

Nestor Primecare Services Limited

Allied Healthcare Beccles

Inspection report

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Tel: 01502714405

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 27 September 2017. Our previous inspection carried out during January and February 2017 had found that the overall rating for the service was Required Improvement. There were breaches of Regulation with regard to person centred care, staffing and governance. At this inspection we found that improvements had been made. There were no longer breaches of Regulation and the service had made an overall improvement.

We gave 48 hours notice of the inspection as we needed to ensure that the appropriate people would be available to speak with us.

The service provides support to people in their own homes across north Suffolk and south Norfolk. At the time of our inspection the service was supporting approximately 300 people.

The service had a registered manager in place. 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.

After our previous inspection the service provided an action plan to show us how they intended to improve. They kept us regularly updated with how improvements were progressing.

The service management team had implemented a new computer based system for care planning and organising visits. This had led to improvements in the service. However, it had not been in place long enough for us to ensure that these improvements had become embedded.

People told us that the care had improved, however, there were concerns raised about the contact they had with the office. Care staff also raised concerns about the office and the lack of information on changes they received from the management team.

People were receiving the care and support they required. Staff arrived on time and stayed for the required amount of time providing the care and support people needed. Staff were aware of, and put into practise procedures to ensure people were protected from abuse.

People's care records were written with the involvement of the person or their relative, if appropriate. They contained sufficient information to ensure that care and support was provided safely in accordance with the person's preferences. Care records were regularly reviewed to ensure the information was up to date.

Where the service supported people with their medicines this was carried out safely and effectively.

Care staff received an induction into the service with support from senior staff members. All staff received

regular training in subjects such as moving and handling and medicines. Staff received regular supervision and spot checks to ensure good practice was maintained.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Where people were supported with their nutrition systems were in place to assess and meet their needs.

The service worked to provide people with regular care staff. This supported people to build up relationships with care staff. People told us that this was a recent improvement and they were particularly appreciative of this development. They also told us that care staff were caring and compassionate.

The service had a quality assurance system and shortfalls were identified and addressed. As a result the quality of the service continued to improve.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People received the support required to keep them safe and manage any risks to their health and safety.

There were sufficient numbers of staff to meet people's needs. Staff recruitment processes were appropriate to help keep people safe.

Procedures were in place to ensure that people received the support they needed to manage their medicines.

Is the service effective?

Good ●

The service was effective.

Induction, training and supervision gave staff the knowledge and support they needed to effectively care for the people who used the service.

People were able to give consent for their care and they told us they were asked by staff about the way they wanted their care and support offered to them.

The service supported people to maintain good health. Care staff were alert to changes in people's well-being.

Is the service caring?

Good ●

The service was caring.

People were involved in making decisions about their care and the support they received.

Having a small team of regular care staff meant that people were able to develop meaningful relationships.

People who used the service told us they were treated with kindness and compassion in their day to day care.

Is the service responsive?

Good ●

The service was responsive.

People's planned care was delivered by staff that arrived on time and stayed the required amount of time.

People's care plans were regularly reviewed and updated.

People felt able to raise any concerns and complaints were appropriately investigated and responded to.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

There was a quality monitoring system to check that the care provided met people's needs but we needed to be sure this had become an integral part of the service.

Communication with people and staff was not always effective.

A new care planning system and action plans developed since our last inspection had supported improvements in the care people received.

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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 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.

This inspection took place on 27 September 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure the registered manager would be available to speak with us.

The inspection was carried out by two adult social care inspectors and two experts 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. Our experts by experience had experience of caring for older people and people with on going health conditions.

Prior to this inspection, we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are required to be submitted by the provider to the Care Quality Commission to advise of important events. We spoke with the two local authorities who commission care from the service to gain their feedback about the care and support people received.

During the inspection we spoke with 21 people who used the service and 17 relatives. We also spoke with five care staff, a field care assessor, a member of office staff, the registered manager, the clinical services manager and the regional director. We looked at the care records of four people. We also looked at the quality audit tools and data management systems the provider used and staff records.

Is the service safe?

Our findings

Our inspection carried out during January and February 2017 found that the service required improvement in the Safe key question and was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that the service was no longer in breach of the Regulation and had made improvements.

Our previous inspection in January and February 2017 found that the service was missing visits to people and that people were not receiving care from a consistent group of staff. People we spoke with during this recent inspection told us that this had now improved and care staff arrived when they should and stayed for the required amount of time. One person said, "Until three or four months ago missed calls [visits] happened quite regularly. However, I think they've employed more carers now, because certainly during the last two months, I haven't had a single missed call." Another person said, "It seems like they've employed some new carers over the summer because I now have a small number of regular carers which I've been asking for a long time." A relative said, "Nine out of ten times they are on time. They will call me if late and never missed coming to me."

