

Allcare Nurses Agency Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Allcare Nurses Agency Limited is a domiciliary care service providing personal care to adults and children. At the time of the inspection they were supporting 28 people with personal care. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

Right Support: Model of Care and setting that maximises people's choice, control and independence

People told us they felt safe and staff knew what to do if abuse was suspected. Staff had received safeguarding training. Risks were assessed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Care records identified that people's capacity had been considered. People and relatives told us they had agreed to their care.

People told us they had been involved in peoples assessments and professionals were positive about the care the service provided. Activities were being supported to most people. Some people told us more consistency with visits would increase access to activities. Care records were in place and records of daily care provided was completed. People told us they had been involved in the development and reviews of care plans.

Right Care: Care is person-centred and promotes people's dignity, privacy and human rights

We made a recommendation in relation to recording of medicines. Some people said that there was sufficient staff in place.

People's individual care needs were met and they were treated with dignity. People were positive about their care. The nominated individual told us about the actions they had taken as a result of the concern raised by one person. Staff told us they felt people received good care.

The service worked in partnership with professionals to achieve good outcomes for people. Guidance, policies and information was available to support continuous learning and improvements.

Right Culture: The ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives.

Training, supervisions, spot checks and competencies had been completed. Most people told us they were confident in the skills of the staff. The deputy manager and nominated individual confirmed the actions they had taken to monitor, support and provide extra training for a staff member. We received mostly positive feedback about the service. Policy and guidance was available to deal with complaints. People's views were sought and team meetings were undertaken.

People were positive about the management and the staff team. The nominated individual told us they had commenced the recruitment process for a new manager.

Audits had been completed but they required more detail to demonstrate what had been reviewed and the actions taken as a result. The audits did not always identify the findings we found at this inspection. The nominated individual provided evidence of more detailed audits and the actions they were taking to ensure they were more robust.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 5 February 2020).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended the provider consulted best practice guidance in relation to the training and support offered to staff, and that the service considered best practice guidance on the management of complaints. During this inspection we found some improvements had been made however we made recommendation in relation to medicines management and the operation and oversight of the service.

Why we inspected

This inspection was prompted by a review of the information we held about this service and to follow up from the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Allcare Nurses Agency Limited on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have made recommendations in relation to medicines management and the operation and oversight of the service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Allcare Nurses Agency Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

An inspector and an Expert by Experience undertook the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. The nominated individual and deputy manager were undertaking management duties. The nominated individual told us they had commenced the recruitment process for a new manager.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider would be in the office to support the inspection.

Inspection activity started on 3 May 2023 and ended on 15 May 2023. We visited the location's office on 3 May 2023.

What we did before the inspection

Prior to the inspection we looked at the information we held about the service. This included feedback and notifications which the provider is required to send to us. We also sought feedback from professionals who had experience of the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with 4 people who used the service and 7 family members. We obtained feedback from 9 professionals. Twelve staff members provided feedback. This was either face to face, on the telephone or via email. These included, 9 support staff, 1 office administrator, the deputy manager and the nominated individual who took overall responsibility. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We looked at the care records for 4 people who were in receipt of care. We also checked staff files, training records and documentation in relation to the operation and oversight of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were mostly managed safely.
- Medicine administration records had been completed. However, improvements were required.
- Not all medicines had been signed for on the MAR (medication administration record). Where gaps were noted, daily diary records confirmed medicines had been given. There was no coding in place to enable staff to record accurately the reasons why medicines were not given. MAR charts had been developed by the office. We saw they had not been signed by 2 staff to ensure they were in line with prescribed medicines. The management team told us they had introduced two staff checking the MAR prior to them going into people's care file.

We recommend the provider seeks nationally recognised guidance to ensure records were detailed and in place and take action to update their practice accordingly.

- The nominated individual told us they had re-introduced the previous MAR record as this was more detailed and included all of the relevant information required. They also confirmed their plans to ensure all staff had new competency checks and 1:1 training.
- One person told us they were happy with how staff supported them to take their medicines safely. They told us, "Yes I know what medicines I take; they do observe me and check it out on my MARS sheet."
- Care plans detailed medicines for a person including an easy read flow chart to guide staff on the administration for a specific medicine. The nominated individual confirmed they would ensure care plans included information about what the medicine was for.
- Training records confirmed training had been undertaken. Competency checks had been completed on staff administering medicines. There was a robust policy in place, including specific guidance to support people living with a learning disability.

