as, "a reward for our wonderful carers for the fantastic work they do, one winner will be picked at random to win an amazing astounding great big prize." This was outlined in a newsletter dated July 2016. The newsletter also contained information and updates for staff including call monitoring, staff training, recruitment and safeguarding and was a good way of ensuring staff received information about things they needed to know about.

At the inspection in July 2016 we found significant improvements in relation to leadership and management of Allied Healthcare Greater Manchester. We will continue to monitor the effectiveness through notifications we receive and check the sustainability of the improvements already made at the next inspection.