Nestor Primecare Services Limited

Allied Healthcare Newcastle

Inspection report

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Ratings

Overall rating for this service	Inadequate

Is the service safe?	**Inadequate**
Is the service effective?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

We carried out an announced comprehensive inspection of this service on 1, 3 and 10 September 2015. Three breaches of legal requirements were found.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements. These related to the breaches of regulations regarding safe care and treatment, consent to care and treatment and person-centred care.

We undertook a focused inspection on 26 July 2016 to check they had followed their plan and to confirm whether they now met the legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Allied Healthcare Newcastle on our website at www.cqc.org.uk.

Allied Healthcare Newcastle is a domiciliary care agency that provides personal care to adults and older people, some of whom may have a dementia-related condition. It does not provide nursing care. At the time of this inspection it was providing support to approximately 300 people in Newcastle upon Tyne and North Tyneside.

The service had not had a registered manager in post since June 2015. At the time of this inspection the registered manager from another local branch was attending the service two days per week to oversee the management of the service. We were informed they had recently applied to become the registered manager of this service as well as the one they were currently managing. We were advised this was an interim measure and a new manager had been hired and was in the process of undergoing pre-employment checks. 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.

We found that improvements still needed to be made with regard to the management of medication. The service had appointed a Medication Administration Records (MARs) monitor with responsibility for checking all MAR's on a fortnightly basis. However, medication care plans and records we reviewed did not demonstrate that people had received their medication as prescribed. Risk assessments had not been completed for people who were self-medicating and 'as required' medication had not been documented in line with the provider's policy. Care records and guidance for topical medication did not demonstrate these were being used as prescribed.

We found the provider had taken action to update the care records of approximately half of the people using the service. New care plans were comprehensive and captured full details of people's needs and preferences as well as their consent to care and treatment. However the service did not have a robust plan in place for reviewing and updating all remaining care records in a timely manner. Care records we reviewed did not

always accurately reflect the level of care people were receiving from the service. The records had not been updated in a timely manner to reflect changes in people's care needs and care was not being reviewed on a regular basis.

We found a continued breach of regulation regarding safe care and treatment. We also found a breach of regulation in relation to the governance of the service. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The service was not safe. The provider had not taken action to improve the management of medication and protect people using the service against the risks associated with the unsafe use of medication.

Clear and accurate records were not being kept of medication administered by care workers. Gaps in the Medication Administration Records (MARs) meant we could not be sure people were always given their prescribed medication. Details of the strengths and dosages of some medication were not recorded correctly. Care plans and risk assessments did not support the safe handling of people's medication.

Is the service effective?

Requires Improvement

The service was not always effective. People's rights under the Mental Capacity Act 2005 were not always respected. Consent to care and treatment had not always been sought in line with relevant legislation.

Is the service responsive?

Requires Improvement

The service was not always responsive. People's needs and preferences regarding their care and treatment had not been fully assessed and their care plans were not always person-centred. The care planned for many of the people using the service had not been reviewed and updated.

Is the service well-led?

Inadequate

The service was not well led. The service had not had a registered manager in post for over a year. There was no consistent management support for staff working at the service. The processes in place to monitor and improve the effectiveness of the service were not effective. There was no robust plan for reviewing and updating care records for people using the service.

Allied Healthcare Newcastle

Detailed findings

Background to this inspection

We undertook an announced focused inspection of Allied Healthcare Newcastle on 26 July 2016. This inspection was done to check that improvements to meet legal requirements planned by the provider had been made after our comprehensive inspection on 1, 3 and 10 September 2015.

We planned to inspect the service against three of the five questions we ask about services: Is the service safe?; Is the service effective?; and Is the service responsive? This was because the service was not meeting some legal requirements at the time of our initial inspection. As a result of our findings during the inspection we also looked at whether the service was well-led.

This inspection was undertaken by two adult social care inspectors and two pharmacist inspectors.

During the inspection we spoke with the acting manager, the area manager, three care co-ordinators, a senior care worker and two care workers. We reviewed 15 people's care records and daily notes as well as 11 medicine records. We also conducted home visits to nine people using the service and spoke to two relatives.

Inadequate

Is the service safe?