The registered manager told us that the new computer based call scheduling system was helping the service ensure that no visits were missed by creating specific templated care rounds. Using this system the service was also able to schedule in travel time. This ensured that care staff arrived at their visit on time and were able to stay the required amount of time as they did not have to use allocated care time for travelling. The system did not allow staff, who were not up to date with their training, to be allocated work. Staff we spoke with were aware of this and one person gave us an example of where work had not been given to a member of care staff because they were not up to date with their training.

The registered manager also told us that there were still concerns around the capacity of the service to meet its commitments around care provision. They told us that ensuring staff had the appropriate travel time had reduced the service capacity. They were taking steps to address this with a pro-active recruitment campaign and taking on a reduced number of new care packages.

The service had continued to follow effective recruitment procedures since our previous inspection. Staff were interviewed and appropriate recruitment checks carried out before employment to ensure staff were suitable to work in the care sector.

People told us that they felt safe when receiving care and support from the service. One person said, "I have to be hoisted which I don't really enjoy but my carers know what they are doing and they make sure I'm happy and comfortable in the sling before they start moving me around." A relative said, "Yes, I am happy with the carers. [Person] needs a stand aid hoist and personal care and they are all very careful when attending to [person's] needs and safely supporting [person] when moving [person]. I am auxiliary trained and would know if [person] wasn't safe."

Staff had receiving training in recognising signs of abuse. Staff we spoke with were able to describe the signs

of possible abuse. Notifications we had received from the service demonstrated that where staff suspected abuse this was reported appropriately.

People were supported to understand what keeping safe meant and encouraged to raise any concerns they may have about this. One person told us, "I certainly don't think I'd be safe here on my own anymore without my carers. They are here to support me and make sure that I don't have any more falls. If I was worried about my safety I would talk to someone about it."

The service carried out investigations into safeguarding incidents and accidents and incidents. Details of all incidents were recorded on the service computer system. This system was monitored by the registered manager and the provider. Where deficiencies were identified appropriate action was taken, for example further staff training.

The service also carried out a risk assessment of the environment to ensure that the person receiving support and staff were safe when receiving or delivering care and support.

Our inspection of January and February 2017 found that people's care records included risk assessments and guidance for staff on the action that they should take to minimise risk. At this inspection we found that this continued to be the case. Staff told us they understood the situations when people might be at risk because they read people's care plans and ensured that they supported them appropriately.

Where the service supported people with their medicines the service continued to do this safely. People told us they were satisfied that their medicines were managed correctly. One person said, "They get my pills out of a box for me, get me a drink and stand and watch to make sure I take them safely." A relative told us, "[Relative] has to have help with their tablets every day. The carers give them to [person] with a drink and after [they have] taken them it all gets written in [their] records."

Medicines administration records were kept and maintained on people's care files. Care plans for people contained clear information about any support they required. Staff completed medicines administration records where required to confirm whether or not people had taken their medicines and these were appropriately completed. These were audited by the service to check people had received their medicines. Staff had received training and competency checks to ensure they administered medicines safely.

Is the service effective?

Our findings

Our inspection carried out during January and February 2017 found that the service required improvement in the Effective key question and was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that the service had made improvements and was no longer in breach of the Regulation.

Our previous inspection found that care staff did not receive regular and effective supervision. The provider had put an action plan in place to ensure that staff received appraisals and supervision according to their policy. Records showed that these were now up to date. Care staff confirmed that they received regular supervision sessions and spot checks. Supervision and spot checks carried out by the management team ensure that staff are providing care to the required standard. Care staff provided positive feedback on the quality of the supervision they received. One member of care staff told us how they were able to provide feedback at their supervision meeting. Another member of care staff said, "They certainly do support me to provide good care."

People told us that care staff had the knowledge and skills they needed to carry out their role. One person said, "They are wonderful. They know exactly what to do when they come I don't have to tell them anything." Another person said, "I have a PEG feed but all my carers are specifically trained to do this safely." A PEG feed is a percutaneous endoscopic gastrostomy tube which is used when a person is unable to take nutrition orally. A relative said, "They are brilliant using the equipment [person] needs to move and obviously well trained to use."

