Nestor Primecare Services Limited

Allied Healthcare Luton

Inspection report

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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**

Overall summary

This inspection took place on 12 August 2015 and it was announced.

At our previous inspection in February 2014 there were two areas where the service was not meeting regulations. These related to people receiving care at the times agreed within their care plans and the assessment of risks to people using the service. At this inspection we found that improvements had been made to the assessment of risk and additional improvements were planned for the scheduling of care visits.

Allied Healthcare Luton is a care agency providing personal care and support for people in their own homes. At the time of our inspection the agency was providing a service to 150 people.

The agency does not have a registered manager as required by the Care Quality Commission (CQC). A registered manager is a person who has registered with the 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

Summary of findings

Regulations about how the service is run. At the time of this inspection the agency had been without a registered manager for 12 months. There was, however, a manager at the agency.

People told us that they felt safe but carers often arrived late and were not always the carer they expected.

People's needs had been assessed and care plans took account of their individual needs although individual preferences and choices were not always recorded. There were risk assessments in place that gave guidance to staff on how individual risks to people could be minimised. There were systems in place to safeguard people from the risk of possible harm.

Staff had an understanding of safeguarding processes and had completed training. Staff were supported by way of spot checks, supervisions and appraisals however these were not consistently completed for all staff.

The provider had effective recruitment processes in place and was actively recruiting additional staff to support people safely. Staff understood their roles and responsibilities to seek people's consent prior to care being provided and were kind and respectful.

The provider had an effective process for handling complaints and concerns. These were recorded, investigated, responded to and actions to prevent recurrence were recorded.

The provider encouraged feedback on the service provided. However, the result of the latest survey had not been received by the agency. Therefore, an action plan had not been developed to address the issues raised with a view to continuously seeking to improve the service.

The provider organisation had effective quality monitoring processes in place.

Summary of findings

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.

People told us that they felt safe but carers often arrived late and were not always the carer they expected.

Staff had an understanding of safeguarding processes.

The provider had robust recruit processes in place.

Is the service effective?

Requires improvement

The service was not always effective.

Staff were not consistently receiving spot checks, supervisions and appraisals.

People told us that staff were knowledgeable and trained.

People were asked to give consent to the care and support they received.

Is the service caring?

Good

The service was caring.

People were supported by staff that were kind, caring and respectful.

People were involved in the planning of their care.

Staff protected people's privacy and dignity.

Is the service responsive?

Requires improvement

The service was not always responsive.

Care plans lacked personal detail and staff were not always aware of people's preferences and choices.

Staff did not always know the people to whom they provided care.

The provider had an effective system to manage complaints.

Is the service well-led?

Requires improvement

The service was not always well-led.

The service did not have a registered manager.

People and their relatives were encouraged to give feedback on the service provided. However, an action plan had not been put in place to address any issues raised.

Staff told us they felt supported and office staff were approachable.

The manager completed regular audits to monitor the quality of the service provided.

Allied Healthcare Luton

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.

This inspection took place on 12 August 2015. The provider was given 48 hours notice because as the service was a domiciliary care agency we needed to be sure that they would be available on the day of the inspection.

The inspection team was made up of two inspectors.

Before the inspection, we asked the provider to complete 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 also reviewed the information available to us about the agency such as information from the local authority, information received about the service and notifications. A notification is information about important events which the provider is required to send us by law.

During our inspection we spoke with one care worker, one coordinator, the continuous quality improvement assessor and the manager.

We reviewed the care records, risk assessments and daily records of ten people who used the service. We reviewed how complaints were managed, looked at ten staff records and the training records for all the staff employed at the service. We reviewed information on how the quality of the service was monitored and managed.

Following our visit to the service's office we spoke with nine people who used the service and relatives of two people by telephone to ask for their views of the service. We also spoke with five care workers.

Requires improvement

Is the service safe?

Our findings

At the last inspection people did not receive their care at the time agreed and risk assessments relating to their care were not updated. During this inspection people told us that there was generally enough staff to support them safely but carer workers were frequently late. One person told us, "They are often late, not missed one of my calls though." Another person told us, "Carers tend to be later on the weekends when it's not my usual staff." Staff we spoke with suggested that more staff were required to meet people's needs. A recent audit and quality check by the local authority found that lateness and staffing were also an issue. The manager said they were actively recruiting additional staff to ensure that service had enough staff to meet people's needs.

Records showed that new members of staff had recently been recruited to complement the increase in the number of people who required support but they had yet to commence work. The manager told us that this recruitment was in response to an increase in the number of people who required their services and to address periods when the service was overstretched due to sickness and leave. The manager confirmed that staffing levels were monitored and determined depending on the assessed needs of each person being supported and the demands of their service via referrals from the local authority.

The care records showed that care and support was planned and delivered in a way that ensured people's safety and welfare. As part of the service's initial assessment process, an environmental safety risk assessment had been completed. This helped the staff to identify and minimise any potential risks in the person's home. There were also personalised assessments for each person to monitor and give guidance to staff on any specific areas where people were more at risk. The risk assessments had been reviewed and updated regularly to reflect any changes in people's needs. Staff were able to give us examples of how they kept people safe such as storing medicines securely and maintaining security by closing windows and doors as required.

