

Allcare Nurses Agency Limited

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Inspection report

2 Albion Road
Blackburn
Lancashire
BB2 4UW

Tel: 01254682200

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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

About the service

Allcare Nurses Agency is a domiciliary service which was providing personal and nursing care to 15 people at the time of the inspection. 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

The service was not always effective. People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

We have made a recommendation about training and support

People's end of life needs, and wishes had not always been adequately assessed to meet their needs. Staff had not received training in end of life care. Care plans were not always person-centred however, the registered manager was in the process of reviewing the systems in place to make improvements.

We have made a recommendation about the management of complaints.

People did not consistently achieve good outcomes because records were not always complete or appropriate. We have identified breaches of the regulations which reflect failings. There was a lack of confidence in the management of the service.

There were systems and processes in place to protect people from abuse. People told us they felt safe. Medicines were managed safely. People were protected from the risk of infection. Recruitment systems and processes were not always robust however, the provider took immediate action to address this.

The service was caring. People and their relatives gave us very positive feedback about the kind and caring nature of staff who supported them. They told us staff respected their privacy and dignity and supported them to be independent. People had access to advocacy services.

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

Rating at last inspection

The last rating for this service was good (published 8 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to seeking consent, end of life care and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

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 Care Act 2014.

Inspection team

This inspection was carried out by an 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

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 13 January 2020 and ended on 15 January 2020. We visited the office location on 13 January 2020.

What we did before the inspection

We reviewed the information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and seven relatives about their experience of the care provided. We spoke with eight members of staff including the provider, registered manager, registered nurses and care workers.

We reviewed a range of records. This included four people's care records and one person's medicine records. We looked at three staff files in relation to recruitment and staff supervisions and appraisals. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We sought feedback from external professionals involved with the service. We also continued to seek clarification from the provider to validate evidence found and the provider sent us further evidence to consider.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to 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.

Staffing and recruitment

- Recruitment systems and processes were not always robust. For example, the registered manager had not always checked gaps in employment and interview questions were adequate for the role. The registered manager had ensured appropriate checks had been undertaken such as, disclosure and barring checks and references. We received evidence shortly after the inspection to show the action the provider had taken to ensure future recruitment was robust.
- We received mixed responses about staffing levels. Some relatives told us there was not enough staff, whilst others felt there was adequate. Staff also gave us mixed responses. The registered manager and provider gave us a detailed response to concerns raised about staffing. This included difficulties with retention, sickness, people's specific needs and requests for specific staff.
- All the people we spoke with confirmed the majority of staff members stayed the allotted time and undertook all tasks required.

Assessing risk, safety monitoring and management

- Risks to people's health and well-being had not always been adequately assessed. The registered manager had not adequately considered risks to people's health. For example, one person with an eating and drinking risk did not have adequate risks assessments in place. However, this person's risks had been identified and we were assured staff knew how to support them. We will discuss this further in the well led section of this report.
- The registered manager had considered risk within people's homes. For example, fire risks or other health and safety risks.
- The registered manager and staff ensured accident and incident forms were completed. The registered manager had appropriate oversight of these to ensure appropriate action was taken.

Using medicines safely

- Medicines were managed safely. Where possible people or their family were supported to manage their own medicines. People told us they received their medicines when they should.

Preventing and controlling infection

- People were protected from the risk of infection. Staff had access to personal protective equipment (PPE) such as gloves and aprons.

Learning lessons when things go wrong

- There was some evidence of lessons learned. The service did not have a policy and procedure in place and

there was no structured process for sharing lessons learned. We received evidence shortly after the inspection to show how the service would share lessons learned in the future.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes in place to protect people from abuse. One person told us, "I feel comfortable with them if I didn't I would talk to the office, they're approachable."

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 the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 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.

- The service was not working within the principles of the MCA. The registered manager told us no applications had been made to the Court of Protection as no one was being deprived of their liberty. However, the registered manager and provider told us of a number of people who lacked capacity. There was no evidence at the time of inspection, that capacity assessments had been undertaken or best interest decisions had been made.
- Care records showed decisions were being made for people by family members and the service without the correct authorisations in place. Although, one relative was in the process of applying for a lasting power of attorney.
- Staff had not received training in the MCA and the service did not have policies and procedures to guide them.

The provider and registered manager failed to ensure they were following the principles set out in the MCA about consent and capacity. This is a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- Staff did not always receive the support or training needed to meet people's needs. For example, none of the staff had completed end of life training or training on the MCA, despite supporting people with these needs. However, other detailed and specific training had been provided, such as the use of complex

equipment. We received confirmation shortly after the inspection that training had been sourced and would be introduced as soon as possible.

- Some staff sourced their own training, such as registered nurses in order to meet the responsibilities within their professional registration. Feedback from staff included, "I have had training to do my job", "We get training online and I do what training I am offered. I don't think I need additional training" and "Allcare training is not as good as others, it is basic."
- The registered manager had not always completed formal supervisions with people. However, they told us they worked alongside staff frequently and had informal discussions with them. We received mixed responses from staff about the frequency of supervisions. The registered manager had not always ensured staff had appraisals to discuss their future development wishes/needs.

We recommend the provider consults best practice guidance in relation to the training and support offered to staff.

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

- People were supported to have a balanced diet, if this was part of their package of care. Staff supported people with specific dietary needs based on health and cultural needs.