Staffing and recruitment

- Staff were recruited safely. Staffing numbers were sufficient.
- Some people and relatives told us there was enough staff to deliver their care. One said, "We have the same carers (support staff). This now helps with consistency but they are training new people for back up if needed." However, others told us, "They have not been consistent with their visits. When they are here, they are fantastic. We would like more consistency." The nominated individual told us how they managed visits when they were cancelled or moved.
- Duty rotas were completed on the electronic system for visit allocations. There was a colour coding

system which identified to office staff when visits were completed, late or not undertaken.

- Staff told us they had been recruited safely and some said there was enough staff for the service. They said, "I don't know how many staff there are but shifts are usually covered", "I am unsure if there is enough staff for the amount of packages the company has taken on" and, "Yes. Allcare Nurses Agency employs enough staff." However, one staff member told us, "Unfortunately I feel like there is not enough (Staff)."
- Recruitment was ongoing. The nominated individual told us they were currently recruiting for a new manager. Staff files confirmed most checks had been undertaken to ensure they had been recruited safely. One person's file had no record to confirm their previous employment had been discussed, and a risk assessment had been completed. This was rectified immediately.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People told us they felt safe with the service. Comments included, "Yes, I'm included, and I do feel safe" and, "I feel safe with the company."
- Staff told us they felt people were safe and knew what to do if they had any concerns. They told us, "The service users (people who used the service) are safe. I am not worried about anything" and, "People are safe, I have done safeguarding training. I would report to line manager if I had any concerns."
- Staff had undertaken safeguarding training for children and adults, and policies and guidance was available for staff to follow if abuse was suspected. Guidance about how to raise a safeguarding was discussed in team meetings.
- Safeguarding referrals were made and the actions to be taken to protect people.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The service had developed systems which ensured risks were assessed and managed safely. Lessons learned records were seen.
- Risk assessments in relation individual and environmental risks were in place.
- No incidents or accidents had occurred, an accident book was available, if required. A lessons learned file was in place. The nominated individual told us they would develop the records to ensure they contained more detail about the incidents and the actions taken, including how these would be shared with the staff team. This would help to reduce any future risks.

Preventing and controlling infection

- We were assured that PPE was available for the staff team.
- The provider's infection prevention and control policy was up to date.
- Evidence of training, policies and guidance was noted.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection the provider had failed to ensure they followed the principles of the MCA in regards to consent and capacity. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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 MCA 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were protected from unlawful restrictions and consent had been considered.
- People and relatives told us they were asked permission by staff. Comments included, "They always ask [for my consent]."
- Staff confirmed they asked permission from people before undertaking any activity. They said, "Always, I ask before I sit and make sure I ask on each and every thing I do. Consent is important, I make sure my patient (person) feels comfortable and happy before I do an activity" and, "I ask for clients' (person's) consent before doing any care."
- Policy and procedures were in place to support and guide staff. Training records confirmed staff had undertaken relevant training. The nominated individual confirmed further learning was planned to ensure all staff had an understanding of MCA and DoLS.
- Care records confirmed people's capacity had been considered. No one was in receipt of care had a DoLS

in place or any applications with the Court of Protection.

Staff support: induction, training, skills and experience

At our last inspection we recommended the provider consulted best practice guidance in relation to the training and support offered to staff. The provider had made improvements.

- People were supported by a skilled staff team. People and relatives told us they were happy with the care they received. They said, "[Support staff] know [person] and how to look after them" and, "They seem well trained, we have a laugh." One person told us a staff member was not appropriately trained to undertake the care for a person. The nominated individual told us they had acted on the concern and further training had been provided.
- Professionals told us they were confident in the skills of the staff team and the service had responded in ensuring all staff had received training to support people's specific needs. They said, "They have been keen to develop their staff team and have embraced any training I was able to provide so they can support my patient [person who used the service] fully" and, "Arrangements are now in place for more stringent training with Allcare (Nurses Agency)."
- Staff told us they had undertaken relevant training and supervisions had been provided. They told us, "When I started with Allcare, I completed various courses online (for example: infection control and autism awareness) as well as PEG feed (through a tube), first aid and epilepsy training" and, "I can request any training, they will provide it if it meets the needs of the service."
- The training matrix confirmed staff had undertaken a wide range of training and, supervision had been completed.
- Where new staff had commenced in role inductions had been completed. The service had developed a monitoring record for regular, 'check ins' with new staff. A system had been developed to ensure these were undertaken regularly. Spot checks and competency records were seen.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's individual needs had been assessed and their choices were considered. People told us assessments had been undertaken and they had been included in them. They said, "They (The service) discussed changes in care", "The manager came to do an assessment recently" and, "Care plan was done with All Care and myself."
- Other care professionals were involved in the care packages provided to people.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink a balanced diet. Care plans had details in relation to food and fluids and people's individual needs, where relevant.
- People told us staff supported them with their food and fluids. One person said, "They (support staff) give me choices and make what I want."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were provided with appropriate support for their individual health needs.
- We received positive feedback from a range of professionals. They told us, "[Name of professional] have developed a very good relationship with Allcare which goes from strength to strength", "I have found Allcare to be very professional. They really listen to the service user and take on board any concerns they may have and action them appropriately."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity;