People told us that the service and staff that visited made them feel safe. One person said, "The staff are generally good, I have no problems with them". Another person said, "I'm happy with the staff, they help where I need it".

Staff had an understanding of how to ensure that people were safeguarded and they were able to explain the actions they would take if they had any concerns. Staff were aware of their responsibilities to report any concerns to the office and could explain the types of concerns they would raise but not all staff were aware of reporting safeguarding concerns to the local authority or other agencies. Training records for staff confirmed that they had undergone training in safeguarding people from the possible risk of harm.

A record of all incidents and accidents was held electronically. Records showed that incidents had been reported by staff in a timely manner. Where required, people's care plans and risk assessments were updated to reflect any changes to their care as a result of these, so that they continued to have care that was appropriate for them. However actions to prevent some incidents from occurring again were not always recorded.

We reviewed the recruitment files for staff. The provider had effective systems in place to complete all the relevant pre-employment checks including obtaining references from previous employers, previous experience, and Disclosure and Barring Service (DBS) reports for all the staff. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed. This robust procedure ensured that the applicant was suitable for the role to which they had been appointed before they were allowed to start work with the service

The service had a medicine policy and when required, people received appropriate support to assist them to take their medicine safely. Medicines were only administered by staff who had been trained and assessed as competent to do so. This was supported by our discussions with staff who described the processes involved in the safe administration of medicines. A review of the daily records and Medicines Administration Records [MAR], showed that staff were recording correctly when medicines had been given. Where issues with medicines had been identified they had been reported appropriately, action taken and measures taken to prevent any recurrence. This had included staff re-training and administering medicines under supervision prior to being deemed competent again.

Requires improvement

Is the service effective?

Our findings

People we spoke with told us they were satisfied with the care provided and thought that staff were knowledgeable and trained. One person said "They know what to do during each of my calls." Another person said, "Staff are efficient and know how to meet my needs."

Staff told us that they had completed an induction programme when they first started work with the agency and then shadowed a more experienced colleague before working on their own. The staff training records showed that staff had completed the required training and had further courses planned to develop their skills and knowledge. Staff told us that they kept up to date with skills relating to their roles and responsibilities and that the manager monitored their training needs. Senior staff undertook spot checks to ensure that they staff were competent in their roles and that they met the needs of people appropriately. We noted from staff records that most of the care workers had not received regular supervision or appraisals. Where supervisions had had taken place, staff had been given the opportunity to discuss their performance and identify any further training or support they required. The lack of supervisions was discussed with the manager who confirmed this was an area that required improvement.

There were mixed views from people when asked if they were happy with the consistency of their care. One person said, "It's always the same staff that visit me" but other people told us they had many different carer workers completing their calls, particularly at the weekend. One person said, "I often don't find out if there are changes to my carers."

The people we spoke with confirmed that staff would always ask them for consent before they provided them with care or support. One person said "My carers always check I am ready before helping me." Another person said, "They never just get on with it, they always ask me." Staff had received training in the Mental Capacity Act and, although not able to fully explain the legal implication of the Act when supporting people in meeting their needs, they understood their roles and responsibilities in ensuring that people consented to their care and support. Staff said that they always respected people's decisions and if a person felt that they did not wish to receive personal care on the day, then they would respect their decision. The staff we spoke with were able to describe ways in which they sought consent from people prior to providing care and support. Written consent to their care plans and the use of their photographs had been provided by people in the majority of the care records we viewed. The manager was informed of the care plans where written consent was not present.

People's needs in relation to food and fluids were documented in their care plan. People told us they were supported to eat and drink sufficient amounts by the care staff where needed. Staff we spoke with told us that they would always leave the person with a drink, when required by their care plan, to ensure that they remained hydrated. Daily records documented the food and drink that members of staff had prepared for people.

People were supported to maintain good health because staff were able to identify health concerns and report them appropriately. Staff told us that they sought advice from the office if they had concerns over a person's well-being or called the person's GP. Records also showed that emergency services had been called by staff when a person experienced ill health. We also noted from the care records that people had accessed other health care professionals when required.

Good

Is the service caring?

Our findings

People we spoke with were positive about the staff and said they were caring and supported them with kindness. One person we spoke with said, "I look forward to their visits, they are so kind and helpful." Another person spoke highly of their care workers and said "They are very friendly and treat me well." Members of staff we spoke with spoke warmly of people they provided care to and expressed their commitment to provide a good service.

People told us that care workers were respectful and treated them with dignity. Staff we spoke with all gave examples of how they promoted privacy and dignity in every day practice which included ensuring doors and curtains were closed and ensuring people were covered when undertaking personal care. People said staff were considerate of their privacy and dignity and took care not to rush when helping them. One member of staff explained to us how they always asked how people felt when they were supporting them with their personal care, ensuring they were being gentle and they would check that the person was comfortable.

