Nestor Primecare Services Limited

Allied Healthcare Salisbury

Inspection report

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12 November 2018

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
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

What life is like for people using this service:

Leadership and management of the service had not ensured people received a high-quality service. The service was providing some clinical services they were not registered to provide at this location.

Systems to assess and monitor the quality of the service and plan improvements were not effective. The management team had not identified all the improvements that were needed and there was not an effective plan to address shortfalls.

People were not always safe when using the service. The provider did not have effective systems to investigate incidents or learn lessons when things went wrong. Staff were not always thoroughly checked before they started providing care for people.

The provider did not consistently ensure people making decisions on behalf of others were legally authorised to do so. Assessments about people's capacity to consent to their care and treatment were not clear. The provider had not followed the principles of the Mental Capacity Act 2005.

Complaints were not well managed. Some people did not feel confident the provider would listen to and act on their concerns. Poor record keeping had resulted in the provider being unable to respond fully to a complaint they had received.

Despite the concerns about the management of the service, people felt the care staff were good and provided care in a kind and respectful way.

More information is in Detailed Findings below.

Rating at last inspection:
Requires improvement (report published 15 November 2017).

About the service:
Allied Healthcare Salisbury is a domiciliary care agency (DCA). The service provides personal care to people living in their own homes in the community as well and people living in extra care housing schemes.

Why we inspected:
This was a planned inspection based on the rating at the last inspection.

Follow up:
We have told the provider they must take action to improve the service. We will meet with the provider

following this report being published to discuss how they will make changes to ensure the service improves their rating to at least Good.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our findings below.

Is the service caring?

Good

The service was caring.

Details are in our findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our findings below.

Is the service well-led?

Requires Improvement

The service was not well-led.

Details are in our findings below.

Allied Healthcare Salisbury

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team:
The inspection team consisted of one inspector, an assistant inspector and an Expert by Experience. 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:
Allied Healthcare Salisbury is a domiciliary care agency (DCA). The service provides personal care to people living in their own homes in the community and people living in extra care housing schemes.

There was a registered manager. A registered manager is a person who has registered with the Care Quality Commission 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.

Notice of inspection:
We gave the provider 48 hours' notice of the inspection visit because we needed to be sure the management would be in the office. We visited the office location on 6 and 7 November 2018 to see the registered manager and office staff and to review care records, policies and procedures. We visited two of the extra care housing schemes on 12 November 2018 and met with people who used the service and staff.

What we did:
Before the inspection we reviewed the information we held about the service and the service provider. The registered provider completed 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 improvements they plan to

make. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

We spoke with 17 people to gather their views about the care they received. This was a mixture of face to face and telephone conversations. During the office site visit we looked at records, which included 12 people's care and medicines records. We checked recruitment, training and supervision records for four staff. We also looked at a range of records about how the service was managed. We spoke with the registered manager, regional operations manager, recruitment manager and six care staff.

After our site visit we contacted external health and social care professionals and commissioners to obtain their views about the service.

Requires Improvement

Is the service safe?

Our findings

People were not consistently safe and protected from avoidable harm

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

• The incident and accident recording system was not used effectively by the management team. Incidents were not fully investigated and action was not taken to minimise the risk of the incident happening again.

• Incidents were recorded electronically. We identified 30 incidents which had not been responded to within the provider's stated time-scale of 28 days. The oldest was from May 2018 and was an incident in which a person made an allegation of poor care.

• Staff told us an incident in which a person was injured whilst receiving care had not been entered onto the electronic incident recording system. Action had not been taken to investigate this incident or plan how to prevent it happening again.

• The registered manager did not have access to the incident and accident recording system that related to the extra care housing schemes being provided in Somerset. The registered manager did not know what action was being taken to manage these incidents or learn lessons when things had gone wrong.

• At the last inspection in November 2018 we found risks were not well managed and identified a breach of Regulation 12 - Safe care and treatment.

• Improvements had been made to the information on risks gathered when people started using the service. Risks to people's well-being were assessed and recorded in people's care records. People's risk assessment included areas such as their mobility, skin integrity or medicine management. Staff were familiar with and followed people's risk management plans.

• Despite these improvements, the provider was still not meeting the requirements of this regulation. The provider had failed to investigate incidents and assess how this affected the risk management plans for people.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• Action was being taken to effectively manage incidents in the home care part of the service provided to people living in the Salisbury and Yeovil areas.

Staffing levels

• Recruitment checks were not always thoroughly completed before staff started working for the service.

• Three of the four staff files we inspected contained gaps in the employment history that had been obtained for the member of staff. The provider did not have a comprehensive record of where staff had been working, or an explanation for any gaps in their employment history. The provider's regional recruitment manager told us they were aware there were gaps in some of the records and were in the process of obtaining the missing information.