Our findings

At our last comprehensive inspection in September 2015 a breach of legal requirements was found. The provider had not ensured the proper and safe management of medication.

We reviewed the action plan the provider sent to us following our inspection. This gave assurances that action was being taken to ensure the proper and safe management of medication. The provider told us they would be compliant with the regulations by December 2015.

During this inspection we looked at medication records, spoke with staff about medication and reviewed the provider's medication policies.

We found staff had not accurately documented the level of support that people needed in their care plans. For one person we visited the medication risk assessment stated the person required their medication to be administered by staff. However we saw on the Medication Administration Record (MAR) that one medication was left out for the person to take later. No risk assessment had been completed so that staff could be sure that the individual knew when and how to take this 'left out' medication and that they could manage it safely.

Care staff did not always ensure that the administration of people's prescribed medication was accurately recorded. We saw that the forms which care workers signed to record when people had been given their medication did not always clearly demonstrate which medication had been administered on each occasion. Details of the strengths and dosages of some medication were not recorded. We also saw gaps in the records kept for all the people we looked at, which meant we could not tell whether their medication had been given correctly. Where the non-administration code 'f' was used on the MAR, care staff had not recorded the reason for this as detailed in the medication policy. For one person whose medication was administered from the original boxes supplied by the pharmacy, a handwritten entry had been made but it was unclear which dates the administration records referred to.

We saw that medication for three people were not given as prescribed. Two people were prescribed paracetamol tablets for the relief of pain. To avoid paracetamol toxicity the interval between doses should be a minimum of four hours. For both people on a number of occasions the time interval between doses recorded on the MAR was less than four hours. For another person a patch was prescribed to be applied once daily for a maximum of six hours. Staff told us that this patch was applied on a morning and removed the following day, when a new patch was applied. This went against the prescribed instructions.

Several people were prescribed creams and ointments which were applied by care staff. The provider had a body map in the care plan which described to staff where and how these preparations should be applied. However these body maps were not sufficiently detailed. For some people, body maps were not available or the body map referred to several creams on the same chart and for other people the frequency or area of application was not specified. This meant there was a risk that staff did not have enough information about what creams were prescribed and how to apply them.

People told us they received all their prescribed medication on time and when they needed it. We observed medication being administered to people safely.

We looked at the guidance information kept about medication to be administered 'when required'. The medication guidance for care staff stated that 'when required' medication would be recorded on the 'medication list and support form'; however we found that this guidance was missing for the people whose records we looked at.

We were told by the manager that care staff had completed additional medication training since our last visit and staff we spoke with confirmed this. The service had appointed a member of staff who was responsible for monitoring and auditing people's MARs. However, we found although gaps in the records were being identified as a result of this, other issues which we found during our visit were not being identified. During the inspection we also found evidence that a medication error had not been reported to the office.

We saw a person's MARs had been audited which identified changes to medication and 29 'missed entries' in a month. The latter referred to the number of occasions when staff had not signed the MARs to confirm medication was administered, or used codes to explain the reasons why medication was not given. Notes on the MARs showed the person routinely refused some or all of their medication. One entry mid-cycle indicated medication in liquid form was given to the person. However, there was no evidence of any liquid medication being prescribed on the list of medication on the person's MARs. A course of antibiotics had also been added to the list, with no start date. Staff had not followed instructions on the MARs to complete a separate chart for any medication which was not held in the blister pack.

Another person, who had been using the service since 2012, had an undated care plan that identified their support included staff applying a topical medication to their legs. However, we noted entries in a visit report book on file which made reference to blister packs and staff prompting or giving the person their medication. There were no archived MARs available to verify whether there had been appropriate application of the topical medication. The only available MARs, which were dated April to June 2016 and had been audited, highlighted a number of 'missed entries'. These were found in the office. We ascertained that care workers had introduced the MARs to record support with medication taken orally when the person had returned home from hospital. However, no assessment of the extent of support the person required had been carried out. We saw the topical medication was not included in the MARs for a period of 17 days. Thereafter directions stated the cream was to be applied twice daily but it had not been consistently signed for by staff. It was also evident that another topical medication was prescribed during this time, though no directions other than it was to be used for one week, were stated.

