

# Nestor Primecare Services Limited

## Allied Healthcare Reading

### 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



### Overall summary

The inspection was completed on 27 October and 4 November 2015. Allied Healthcare Reading is a domiciliary care service (DCS). A DCS offers specific allotted periods of care and support to a person within their own home. This inspection was announced so to be certain that someone would be in the office during the inspection process.

As a DCS the service is registered to provide personal care as a regulated activity. The total number of people that were provided personal care within the service at the

time of the inspection were 64, although some people were supported with other aspects of their life, excluding personal care. The service offered a number of support packages with shortest calls consisting of 15 minute visits.

A registered manager had been in post since August 2015, although had been employed at the service since November 2014, within the capacity of 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'.

# Summary of findings

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. The manager had been absent from the service for a significant period of time, resulting in office and mid level management raising concerns about the support mechanisms that had been in place in her absence.

People were not always kept safe by comprehensive recruitment processes, as the service failed to ensure a full employment history was obtained and that photos of staff were held on files.

The service was not completing audits of documentation related to personal care, general practice as well as service specific files. This led to inaccuracies being found in files that, had new staff been employed could have led to serious unresponsive and ineffective care being delivered.

Staff were offered comprehensive training, that had recently changed to being classroom based. All staff were

up to date with training, however competency checks were in the process of being developed to determine the practice of the taught theory. As part of the induction process staff undertook 'care coaching', this involved shadowing experienced staff in the delivery of care. People told us that they felt safe with the staff, and happy that their dignity and choice was respected and maintained.

Complaints systems and incident accident trend monitoring systems were being used by the service so to prevent the probability of similar incidents occurring.

Safeguarding notifications had not been made appropriately to CQC or relevant authorities that were highlighted as safeguarding alerts by on call systems. This is a requirement of the registration regulations.

We found that the service was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in several areas. The action we told the provider to take can be found at the end of the report.

# 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?

The service was not always safe.

Correct recruitment processes were not always followed.

Whilst risk assessments did not indicate they had been reviewed comprehensive assessments were found in the files.

Individual plans were in place that focused on management of specific risks were found in people's files.

Requires improvement



### Is the service effective?

The service was effective.

People received support on time from staff who were appropriately trained and supervised.

Care plans had been developed with people or their representatives.

Good



### Is the service caring?

The service was caring.

People described staff as being respectful, maintaining dignity and respect at all times. The individual needs, likes and dislikes were well documented in people's files.

A consistent team of staff was developed to work with people based on skills, experience, knowledge and interest.

Good



### Is the service responsive?

The service was responsive.

A complaints system was in place for people and their representatives to make complaints confidentially. This system was also offered to staff.

Care plans were reviewed regularly with people or their representatives to ensure they remained responsive to the changing needs of people.

Good



### Is the service well-led?

The service was not well led.

No effective processes were in place to monitor the care and support provided by the service.

The registered manager had not completed audits to identify where improvements were needed specifically in relation to care documentation.

Some staff felt they were not appropriately supported or had been given enough direction by management.

Requires improvement



## Summary of findings

Correct reporting procedures to external authorities had not been used. There had been a failure in correctly identify an incident as safeguarding, dealing with it as a complaint instead.

# Allied Healthcare Reading

## 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 27 October and 4 November 2015 and was unannounced. The provider was given 24 hours notice so to ensure that a senior member of staff was available in the office to assist in the inspection process, due to the location being a domiciliary care service.

The inspection was completed by one inspector. We gathered and reviewed information sent to us by the provider in the PIR (Provider Information Return), through local authority reports, past inspections and notifications received prior to the inspection.

Notifications are sent by the provider to the Care Quality Commission to advise us of any significant events in relation to the service. We also contacted the local authority care commissioners for feedback related to the service.

We spoke with six people who were supported by Allied Healthcare, as well as eight number of staff who are employed by the service. This included the registered manager, two field care supervisors, one co-ordinator, one office admin staff and two carers. We looked at six people's care and support files and six staff member's recruitment files. In addition we looked at documentation related to care support delivery, risk assessments, supervision records, quality assurance, recruitment documents, complaints, health and safety and training.