People said that they were asked their views and were involved in making decisions about their care and support. People told us that staff listened to them and acted on their wishes. One person told us "I might not fancy a dinner so I'll ask for something else. They'll say 'ok [name] if that's what you want." Another person described how the agency came to complete an assessment prior to them receiving a service and asked what support they needed and wanted. People had copies of their care plans in their homes and knew what they were for. Members of staff spoke about how they used the care plan to guide them in providing care but they checked that people had received the support they required by checking, prior to leaving a care call, whether people required any further assistance.

Staff were aware of the need to maintain confidentiality. They described the importance of not sharing information with anyone else without permission and the safe transporting of records when returning to the office.

Requires improvement

Is the service responsive?

Our findings

People we spoke with confirmed that they were involved in planning their care but were unclear on the completion of reviews of their needs. One person said, “They asked me about my needs when they started caring for me but I don’t know if my plan has been reviewed.” Each person had an assessment of their needs carried out and information from the assessment had been used to develop the care plan which outlined how these needs were to be met. We noted that the care plans were detailed and provided clear guidance and information for staff on how to support the person on each visit. However, some care plans lacked information on people’s preferences, how they liked to receive support, information on their hobbies, interests and their life history which did not always enable staff to provide a personalised service. Staff told us that they were kept informed of changes in people’s needs by telephone calls from the office but could read updated care plans or visit the office to ask if they were unclear.

Staff encouraged people where possible to maintain their independence. Staff said that they encouraged people who were able, with regards to their personal care and assisted them when needed. One member of staff said “I talk to people when completing care. I explain what I am doing and check they are happy with me helping.” Another member of staff explained how they asked people if they can do as much as possible for themselves before “stepping in to help.”

Some people we spoke with expressed concern with the consistency of the staff that visited them and that staff did not always know them or their needs well. One person told us, “Sometimes it’s someone I don’t know who visits.” Most of the people we spoke with told us that the inconsistency with staff existed more at the weekend than during the week. Staff were not always knowledgeable about the people they supported until they had been providing care to them for a period of time. A care worker who had recently started working at the service said, “It’s taken a while to get to know my clients.” They went on to explain how the care plans didn’t tell them about the person other than their care needs. Other care workers explained that they were often asked to complete care calls to people they didn’t know at short notice.

People using the service and their relatives told us they were aware of the complaints procedure or who to contact in the office if they had concerns. We saw that where complaints had been made they were logged onto the computerised system and an investigation completed. For all complaints there was a clear response to the complainant and an apology offered. The action that had been taken to prevent the concern occurring again or the learning achieved from the investigation was also recorded. This enabled the manager to use a complaint as an opportunity to improve the service.

Requires improvement

Is the service well-led?

Our findings

The agency does not have a registered manager and, at the time of this inspection, this had been the case for 12 months. The manager at the agency had commenced applying to become the registered manager with the Care Quality Commission however; they had withdrawn their application following advice from the provider in relation to planned changes at the agency and the merging of two local services. The manager informed us it was planned for another registered manager from the provider organisation to commence managing the agency in the coming months. The absence of a registered manager was taken into account when making the judgements in the report.

At the last inspection people raised dissatisfaction at the continued lateness of calls and the lack of continuity in the staff delivering their care this continued to be the case during this inspection. We found that action taken to address people's concerns was not effective in resolving this. The manager monitored the quality of the service by speaking with people to ensure they were happy with the service they received and by sending out satisfaction questionnaires for them to complete.

The results of a recent survey conducted by the provider organisation had not been sent to the manager at the agency. Therefore the manager had been unable to analyse the results or complete an action plan to address any concerns. Without receiving the results of the survey or developing actions from the feedback the manager could not evidence how the views of people would be used to improve the service in the future.

Staff felt the manager and office staff were available if they had any concerns. Staff we spoke with said that they felt supported by the manager and office staff. Members of staff said, "You can ring in to the office and someone can help you" and "the management has helped me quite a lot since I started working for Allied."

Staff told us that regular staff meetings were held where they were able to discuss issues relating to their work and the running of the service but they were often unable to attend due to attending care calls at the times they were held. At a recent team meeting we saw that rotas, call management systems, supervisions, staffing levels and sickness, medicines, security and confidentiality were discussed. Copies of the minutes of the meetings were available for all staff to read. A newsletter was also prepared for staff. The most recent newsletter included information for staff regarding the call management system, annual leave, rotas and personal hygiene.

The provider policy indicated that senior staff undertook spot checks to ensure that they staff were competent in their roles and that they met the needs of people appropriately but these were not consistently completed. The manager also carried out regular audits of care records to ensure that all relevant documentation had been completed and kept up to date. This also included the review of Medicine Administration Records [MAR] and daily visit records.

The provider organisation also carried out audits at the office to ensure that quality assurance processes were in place and used effectively. These internal audits included reviews of the checks carried out at the office, the frequency of spot checks and supervisions for staff along with a review of care plans and associated risk assessments. An action plan was in place to address issues that had been raised in the latest audit.

We saw that records were held securely in the office and that people's information was protected from unauthorised access.