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

- The registered manager ensured people's needs were assessed prior to the service providing support to ensure their needs could be met. This included using assessments from external healthcare professionals

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

- Staff worked closely with other social care and healthcare professionals as well as other organisations to ensure people received a coordinated service.
- Care records contained information about people's medical history, health needs and contact details of healthcare professionals.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 well treated by staff that were kind and caring. The registered manager and staff knew people extremely well and were aware of individuals needs and preferences. People and their relatives told us, "They're brilliant! Friendly, happy, informative and with a genuine concern for me, they know me well", "Brilliant staff, friendly, they talk to [family member] and make them smile" and "The staff are the salt of the earth, the right people for the job. They apply themselves to the job and do extra things for example, folding washing for [family member]."
- People's equality, diversity and human rights were respected. Staff were trained in equality and diversity. The service had an equality and diversity policy and procedure, although this was not robust. The provider sent us a revised policy shortly after the inspection along with equality and diversity monitoring forms for future use.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff respected their privacy and dignity. Comments included, "They always knock on the door and I ask if I'm decent. If I'm on the phone they ask if I want them to step out of the room until I'm done" and "They pull the blinds down in the bathroom and when they change [family member]."
- The service and staff supported people to be independent. One person told us, "I'm independent I like to do things myself, I direct staff saying do this, fetch that." Where necessary, care records demonstrated what people could do for themselves.
- The registered manager ensured people's information was stored securely and were only accessible to authorised staff.

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

- The service supported people and their relatives to express their views and make decisions. This was done through regular review meetings with people.
- The registered manager gave people information advising where they could access advocacy services and how to contact other useful agencies. The advocacy service could be used when people wanted support and advice from someone other than staff, friends or family members.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

End of life care and support

- People receiving care at the end of their life were not adequately assessed. The registered manager had not ensured that suitable end of life care plans were in place to guide staff on how to support the person. There was no evidence to show consideration had been made to how staff were to support people at the end of their life.

The provider and registered manager failed to ensure people's needs and wishes were met at the end of their life. This is a breach of regulation 9 (person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improving care quality in response to complaints or concerns

- Complaints were not always managed in line with policies and procedures. Records were not always stored in one place to evidence action taken.

We recommend the service considers best practice guidance on the management of complaints.

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

- Care was not always planned in a person-centred way. The registered manager told us the service were currently using two different care planning tools. One system was health focussed and not person-centred. However, other care plans were very detailed and showed good evidence the person had been involved. The registered manager told us they were reviewing the care planning system to ensure this was person-centred. People told us they had been involved in the care planning process.
- The registered manager ensured care plans were reviewed on a regular basis or when needs changed. People commented, "It is reviewed every year and I have input", "If anything changes I let them know and they change it straight away. My care meets my needs at the moment" and "They reviewed the care plan before Christmas. I go through it with them."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager understood their responsibilities around the AIS. People's communication needs were documented in care plans. Staff communicated with people, using ways best suited to their individual

needs. The service had access to information in various formats to meet people's needs, such as audio, braille and picture cards.

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 the last inspection this key question was rated as good. At this inspection this key question has deteriorated to 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.

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

- The registered manager had not always ensured records were complete or appropriate to achieve good outcomes for people. For example, risk assessments were not always suitable and care plans were not always in place or person-centred, as discussed in other sections of this report. We have identified breaches of the regulations within this report that reflect failings on behalf of the registered manager and provider.
- Relatives and people were not always confident in the management of the service. We received mixed comments such as, "[Name of the registered manager] talks the talk but doesn't follow through", "[Registered manager] can talk but she doesn't deliver" and "It's well managed and run apart from the staffing issues."
- Staff gave us mixed responses about the management of the service. Policies and procedures were not always in place or were not sufficiently robust to guide staff.

The registered manager and provider failed to operate effective systems and process. This is a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Continuous learning and improving care; Working in partnership with others

- The registered manager did not always promote continuous learning as demonstrated within the effective section of this report. There was no evidence to show learning from accidents and incidents or near misses were used to drive quality. The provider sent us evidence shortly after the inspection to show how this would be addressed.
- The registered manager carried out some audits to identify concerns and drive improvement. However, these had not proved successful in identifying the concerns we found on inspection. The provider was also not conducting senior management audits. We discussed this with the provider and registered manager and was sent evidence shortly after our inspection of how audits would be improved going forward.
- The service engaged with external professionals. Evidence we looked at demonstrated the service consistently worked in partnership with the wider professional teams.

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

- The registered manager told us they had recently sent out questionnaires and were awaiting them coming back. People and relatives told us they received questionnaires about the service. However, they told us they did not receive feedback from these.
- The registered manager told us they did not have regular staff meetings as there was a dispersed workforce. However, they told us they met with staff on a regular basis and had discussions with them. This was not documented. The registered manager sent regular emails to staff to update them on any changes or information they needed to know.

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

- The registered manager understood their legal responsibilities. Any notifications they were obliged to make, had been made to CQC and to the local authority.
- The registered manager was aware of their responsibility to be open and honest when something went wrong.

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 9 HSCA RA Regulations 2014 Person-centred care The provider and registered manager failed to ensure people's needs and wishes were met at the end of their life.
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider and registered manager failed to ensure they followed the principles of the MCA in regards to consent and capacity.
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered manager and provider failed to operate effective systems and process were in place.
Treatment of disease, disorder or injury	