Our previous inspection had found that staff received an effective induction. At this inspection we found that this continued. On joining the service care staff continued to receive an induction which included a period of shadowing a more experienced member of staff. The service also designated some senior members of care staff as care coaches. Care coaches supported new staff during their probation. Care staff we spoke with provided positive feedback on the support they received from the care coaches. All staff received regular training to ensure their skills and knowledge were up to date, for example moving and handling and safeguarding.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

People told us that care staff sought their consent before providing care and support. One person said, "My carer always asks if I'm ready for my shower each morning." Another person said, "My carers do ask me if I am ready for a shower and if I don't feel like one they never force me and will help me with a wash instead."

Where appropriate care plans contained information about people's capacity to make decisions, what decisions they were able to make and what support they may need to make particular decisions. We saw that where appropriate best interest decisions had been taken appropriately.

Not everybody we spoke with required support to eat and drink and maintain a balanced diet. People who did were satisfied with the support provided. One person said, "They [staff] make me porridge or cereal for breakfast with a drink, they serve my lunch for me due to my poor mobility and at tea time make me toast, cheese on toast or something light and then wash up." Another person said, "Yes they get breakfast for me, lunch if I am not at the club, do my tea and get me a drink. I tell them what I fancy and they get it for me." Where appropriate care plans contained information about people's dietary needs, likes and dislikes.

People we spoke with told us that they made their own health care appointments or were supported by a relative to do this. However, people told us that they felt able to speak to care staff about any health concerns. One person said, "I do talk about my health with my regular carers."

The provider had developed an early warning screening framework, which staff were trained to use, to identify people's changing needs in a timely way. The framework reminded staff of the signs and symptoms to look out for to identify health or other concerns. Staff then alerted the office of their concerns and appropriate referrals to other professionals were made. Staff told us that when they made referrals through this process they received feedback on the result. This motivated them to use the system as their concerns were being acted upon.

Is the service caring?

Our findings

Our inspection carried out during January and February 2017 rated the service Good in this key question. At this inspection we found that the service continued to be Good.

People told us that care staff provided care and support with kindness and compassion. One person said, "I am very happy with it. They are like friends; we have built up a good working relationship, laugh and joke." Another person said, "My carers always want to make sure I've got everything I need before they leave me every morning. I always get a cup of tea, whether I've asked for one or not."

The registered manager told us that since the last inspection the provider had worked to ensure people who used the service benefited from more consistency and continuity of the care staff who supported people in their homes. The introduction of the computer system and templated rounds where staff consistently visited the same people had supported this. A relative told us, "For over a year I have been complaining about the fact that [relative] had so many different carers. Thankfully, over the summer, things have improved drastically and [relative] now has four lovely carers who have become friends for [person]." Another person said, "Because I now have three regular carers they have got to know me well and they know how I like things to be done." Care staff also told us that visiting a consistent group of people meant that they could develop meaningful relationships with them. One member of care staff said, "Having a regular round means that you can build up a rapport."

People told us that they were able to express their views and be involved in decisions about their care and support. One person said, "Oh yes, they [staff] always listen to me and we have a good chat. They will listen and do anything for me." Another person said, "Nothing is too much bother for them. They will listen and do anything I ask of them." People were involved in the writing and review of their care plan. One relative said, "[Person's] care plan was reviewed about two months ago when we met with one of the managers. We must have spent a good hour going through everything. There was nothing that we could not discuss."

Care plans contained information for staff on what people were able to do themselves. For instance if they were able to support with food preparation. This supported people to be as independent as they were able.

People supported by the service told us staff spoke with them in a respectful way and respected their privacy and dignity. One relative said, "They don't make any fuss, because it would embarrass [person], but when they see that [their] bed sheets are soiled they just remove them and remake the bed." One person said, "I do have different ones [staff] sometimes but they are all very kind and respectful towards me and we are all like friends now."

People's personal information was protected. Computer systems used by the service were password protected; this included the smart phones used by care staff.

Is the service responsive?

Our findings

Our inspection carried out during January and February 2017 found that the service required improvement in the Responsive key question. At this inspection we found that the service had made improvements and is rated Good.

Our previous inspection had found that staff did not arrive on time, did not always stay the required amount of time and visits were not at times people required them. At this inspection people told us that they now received visits when they required, carers arrived on time and stayed for the required amount of time. One person said, "Compared with a few months ago, they seem much more relaxed and not clock watching as they used to." Another person told us that their visits had been arranged for the time of day they wanted. They said, "I was asked what time I'd like the visits. I explained that I'm an early morning person so they arranged for me to be first on the list every morning."