• Commissioners from Somerset County Council raised concerns that the provider did not have sufficient staff in the extra care housing schemes. Commissioners said the provider had failed to ensure there were sufficient supervisory and management staff in the schemes to ensure care staff were deployed effectively.

Systems and processes:

• The service had effective safeguarding systems in place and all staff spoken with had a good understanding of what to do to if they suspected people were at risk of harm.

• People told us they felt safe when staff were providing care to them.

Using medicines safely:

• Medicines administration was safe.

• People received their medicines safely and as prescribed. People said they were happy with the help they received to take their medicines. Comments included, "Staff help me with my medicines and do a good job."

• People's care records contained lists of their current medicines.

• Accurate records were completed of the support staff provided people to take their medicines.

Preventing and controlling infection:

• Staff were trained in infection control and demonstrated a good understanding of the systems in place.

• People told us staff washed their hands and used disposable gloves and aprons where needed.

Requires Improvement

Is the service effective?

Our findings

People's care, treatment and support did not achieve good outcomes, or promote a good quality of life that was based on best practice.

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

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 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.

• It was not always clear if people were able to make their own decisions about their care. Some records we inspected contained contradictory information. For example, a person was assessed to have capacity to make decisions, but records showed decisions had been made by a relative. Another person had a plan in place which stated "My [relative] makes all / most of my best interest decisions, but I can mainly decide for myself on certain decisions." There was no assessment in place to demonstrate the person lacked mental capacity to make these decisions.

• The service was not always aware if people had a Lasting Power of Attorney (LPA). Staff assumed in one example that people did not have capacity and therefore relatives would make decisions on the person's behalf. No mental capacity assessment had been completed and there was no record of whether a LPA was in place. Another person had an assessment which stated, 'Sometimes needs decisions by relatives'. There were no details of what this meant, or whether any relatives had a LPA.

• Five people's records we inspected contained unclear information about whether they consented to their care and treatment plans. The forms had all been signed by people, but sections to say whether they did or did not consent to their care had not been completed.

This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff skills, knowledge and experience:

• Staff working in some of the Somerset extra care housing schemes did not receive the support and supervision they needed. Staff told us they had not received formal one to one supervision sessions for a long time. Comments included, "There have been a lot of changes in management, which has caused this to drop off" and "I've not had a supervision meeting for a long time. This needs to be improved." Staff did say they were able to raise concerns with supervisors, but didn't see any other management staff.

• A newly appointed Field Care Supervisor told us they had identified staff were not receiving appropriate support. They had scheduled meetings for staff to re-start a programme of one to one supervision meetings and annual appraisals.

• Staff had ongoing training relevant to their roles. Staff said the training was useful and they did not identify any further training they needed.

• Newly appointed staff said they had received a good induction. They said they had been able to shadow experienced staff and were not expected to take to lead in any area until they were confident to do so.

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

• The provider ensured people's needs were assessed before they received care. This ensured people's needs could be met and individual care plans put in place.

• People told us they were involved in assessment and care planning process.

Eating and drinking:

• People were supported by staff to maintain good nutrition and hydration.

• People said staff supported them to prepare meals they wanted and that met their specific needs.

Staff providing consistent, effective, timely care and involvement of health professionals:

• Staff worked well with external professionals to ensure people were supported to access health services and had their health care needs met. People's care plans had contact details of specialist nurses who were overseeing their clinical needs. Records demonstrated there was regular contact with the health team to ensure people's needs were being met.

Good

Is the service caring?

Our findings

The service involves and treats people with compassion, kindness, dignity and respect

Treating people with kindness, compassion and respect:

• People were treated with kindness and were positive about the staff's caring attitude. Comments included, "Staff are very supportive and caring"; "The carers are good but are let down by poor management" and "I am very happy with the level of care given to me."

Supporting people to express their views and be involved in making decisions about their care:

• Staff supported people to make decisions about their care. Comments from people included, "They listen to me and provide the care that I need."

• People's communication needs were assessed and recorded in their care plan. Examples included details of people with hearing and sight loss and how staff should communicate with them.

Respecting and promoting people's privacy, dignity and independence:

• People's care plans included details of how people wanted their privacy and dignity to be maintained and what was important to them.

• People said staff followed the plans and provided care in ways that met their needs.

Requires Improvement

Is the service responsive?

Our findings

People did not receive a service that was responsive to their needs.

Improving care quality in response to complaints or concerns:

• Some people did not feel confident that the provider would listen to their concerns or complaints and improve the service. Comments included, "The management doesn't respond well when concerns are raised" and "Management is lacking by their absence to contact me."

• People said they were not able to raise concerns with management, as they never saw them. Comments included, "I have been promised all sorts by this company, but nothing is ever fulfilled. The staff do care and help me" and "I am not happy with this company and feel the management are incompetent in providing a good care service."

