

Nestor Primecare Services Limited

# Allied Healthcare Sutton

## Inspection report

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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?	Good ●

# Summary of findings

## Overall summary

This inspection took place on 9 May 2018 and was announced. We gave the service 24 hours' notice of the inspection visit because the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

At the comprehensive inspection of this service on 20 July 2016 we found four breaches of regulations. These were in relation to safe care and treatment, person centred care, good governance and notification of incidents, which in this case referred to allegations of abuse. The provider wrote to us with their action plan on 9 September 2016 and told us these actions would be completed by 30 November 2016. We then carried out an announced focussed inspection on 27 April 2017 where we found the service to be in continuing breach of two regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We served two warning notices for these continuing breaches of the regulations and as a consequence we rated the service as 'requires improvement' overall and in the same three key questions of 'safe', 'responsive' and 'well led'.

Allied Healthcare Sutton provides personal care and support to people living in their own homes. This includes both younger and older adults, people with physical and mental health needs, people with learning disabilities and people who may be living with dementia. At the time of this inspection there were 164 people using the service.

A new manager was in post, registered with the Care quality Commission on 27 September 2017. 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.

The purpose of this inspection was to check the improvements the provider said they would make in meeting their legal requirements. At this inspection, we found the provider had taken sufficient action to rectify the two breaches in relation to safe care and treatment and good governance.

Our inspection found that risks were now being managed appropriately and people who required assessments of their risk of developing pressure ulcers were assessed. Risk assessments contained sufficient information and guidance for staff to follow and provide safe support and care for people.

People told us they were safe. Staff understood their responsibilities in relation to safeguarding.

The service had safe, robust recruitment processes. The provider ensured people were supported by staff deemed suitable and appropriate. Staffing levels were appropriately maintained.

Medicines were managed safely. Records relating to the administration of medicines were accurate and

complete. Where people were prescribed medicines with specific instructions for administration we saw these instructions were followed. Staff responsible for the administration of medicines had completed training and their competency was assessed regularly to ensure they had the skills and knowledge to administer medicines safely.

Learning was identified for incidents and accidents and action taken to make improvements which enhanced people's safety.

Staff had received regular training to make sure they stayed up to date with recognising and reporting safety concerns. Staff received effective support through supervision, spot checks and training. Staff training plans were monitored and up to date.

People's nutritional needs were met and where people required support with nutrition, care plans provided staff with guidance on people's support needs.

People were supported to have healthier lives. Staff assisted them to access health professionals when needed and staff worked closely with people's GPs to ensure their health and well-being was monitored.

People told us they benefitted from caring relationships with the staff. There were sufficient staff to meet people's needs.

People were treated as individuals by staff committed to respecting people's individual preferences. The service's diversity policy supported this culture. Care plans were person centred and people were actively involved in developing their support plans.

People told us they were confident they would be listened to and action would be taken if they raised a concern. We saw a complaints policy and procedure was in place.

The service had systems in place to notify the appropriate authorities where concerns were identified.

The provider monitored the quality of the service and strived for continuous improvement. There was a clear vision to deliver high quality care and support and promote a positive culture that was person-centred, open and inclusive.

## 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. Risks to people were managed appropriately, assessments and support plans were in place to manage the risk and keep people safe.

People received their medicines safely and staff were trained and their competencies monitored.

People told us they felt safe and staff knew how to identify and raise concerns.

There were robust recruitment processes in place to ensure staff deemed by the provider as 'suitable and appropriate' were deployed to meet people's needs.

### Is the service effective?

Good ●

The service was effective. People's needs were assessed and care planned to ensure it met their needs.

People were supported by staff who had the training and knowledge to support them effectively. Staff received support and supervision and had access to further training and development.

Staff had been trained in the Mental Capacity Act 2005 (MCA) and applied its principles in their work.

### Is the service caring?

Good ●

The service was caring. Staff were kind, compassionate and respectful and treated people and their relatives with dignity and respect.