# Is the service safe?

## Our findings

People were not always being kept safe. There were comprehensive recruitment procedures in place including pre-assessment questionnaires for all staff seeking to work within the service. Staff were being vetted to ensure they were safe to work with people. This included obtaining references on the behaviour of staff in previous employment and Disclosure and Barring services checks (DBS). A DBS check enables employers to see the suitability of an applicant ensuring they do not have any criminal convictions that may prevent them from working with vulnerable people. Records illustrated that all people had an application and were in receipt of up to date DBS checks. However we found that there were gaps in employment histories within staff files, specifically for the staff who were from European countries. One of the file had significant gaps over a number of years. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not operated effectively recruitment procedures, in line with regulatory schedule 3.

People had generic risk assessments in place in their files. If these highlighted a moderate to high risk a bespoke assessment of the risk was completed. All risk assessments had been completed appropriately and reviewed in line with company policy. This ensured that people were being kept safe with risks being monitored and reviewed in line with changing needs of people's health. Assessments for people to be able to engage in daily living tasks and activities had been completed, these covered how to maintain the person's independence and safety remained at all times.

One person had a document which provided step by step guidance on how to support and keep the person safe, specifically in relation to their diabetes. This provided a checklist of symptoms for staff to work in relation to detailing what action needed to be taken at each step. Staff reported this was an excellent document and provided them with the necessary information to ensure the person was kept safe during their visits.

People reported that they felt safe with staff from Allied Healthcare. One person said "definitely, oh yes, I feel very safe." Whilst another person stated, "Yes I feel safe with them, when having personal care – what more can I say? I'm happy with the service".

Whilst staff were trained in administering medicines, they were not currently competency checked to determine if they were able to administer safely. We were told by the manager that the document relating to competency checks were in the process of being developed. MAR sheets were collected monthly for all medicines administered by staff. These although were meant to be reviewed monthly were currently several months behind in checks to establish correct procedures were being followed. It was therefore unclear if all medicines had been correctly administered to people, and whether any errors or medicines had been missed. This could therefore mean that people were not necessarily being kept safe, as missing medicines could make people feel unwell.

The service was using the Complaints Incidents Accidents Monitoring System (CIAMS), to develop and monitor trends in any incidents or accidents. If a trend was established, guidance would be prepared to prevent similar incidents. This was monitored by the wider company so to ensure people were being kept safe appropriately with correct measures.

# Is the service effective?

## Our findings

A comprehensive induction programme was offered to all new staff who joined the service. This included the service's mandatory training, with additional specific training based on the individual needs of the people they may provide support to. For example, if support was going to be offered to a person who had mental health concerns, additional training related to the person's needs would be provided. The service was working through a transition of training delivery. Historically all training was based on e-learning, however, as this was not always perceived as effective face to face training was being rolled out by the wider organisation. We were advised this would enable more effective practice delivery for people as well as offer additional subjects for staff to train in. Spot checks on staff were completed by the field supervisors every 3-6 months. This could be completed during a visit or subsequently after, allowing people to provide feedback on how they felt staff were working with them. One member of staff reported, "I feel I have all the appropriate training I need to do my job.", another stated, "the training I haven't yet had, I'm booked on, so I'm happy."

The service had a computer system in place which highlighted when training was due to be renewed for staff so that it remained in date and effective when supporting people. This alerted the manager to book staff on the rolling training programmes offered by the service. This method of monitoring meant that staff knowledge and skills were continually updated. The service was introducing EWS (Early Warning Signs) training for all staff. This is a system whereby staff record any concerns they have following a visit, so that this can be discussed and monitored. Where necessary, measures were introduced to prevent the potential of an incident or risk occurring.

All staff received training in the Mental Capacity Act 2005 (MCA). During interviews staff were able to correctly identify that people's capacity needed to be assessed in relation to

making decisions. The MCA is a legal framework that identifies when a decision can be made on behalf of a person who may lack mental capacity to make a decision for themselves. Staff were able to provide examples of how they would ask and assess whether a person was able to make a decision. However, we found one careplan documented that a family member had asked for a person who had full capacity to be assisted and provided with incontinence support. The careplan did not illustrate whether this was in agreement with the person, or was a request specifically by the family member. Further exploration and discussion determined that this was actually in agreement with the person, however the careplan had not been updated to record this. The careplan was subsequently changed to illustrate this was a decision made by the person and their family.