Care staff we spoke with had a good knowledge of the care needs of people the people they supported and how these had changed over time. Staff told us they were provided with sufficient information about people's needs and were updated when anything had changed. The care plans we inspected contained detailed and up to date information about people's needs. They also contained detailed guidance on what the member of care staff should do on each visit to ensure the person's needs and preferences were met.

People contributed to their care planning as much as they were able. One person said, "I recently had a review meeting with a lady from the agency. My [relative] came as well and we looked through my care plan, talked about my carers and we were asked if there was anything we weren't happy about." Care plans demonstrated that they had been regularly reviewed to ensure that information was up to date.

People told us that they felt able to share any concerns or complaints with the service although the majority had not made a complaint. One person said, "I would ask my [relative] to talk to one of the managers as at my age, I don't like complaining. My [relative] would certainly make sure that [relative] was listened to." Another person said, "We have complained in the past and we have seen improvement lately so perhaps they are listening after all."

The service had a formal complaints policy and procedure. The complaints procedure clearly outlined what a person should expect if they made a complaint. There were guidelines as to how long it should take the service to respond to and resolve a complaint. Any complaints were recorded on a computer system which could be accessed and monitored for trends by the provider's management team.

Is the service well-led?

Our findings

Our inspection carried out during January and February 2017 rated the service as Inadequate in the Well-led key question and found it to be in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that the service had made improvements and was no longer in breach of the Regulation. However, some improvements were still needed. This inspection has rated Well-led as Require Improvement.

Our previous inspection had found that the service quality assurance audits were not effective. Following that inspection the service had developed an action plan to drive improvement. A new computer system had also been implemented which gave care staff access to care plans and supported office staff to plan care visits. We found that this had effectively driven improvement. Feedback from people and their relatives centred on how things had improved in all aspects of the service over the previous four months. People told us how having regular carers who understood their needs and how they liked to be supported improved their overall experience of receiving care and support. A relative told us, "[Relative] has a review in about 10 days' time for the manager to come and meet with us and talk about any additional help we need moving forward. Unlike this time last year, when I needed to talk to them about missed calls and the varying quality of carers, this year, I will let them know that I have seen great improvements and I'm grateful for the fact that [relative] now has a small number of regular carers who [relative] knows well."

However, some people did not feel that issues they raised, or responses they gave in quality questionnaires would be addressed by the service. One person told us, "We've probably filled in a couple of surveys during the last year but we never hear anything about any improvements that they are going to make in light of comments that clients have made." Another person said, "Sometimes it feels like hardly a month has gone by without another questionnaire coming through the post. I have to be honest though, and say that the last couple I haven't bothered to fill in because I've never heard back about any of the other ones and really don't see why I should waste my time anymore."

The registered manager told us that regular meetings were held for care staff to share views, information and gain support. As the service provided support across a wide geographical area these were held at venues accessible to staff. Care staff told us that they were required to attend a minimum number of staff meetings each year. However, some care staff told us that this was not enforced and that communication and feedback from the office was poor. Staff also told us that they were not kept informed of changes in this organisation and this was causing unsettling gossip amongst care staff. Staff also referred to not feeling supported by their office based colleagues. Poor communication when staff are dispersed could lead to poor motivation of staff leading to poor care.

Some people we spoke with also expressed concerns about their dealings with office staff. One person said, "No it is not too well led or managed. They never phone if late and when they change carers they don't tell me. It could be better." When asked about the management of the service another person said, "No it needs improving. If the carers come late they tell me they have phoned the office to let me know and have they done so? No. They never do so the carers get frustrated with them. Whenever I have phoned the office with a

query they say they will call me back. They don't, not ever." However, other people had had a positive experience when dealing with the service. One person, said, "Allied cannot do enough for us, we are well pleased. Excellent all round." Two people responded "I think it is very well led and managed". The service needs to ensure that people receive a consistent service from the office based part of the organisation.

The service had a registered manager in post who understood their responsibilities. They submitted regular notifications and had met other legal requirements. For example, providing us with regular updates as required by conditions on their registration. The provider's clinical services manager and regional director spoke with us during the inspection and demonstrated an understanding of the key challenges facing the service. For example the recruitment and retention of care staff.

The service had implemented a variety of audits to monitor the quality of the service. The provider had introduced a self-audit process for branches where branch managers undertook a monthly assessment of their branch. Part of the audit was to look at customer and employee files and complaints. This process was supported by peer audits and overseen by the provider's management team. Results of audits were graded as red, amber or green and an appropriate action plan developed. These audits had supported the improvement of the service. However, they had not been in place for a sufficient period of time since our last inspection for us to be sure they had become integral to the service approach to quality.