Staff gave people the time to express their wishes and respected the decisions they made. People were involved in their care.

### Is the service responsive?

Good ●

The service was responsive. People were included in the planning and reviewing of their care so that personalised care was delivered in a way that met people's individual needs and

preferences.

People knew how to make a complaint if they were unhappy and were confident that these would be dealt with efficiently and effectively.

**Is the service well-led?**

**Good** ●

The service was well-led. The registered manager promoted an open and inclusive service whereby people, their relatives and staff were encouraged to contribute to the development and improvement of the service.

There were good quality assurance processes in place and the registered manager sought feedback on the quality of the service delivery via quality assurance questionnaires. Feedback received was reviewed and where appropriate action taken in a timely manner.

# Allied Healthcare Sutton

## **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.

We undertook a comprehensive inspection on 6 April 2018. The provider was given 48 hours' notice of the inspection because the location provides a domiciliary care service and we needed to be sure that the registered manager would be available to speak to us.

Before the inspection, we reviewed all the information we held about the service. This included registration information as well as routine notifications and safeguarding records. During the inspection we spoke with the registered manager. We looked at seven people's care files and four staff files which included their recruitment records. We looked at computer-held staff training, supervision and appraisal records. We also viewed the provider's records relating to the management of the service including spot checks, incidents and complaints and the systems in place to assess and monitor the quality of care people received.

After the inspection we spoke to three people using the service and one relative. We spoke with two care workers and received feedback from a representative from a local authority which commissions the service.

# Is the service safe?

## Our findings

At our inspection on 27 April 2017 we found not all risks to people's safety had been appropriately identified and assessed. Risks to people potentially developing pressure ulcers had not been assessed. People identified as at risk of choking or falling did not have risk assessments in place to help ensure their safety and there were not always consistent plans in place to identify how the risks would be managed. In addition we also found medicines were not always safely managed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found significant improvements were made. Risks to people were assessed, managed and reviewed. Where people were identified as being at risk, assessments were in place and action had been taken to manage the risks. For example, one person had limited mobility and was at risk of falls. A detailed support plan was in place for staff to follow to help manage the risks identified. Staff received appropriate training to help them hoist people safely for all transfers. Two staff were required to support this person and records confirmed two staff were consistently deployed.

Other risk assessments we saw in people's care files covered trips and falls, skin pressure care and medicines. Medicines were managed safely. Records relating to the administration of medicines were accurate and complete. Where people were prescribed medicines with specific instructions for administration we saw these instructions were followed. Staff responsible for the administration of medicines had completed training and their competency was assessed regularly to ensure they had the skills and knowledge to administer medicines safely. Staff we spoke with told us they had received medicines training and were confident supporting people with their medicines. One staff member said, "We have all received training on the safe administration of medicines and my competency was checked quite recently". We saw records for staff that evidenced their competencies to do with the safe handling of medicines was checked annually. All of these measures has now helped to ensure people's safe care.

People told us they felt safe. People's comments included; "Yes I feel safe with my carers" and "I do feel safe thank you." One relative said, "I assist in looking after my [family member] so I can see they are safe. Our carers look after [family member] safely."

People were supported by staff who could explain how they would recognise and report abuse. Staff told us they would report concerns immediately to their line manager or to the senior person on duty. Staff were also aware they could report externally if needed. One member of staff told us, "If I had any concerns I would report them to the manager immediately." Another staff member said, "We report any issues straight to the manager and keep a detailed log in people's homes.". The provider had systems in place to report concerns to the appropriate authorities.

There were sufficient staffing levels deployed to meet people's needs. Staff visit records confirmed planned staffing levels were consistently maintained. Where two staff were required to support people, we saw they were consistently deployed.