Nutritional profiles were developed for some people who required support specifically in this area. If necessary these were discussed within a larger professional capacity, with specialist involvement. Historically a dietician, Speech And Language Therapist (SALT), Occupational Therapist (OT) had been used to help with weight loss. Currently these were developed with people to help them lose weight, as this was not for any medically related reason. People were assisted with looking at healthy eating, and what foods may contribute to weight gain. Meal plans were developed in conjunction with people to promote healthy eating. One person stated "I am very happy with the way they help me. They help me eat well but don't force me."

Regular supervision was provided to all care staff. This gave the member of care staff and the line manager the opportunity to discuss any issues that may have arisen, as well as areas where the member of staff excelled. Where necessary any additional training or support was decided within these sessions. Appraisals took place annually. Both were perceived as useful processes by management and staff.

# Is the service caring?

## Our findings

The service was caring, one person reported, “I’m definitely happy with them”, whilst another person stated, “Very happy indeed. No complaints whatsoever”. This was unanimously reported by all people spoken to during the course of the inspection. The registered manager and the field care supervisors advised that during the induction and training, significant emphasis is placed on the role of the support worker, as being one of promoting and supporting choice. The training reinforced that staff were working within the client’s homes, and irrespective of whether they needed support, their dignity, independence and choice were to be maintained at all times.

We found that people were involved in decisions regarding their care and support they received. One person reported “I wasn’t involved in writing the care plan, however asked my personal assistant to deal with it”. Whilst another person stated “I asked the warden to help as I have sight problems. I’m happy with how I am cared for”. A team was delegated to work with each person to maintain consistency. The team then developed the care plan in conjunction with the person or delegated or authorised individual to ensure the person was the centre of the support. The care plans were reviewed by people and the care team, during reviews, unless something of concern was raised in the Early Warning Signs (EWS) forms.

The consistent team of staff was developed by focusing on their knowledge and skill base related to the person’s

needs. In addition, factors such as hobbies and interests were matched, so that staff could develop a meaningful relationship with the person, as opposed to being task orientated. We were told that if a person objected to a particular staff member supporting them, they were changed after discussion if appropriate. One person told us “[staff name] talks to me about our similar interests when she completes my personal care. I feel like a person, not a job.”

Signed sheets illustrated that staff had read all documents related to the support they provided to people. These were maintained in the records kept within the secured files at the service location. Copies of the care plan were also kept in people’s homes. This meant that people and their relatives could be reassured that appropriate care and support was being provided, as agreed in the care plan.

People were treated with respect and dignity. Staff were able to describe how they ensured this in their practice. We were told that people were addressed in their preferred manner, and supported how they chose to be cared for. One person stated, “They look after me and care for me the way I want. I can’t fault any of them, not at all.” Staff were provided with a uniform by the service, however if people stated they did not want staff to attend their home in a uniform, this was respected. Staff were encouraged to ensure the person’s wishes were respected as they were working from within their home.



# Is the service responsive?

## Our findings

Each person who used the service had their needs assessed prior to support being offered. Each care plan contained relevant information about the person's life, family, likes, dislikes and how they like things done. The care plans provided guidance for staff on how to carry out tasks when working with each person.

All care plans had been reviewed over the last couple of months using the old paperwork, however were generally reviewed as the needs of the person changed or every six months to annually dependent on the level of involvement by the service. If a person had a hospital stay, care plans were again reviewed irrespective of the last date of review. One person stated, "I will have a review once every year or perhaps a bit more frequently. It lets me give them a little update on how I want to be supported, if things change... they do listen."

The service was generally responsive in updating support documents with the changing needs of a person. However we found in one file conflicting information was present regarding a person's end of life plan. The Deputy for the lasting power of attorney for health and welfare had changed, however this document still contained details of the last individual who held this responsible post. We spoke with the manager regarding this, and showed them

the conflicting paperwork, and how this may have resulted in the wrong person making decisions for the person, that were not in line with their wishes. We were assured that the incorrect information would be removed and the file would consistently show the correct Deputy who held the power of attorney.

One person we spoke with advised they only used Allied Healthcare after stays in hospital. They advised "they are the only people I trust. They respond to my needs and provide me with the support I need. I only use them when I am coming out of hospital and for a shortwhile after."