- People were supported and their individual needs were considered.
- Most people and relatives were happy with the care provided. They told us, "I am happy with the care, it is absolutely brilliant. There was a couple of hiccups, but it was sorted" and, "I would recommend (Allcare nursing agency), I'm treated with courtesy and dignity. They try always to support me and accommodate my needs." The management team told us how about the actions they had taken to address a concern about the care for one person.
- Professionals were very complementary about the care provided to people. Comments included, "I would highly recommend Allcare" and, "Allcare really understand the concept of personalisation and matching of Pa's (Staff). Communication is excellent and any queries (are) answered straight away, (and) any issues resolved promptly."
- Staff were confident that people received good care and their individual needs were considered. They said, "The care given is excellent", "I think the clients feel cared about" and, "I believe client's feel cared for. I think people are consulted sufficiently regarding their care."
- Care plans contained information about how to support people's needs.

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- People's privacy, dignity and independence was respected. People were involved in decisions about their care.
- People and relatives told us, "Dignity oh yes, 100% everything is done right", "They are lovely, and give really good care. [Person] is treated with dignity and respect", "Oh yes, they definitely treat me with dignity and respect" and, "They will ask if I need help in making anything, so being helpful but (supporting) me in keeping as much independence as possible, as I`m included in everything."
- A professional told us about how the service promoted people's independence and choice. They said, "Their approach in matching young people with carers and endeavoring to provide consistent carers. This is important for the young people I support as routine and consistency is vital. I have not had any concerns whilst working with this agency (Allcare Nursing Agency Limited)."
- Staff demonstrated the importance of ensuring people's privacy and dignity and promoted their independence. Comments included, "It is important to involve people and families in reviews, so that any changes they feel need to be made can be done so", "To ensure people are treated with dignity and respect by protecting people's rights, treating them and their families and friends fairly and with respect, equality, dignity and autonomy", and, "By speaking and treating people in a respectful and professional manner, and

not assuming it is ok to behave as you like."

- Care was provided to people as needed, in line with their agreed package of care. Care records contained information about how to support people's individual needs and choices.
- Information relating to advocacy services and how to access them was available to support and guide people with important decisions.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

End of life care and support

At our last inspection the provider and registered manager failed to ensure people's needs and wishes were met at the end of their life. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Systems were in place to support people at the end of their life. No one was in receipt of end of life care at the time of the inspection. Some staff had received end of life training. Policies and guidance was available to support staff in the delivery of care.

Improving care quality in response to complaints or concerns

At our last inspection we recommended the service considers best practice guidance on the management of complaints. The provider had made improvements

- Complaints and concerns were responded to. People and relatives told us they knew where to go to if they had any concerns. Comments included, "I have no concerns", "No, no major issues, I can openly ring the office and they will sort it out. We discuss things, that is good" and, "I would ring the office if I had a concern. I have had complaints before, but it is all sorted now."
- Staff understood what to do if a concern was raised. One said, "If I had a complaint I would contact the office in the first instance, asking to speak to [staff member] or [deputy manager] and, try to deal with a problem as quickly and efficiently as possible."
- Policies and guidance were in place to support the management of complaints. Records in relations to complaints were noted.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences;

- People's needs had been assessed. People and relatives told us they had been involved in the development and reviews of their care plans. Comments included, "Yes, I have a care plan", "(There is) a really good and detailed care plan and risk assessment. (I have) gone through it with them" and, "The care plan has actually come through twice now to check." Others feedback, "Yes I'm included and I do have a care plan, but I don't know where it is" and, "I'm included and some carers discuss my care file and some don't."