We considered that the service was failing to protect people using the service against the risks associated with the unsafe use and management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We are currently considering our regulatory response to this breach and will report on any action once it is completed.

Requires Improvement

Is the service effective?

Our findings

At our last comprehensive inspection in September 2015 a breach of legal requirements was found. The provider had not ensured people's care and treatment was given with the consent of the relevant person.

We reviewed the action plan the provider sent to us following our inspection. This gave assurances that action was being taken to ensure consent had been obtained from people using the service. The provider told us they would be compliant with the regulations by February 2016.

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.

In the period since the last inspection, new assessment documentation had been completed for approximately 50% of the people using the service, which included consent statements. We saw people had signed these to authorise staff to provide care and support as set out in their care plans; to confirm they had contributed to the development of their care plans; and agree they had been given information about the service. The statements contained sections for authorising personal information to be shared with other professionals and agreeing support from staff with medicines. An additional section was provided for the person's representative to sign on their behalf, where the person lacked mental capacity to give consent or was unable to sign because of their physical condition. In the records we reviewed, where new assessment documentation had been completed, we found this had been completed appropriately and consent had been obtained from the person using the service.

The assessment documentation included screening questions around mental capacity, memory, and the person's communication needs. These were focused on whether the referring authority had recorded any concerns about mental capacity, though did prompt, where applicable, for staff to undertake a memory needs assessment.

Where new assessment documentation had not been completed, we found the service had not reviewed people's capacity to give consent to their care and treatment. We found the provider had not met the assurances set out in their action plan.

Requires Improvement

Is the service responsive?

Our findings

At our last comprehensive inspection in September 2015 a breach of legal requirements was found. The provider had not ensured people's care plans were person-centred, in that they did not reflect people's preferences.

We reviewed the action plan the provider sent to us following our inspection. This gave assurances that action was being taken to ensure people's care plans were reviewed and updated to reflect their preferences. The provider told us they would be compliant with the regulations by December 2015.

We found new, extensive assessments had been introduced to identify people's needs and preferences as well as any risks associated with their care. These included mandatory areas to be assessed, such as skin integrity, nutrition, emotional well-being, and safety in the person's home environment. Screening questions were used to determine which other parts of the assessment tool were required to be completed. A summary of care needs had been developed which included background information about the person. This also specified what was important to the individual and the outcomes they wished to achieve from using the service.

Care plans had been devised from the assessments which were set out in different formats depending upon the extent of care being provided. Most people had care plans that recorded the support they needed at each visit from care staff. The plans were personalised, addressing people's independent skills and their preferred routines. For example, one person's plan stated, 'I will decide whether to have a shower or a full strip wash'. Another person's plan contained information about their food and drink preferences; 'likes either porridge or fruit and fibre'. Where people had more complex needs, a lead nurse from clinical services within the company had drawn up separate care plans for each identified need. These care plans were detailed, tailored to the individual and included measures to ensure the person's safety and respect their dignity during personal care.

Where new assessment documentation had not been completed, we found the service had not reviewed care documentation to ensure it reflected people's needs and preferences. We found the provider had not met the assurances set out in their action plan.

Inadequate

Is the service well-led?

Our findings

The service's registration includes a condition to have a registered manager in post. The service had not had a registered manager in post since June 2015. Since the last registered manager left the provider had appointed an acting manager, however we were informed they had left at the start of 2016 prior to gaining their registration. At the time of this inspection, the registered manager from another local branch was providing management support by attending the office two days per week. We were also informed the area manager was assisting in overseeing the service and attended the office on a regular basis to support staff. The area manager told us a new manager had been recruited and was currently in the process of undergoing pre-employment checks. As an interim measure, the registered manager from the other branch had applied to become the registered manager of this branch as well as the one they were already managing. The area manager told us this arrangement was to remain in place until the new manager had settled into their post.

We found appropriate arrangements were not in place for the safe management of medication. Existing governance measures were ineffective in mitigating risks to people's safety and welfare and improving the quality of the service. Although audits were being undertaken of MARs, these were not fully effective and only identified gaps in the records. Other issues such as discrepancies between the medication recorded and the medication administered, absence of risk assessments, lack of clear instructions to staff and errors in administration were not identified.