• The registered manager did not have access to the computer system to monitor complaints made by people using the Somerset extra care housing services. This meant they did not have effective oversight of complaints that had been received or the action that was being taken as a result of any investigations.

• Records of one complaint received stated the investigation had been made difficult by poor record keeping in the service. This had resulted in the provider not being able to respond fully to the complainant about their concerns.

• One complaint from a family member about care provided to their relative had not been entered onto the complaints management system. During the inspection we were told this had been passed to an operational support manager to investigate and respond to the complainant. This was because a manager in the extra care housing scheme had failed to take action in response to the complaint.

This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How people's needs are met, personalised care:

• People's needs were identified, including relating to protected equality characteristics, and their choices and preferences were regularly reviewed. For example, the service identified, recorded, and met information and communication needs of people with a disability or sensory loss, as required by the Accessible Information Standard.

• Staff recognised people's changing needs and ensured other staff were informed about any changes to their care or condition. This ensured staff had access to an up to date information and were able to deliver the right support.

End of life care and support:

• The service was not providing any end of life support at the time of our inspection. The team would occasionally support people with end of life care and the service worked with other professionals to ensure people's needs were met.

Requires Improvement

Is the service well-led?

Our findings

Leadership and management do not assure person-centred, high quality care and a fair and open culture.

Leadership and management. Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements; continuous learning and improving care:

• On the first day of the inspection the registered manager reported that they were providing the regulated activity of treatment of disease, disorder or injury (TDDI) from this location without being registered to provide it. The registered manager said they had realised they did not have the correct registration and had submitted an application to the Care Quality Commission. The provider is not legally able to provide this regulated activity until their application has been approved.

• Despite being aware they were not registered to provide TDDI, the provider continued to carry on this regulated activity from this location. This meant the provider was operating a care service outside the conditions of their registration.

• On the second day of the inspection the registered manager reported that they had re-arranged the support for people who were receiving TDDI. The registered manager said this would be provided from another Allied Healthcare branch, which had the correct registration.

• Feedback about the leadership and management of the service was mixed. Most people who used the homecare service in Salisbury and Yeovil felt the service was well managed. However, most people we spoke with who lived in the Somerset extra care housing schemes said the service was badly managed, with little organisation or direction of staff. Comments included, "I do not see or hear from any management but feel quite happy with the level of care I receive day to day"; "The management is non-existent" and "The carers are good but are let down by poor management."

• The quality assurance systems in place were not effective and did not result in improvements to the service. The registered manager did not have access to the electronic system to record and manage complaints, incidents and accidents that happened in the Somerset extra care housing schemes. This meant the registered manager was not aware until the day of the inspection that there were 30 entries on this system that had not been fully investigated and resolved.

• Local management arrangements in the extra care housing schemes were not effective. The registered manager did not have effective oversight of these schemes and the care that was being provided in them. The registered manager told us he had not visited some of the schemes and did not know details of the staff or people using the service.

• Staff said they did not see the registered manager very often and were not clear about the staffing structure in the service. Staff said there had been many changes, with local managers being employed but not lasting very long. One member of staff commented, "We don't see anything of [the registered manager] at all, but

that's not unusual. We don't really see any of the management team."

Engaging and involving people using the service, the public and staff:

• People's views of the service were gained through surveys. However, this information was not always used effectively, to ensure improvements were made to the service. We saw an example of a person who had completed a survey to say staff did not always arrive on time or treat them in the way that they would like. The section on the form for management staff to say what action they were taking to respond to these concerns had been filled in to say, 'not applicable'. The provider had missed an opportunity to respond to the person's concerns and improve the service.

• The registered manager did not have access to the collated survey results for people living in the Somerset extra care housing schemes. The registered manager did not know the nature of the feedback people had provided and whether any action had been taken in response.

• Staff working in the extra care housing schemes told us they would like greater support and direction from the management team. Staff working in other areas said they felt well supported by the management.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Plan to promote person-centred, high-quality care and good outcomes for people:

• Most people told us they received good care, in spite of the management shortfalls. People praised individual members of care staff, who they said provided care in ways that met their individual needs.

Working in partnership with others:

• One social care professional said the registered manager worked in partnership with them and took on board advice and information.

• Other feedback from social care professionals was less positive, raising concerns about the failure of the provider to make improvements where needed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The registered provider had not ensured care and treatment of people using the service was only provided with the consent of the relevant person. Regulation 11 (1).

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider had not ensured risks to people using the service were thoroughly assessed and action taken to manage them. Incident management systems were not used effectively to take action to minimise the risk of a similar incident happening again. Regulation 12 (2) (a) (b).

Regulated activity	Regulation
Personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints The registered provider had not ensured there were effective systems for identifying, receiving, recording, handling and responding to complaints made by people using the service. Regulation 16 (2).

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance

The registered provider had not ensured there were effective systems to assess, monitor and improve the quality and safety of services provided.
Regulation 17 (2) (a).