- Staff understood the importance of care plans to guide the delivery of care to people. They said, "Before visiting a new client, it is important to me that I thoroughly read the care plan, so I can make sure I have a clear understanding of the individual's needs. I also find chatting with family as well as the client themselves is also helpful in getting a better understanding" and, "Always a care plan on the app. I am able to understand each person's needs and there is a risk assessment and a pen profile for each person."
- Care records had been developed, these were individualised to reflect the needs of people. The deputy manager told us that the detail in the record depended on the types of support provided. The service had an electronic system for staff to access care plans and to complete daily records of the care provided.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were supported. Staff understood how to support people's individual communication needs. One staff member understood the importance of how they communicated effectively with one person's specific need.
- Care records contained information about communicating with people.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The feedback about the activities available to people was mixed. Some people told us they were able to access activities of their choosing in the community. One person said, "I go to the gym and to the museum. They take me out in the car when the weather permits, and they will go to the park." Others told us people would like more access to activities but, this was difficult due to inconsistent staffing for visits.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection the registered manager and provider failed to operate effective systems and processes. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some improvements were noted however, we made a recommendation in relation to good governance

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The management and nominated individual completed a range of audits to monitor the service. Whilst these had been completed recently, they were basic and required more detail in relation to the audit and, the actions to be taken. The systems in place had not identified some of the findings at this inspection. One audit on medication administration did not identify the gaps in the medication administration. The nominated individual took immediate action to develop a more robust auditing system. They told us they were looking to develop these further.
- During this inspection made a recommendation in relation to the safe management of medicines in ensuring records were detailed and in place.
- Most people were complimentary about the management and staff team at the service. Comments included, "The manager [nominated individual] is fine, I can go to her and she will rectify. There are no major problems. [Deputy manager] I have met once or twice. They seem okay. We e-mail each other" and, "[Deputy manager] is fantastic, a lovely manager."
- However, others told us, "I have never met her or spoken to her. She should have visited me but didn't" and, "They (the service) have a duty of care. I wouldn't recommend them, but at the beginning I would have."

We recommend the provider seeks nationally recognised guidance to ensure good governance, oversight and monitoring of the service is embedded and taken action to update their practice accordingly.

- Staff told us that they felt supported by the management team. They told us, "I feel supported and happy. The (deputy) manager and [nominated individual] is good. If you have any problems need to chat, they will listen", "The management team are amazing. All so friendly and helpful. I know I can speak to them anytime about anything I need to. Any issues or problems are dealt with swiftly" and, "There has been a very

consistent management team with just a few changes as to be expected in any work place."

- The previous registered manager had recently left the service. The deputy manager and nominated individual were responsible for the operation and management of the service. The nominated individual told us they had commenced the recruitment process for a new manager.
- Statutory notifications had been submitted.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- A person centred, and open culture which supported good outcomes for people had been developed. The management team acted when things went wrong and understood their responsibilities
- Certificates of registration, the ratings from the last inspection and employers liability insurance certificates were on display in the office. The service's website had links to the rating from the last inspection.
- Records confirmed the actions taken as a result of concerns or complaints when things went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and staff were engaged and involved. Some people and relatives told us they had been asked for feedback. They said, "I have done surveys in the past and I think one has recently been sent out", "They have just done an annual review and a questionnaire with [person]" and, "I did a survey on line, no feedback yet." We saw positive feedback in completed surveys and there were details of, 'you said we did' on display in the office. This detailed the actions the service had taken as a response to feedback.
- Staff confirmed team meetings were taking place and they were asked for their views.

Continuous learning and improving care

- Continuous learning and improving care was considered. An action plan had been developed and the provider was working on making improvements. There was a range of information, training materials and guidance to support staff and their knowledge and skills. Policies and guidance was available, and staff had access to a range of information and support on the provider's website.
- Technology was being used in relation to care planning, visit allocation and governance.

Working in partnership with others

- The management team worked in partnership with others.
- Good working relationships had been developed with professionals. We had a range of positive feedback from professionals. One said, "The carers are always professional and very knowledgeable about the needs of [person]. It has been a pleasure to work with Allcare from the management to the carers." Another told us about the actions the service had taken to address gaps in staff knowledge, to support the individual needs of some people.