Since our last inspection in September 2015, we discovered that new care documentation had not been introduced for around 50% of the people using the service. We asked the manager about the process for transferring people's care onto the new care documentation. We were told all new people joining the service had been assessed and had their care planned using the new documentation. The care of people already using the service was being transferred to the new documentation when their annual review was completed. However, we found people had not been receiving their annual reviews and in some care records we found reviews had not been undertaken for a number of years. There was no robust plan in place for completing the new documentation for the remaining people. The manager confirmed that each of the remaining 146 people were all overdue to have an annual review undertaken.

We asked the manager about the process for updating people's records following a change in their care needs. We were told the service was normally informed about changes to people's needs by the local authority who commissioned services on people's behalf. Following the receipt of information, a field care supervisor would arrange to go out and see the person using the service in order to update their records. The manager confirmed this had not always been happening. This meant there was a risk that staff did not have the information they required to meet people's needs and care for them safely.

We found changes to people's needs had not been responded to by further assessment, updating of care plans or carrying out reviews of care and support. And although office staff we talked with were able to give accounts of the care that care staff provided to individuals in practice, people's care documentation did not support this. For example, where a person received 24 hour care from the service we saw they had no care

plan for meeting their needs. Out of date information was on file, from April 2015, indicating the person had three 20 minute visits daily and a separate weekly visit for shopping. The only care review for the person was dated from 2012 and had been carried out by the local authority that funded their care. The office staff confirmed no further assessment had been undertaken when the person's needs and risks had significantly changed. A senior worker, who worked with the person, also confirmed there was no up to date care plan in the person's home for staff to refer to.

In other instances we were told care visits had been increased, such as following a person's discharge from hospital. This was not reflected in care records and care plans had not been updated to give staff guidance on the support they needed to provide. We also found records where the dates or duration of care visits had changed but this was not reflected in people's records.

We spoke to the manager and area manager who told us field care supervisors were in the process of updating assessments and care plans for everyone currently using the service. We were informed the length of these documents, the time taken to complete them and the fact these were electronic had meant this process was taking longer than initially anticipated. The area manager told us this had been recognised and two new field care supervisors had recently been appointed to assist with the completion of these. In addition to this, we were informed new care documentation had been piloted and was due to be introduced later in the year. We were informed field care supervisors should be able to complete three reviews per day using the new care documentation.

We found appropriate measures were not in place to ensure that consent to care and treatment had been given by the relevant person. For example, one person had a letter on their personal file from their GP that authorised their medicines to be given covertly (without their knowledge). Care co-ordinators told us this person's needs had changed in May 2016 and since this time they had been receiving 24 hour care from the service. The person's care included provision of a soft diet and constant supervision from staff to prevent potentially harmful behaviour occurring. The co-ordinators confirmed that no formal processes had been followed to assess the person's mental capacity and make decisions in their best interests about the care they were now receiving.

In another instance, we found a person who had previously self-managed their medicines had been supported by staff with their medicines in recent months. There had been no update in regard to assessing the person's needs and determining whether they were able to give their consent to this support.

In two of the other records we reviewed we saw consent to care and treatment forms had been signed for by a representative on behalf of the person using the service. However, there was no evidence a capacity assessment had been undertaken in either of these records to indicate the person did not have the capacity to make this decision themselves. There was also no evidence that either of these representatives had the legal authority to sign the documents on the person's behalf.

We concluded that the service did not have appropriate management structures in place to support staff and ensure the effective management of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We are currently considering our regulatory response to this breach and will report on any action once it is completed.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured the proper and safe management of medicines.

The enforcement action we took:

Through enforcement we varied the providers registration. Following which the provider was no longer able to operate from this location. During the enforcement process the provider chose to move all service users and staff to another location and closed this branch.

Regulated activity	Regulation
Personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured systems or processes were in place to assess, monitor and improve the quality and safety of the service. The provider had also not ensured an accurate, complete and contemporaneous record in respect of each service user was held, including a record of the care and treatment provided to the service user and of decisions taken in relation to care and treatment provided.

The enforcement action we took:

Through enforcement we varied the providers registration. Following which the provider was no longer able to operate from this location. During the enforcement process the provider chose to move all service users and staff to another location and closed this branch.