We found that people were aware of what to do if they were unhappy with any part of the service they received and wanted to raise a concern. The service use the CIAMS which is a system that monitors and centralised trends in complaints, incidents and accidents. The system was reviewed by the registered manager and centrally, and illustrated that complaints were appropriately dealt with. We were told that in one incident a person had raised a complaint about how staff did not leave drinks near the person when they left. This was very quickly rectified and checked in the care plans for all people who were unable to mobilise easily. People we spoke with reported they would not hesitate to raise concerns with Allied Healthcare, stating "No concerns with raising a complaint. I'd call the office. I'd speak with manager."

# Is the service well-led?

## Our findings

At the time of the inspection the manager had been registered for several months, however had been in employment for almost 12 months within the capacity of manager. Within that period the manager had been off work for a considerable amount of time. The service continued to operate, and deliver care and support packages, led by the field care supervisors and care co-ordinator. Office staff told us that they received limited support and direction from the registered manager, due to the periods of absence. The provider although had arranged for on call support had not provided the service with an interim manager. As a result many of the duties had been delegated to the office staff, leading to gaps in the the management's oversight of the service. For example, we found that the company policy clearly stipulated that 15 minute calls were to be used for medicine administration only. This timeframe would minimise the potential for error in administration as the staff would not be distracted by other tasks.

Daily records for some people highlighted that staff were not only administering medicines, but preparing a sandwich and a hot drink for people within the 15 minute call. This clearly was in conflict with the policy. When we raised this with the manager, it appeared she was not aware of this. She went onto state that, "staff had not been pulled up on this as no medicine errors had occurred". However when we checked the MAR (medicine administration record) audits we found these were behind by several months. Audits were meant to be completed monthly. As such, the service would not have been aware of any medicine errors unless reported by either care staff or by people themselves.

During the inspection we found that the neither the manager nor the provider were aware of some of the contradicting information in files, or that some updated care documentation consent forms had not been signed for by people. For example, one person's file stated in one section that the person did not have mental capacity, however another document stated the person had full

capacity. In addition when seeking to locate information and documentation during the inspection, the registered manager was not aware of where all the relevant paperwork was held.

The provider had introduced new care plans that had been rolled out across the entire group including this service. The registered manager had all care plans rewritten a few months earlier using the old system irrespective of this no longer being the preferred document. Staff reported that they felt neither the registered manager nor the provider had provided appropriate support in relation to their doubled workload. This was a result of the registered manager's choice of using the old paperwork, resulting in all care plans being required rewriting in the new format. The registered manager stated that she was not confident in using the new paperwork therefore wanted to continue using an out of date system. This is an example of the staff team not being well led, and having their time managed appropriately.

Customer Quality Reviews (CQR) were meant to be completed annually. These included surveys being sent out to people who use the service, commissioners and stakeholders. From this information the service was able to establish what they had done well and areas of improvement. An action plan was developed from this with majority of the targets having been achieved. We found that the last CQR was completed in September 2014. The CQR for 2015 had not yet been arranged, although people were asked during reviews by field care co-ordinators to provide feedback on the service.

Neither the manager nor the provider had completed any internal audits of care documents, health and safety files or of all additional systems and paperwork. This meant that there was no continual evaluation of the service which could develop and and lead to improvements in delivery. The absence of reviewing of these documents could lead to potential risks in delivery of care. For example within one of the files the deputy who held the lasting power of attorney for health and welfare was incorrectly recorded. This meant that the wrong person could have been asked to make decisions about a person's care, when they had no legal right to make these decisions. This was found to be a breach of regulation 17 HSCA 2008 (Regulated activities) Regulation 2014.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person did not have systems or processes established and operated effectively to ensure compliance with the requirements in this Part.Regulation 17(1).</p> <p>The registered person did not assess, monitor and improve the quality of the services provided I the carrying out of the regulated activity. Regulation 17(2)(a).</p> <p>The registered person did not have a system that enabled the registered person to evaluate or improve their practice in respect of the processing of information. Regulation 17 (2)(f).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>The registered provider did not ensure that persons employed for the purpose of carrying out the regulated activity had the necessary skills, qualifications and knowledge. Regulation 19 (1)(b).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents</p> <p>The provider did not notify the commission without delay of any abuse or allegations of abuse in relation to a service user. Regulation 18(2)(e).</p>