People told us staff were not always punctual and not always informed by the office when their care worker would be late. One person said, "I am really happy with the care I receive from my regular carers, I just wish the office would let me know when they are going to be late." Another person said, "My regular carer is good to me, she understands me. It's not so easy with others and I don't always know whose coming." One of the relatives we spoke with said, "Improved communication from the office would help us, especially if they are going to be late." We raised this with the registered manager after the inspection and he told us that immediate measures would be taken to ensure there was improved communication with people. He said the matter will be addressed with staff and will be an agenda item on the next staff meeting. The operations manager told us Allied Care were looking to introduce a new electronic IT system that should also help improve communications across the agency. The new system monitors staff visits through mobile phones. The system is linked to electronic care plans and support systems allowing the provider to link information from a variety of records. The benefit for people who use the service and for staff would mean late calls could be identified and people informed more or less immediately. The impact for people who use the service would be positive as it would improve the communication issues mentioned above.

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the service. These included employment references and Disclosure and Barring Service (DBS) checks. These checks identified if prospective staff were of good character and were suitable for their role. This allowed the provider to make safer recruitment decisions.

Accidents and incidents were recorded and investigated. They were also analysed to see if people's care needed to be reviewed. Reviews of people's care included referrals to appropriate healthcare professionals. Where an issue arose, action was taken to reduce the risk of reoccurrence. For example, one person's medicine records contained an error. Once the provider had established the person had received their medicine action was taken. The results of the investigation were fed into staff supervisions and the staff member concerned was supported through advice, guidance and further training. This evidenced the service learnt from incidents and mistakes.

People were protected from risks associated with infection control. Staff were trained in infection control procedures and were provided with personal protective equipment (PPE), such as disposable gloves and aprons. An up to date infection control policy was in place which provided staff with information relating to infection control. This included; PPE, hand washing, safe disposal of sharps and information on infectious diseases. One staff member said, "We have plenty of the right equipment, plenty of gloves and aprons and we discuss infection control at meetings".



# Is the service effective?

## Our findings

People told us staff knew their needs and supported them appropriately. Comments included; "My carer is good to me – she understands me."; "The carers have the skills and my regular carers know what they are doing". One relative commented, "Yes, I think the staff have the right skills to support my wife."

People's needs were assessed to achieve effective outcomes, and care and treatment was delivered in line with guidance. We saw that detailed pre- assessments of people's needs were created by office based staff before care was delivered to ensure each person's needs could be met. Processes were in place to identify people's diverse needs, and ensure that no discrimination took place. Those staff we spoke with were trained and aware of how to support people with a wide range of needs and preferences.

Staff were skilled, knowledgeable and experienced and people received the care they needed. All staff completed induction training when they started employment with Allied and had regular refresher training to maintain a good standard of knowledge and to keep up to date with standards. The member of staff responsible for training told us they were working to ensure all staff completed the Care Certificate, which covers the basic standards required for care. Records we saw confirmed that all training was kept up to date.

Staff told us and records showed staff received support through regular supervision. This included one to one meetings, team meetings and 'spot checks'. These checks enabled the line manager time to monitor staff practices. Senior staff observed staff whilst they were supporting people. Observations were recorded and fed back to staff to allow them to learn and improve their practice. Observations were also fed into staff supervisions. These measures ensured staff had the skills, knowledge and experience to deliver effective care and support and problems were rectified effectively.

Staff supported people to eat and drink sufficient amounts. For example, one person's care plan outlined their preferred diet according to their cultural needs. Another, what foods the person preferred to eat and that all their food should be chopped up in to bite sized pieces to make it manageable for them. All staff had a good knowledge of the preferences and requirements people had with food and drink.

The service worked and communicated with other agencies and staff to enable effective care and support. The operations manager told us that the service regularly liaised with health professionals such as occupational therapists and doctors. Detailed information regarding people's health requirements was recorded on their care files.

The service sought people's consent. Care plans contained documents evidencing the service had sought people's consent to care. These were signed and dated by the person or their legal representative. Staff told us they sought people's consent. One staff member said, "I always get clients permission before I do anything for them". This practice is in line with the principles of the MCA.

The Mental Capacity Act (MCA) 2005 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 make 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. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection. Staff were able to demonstrate they worked within the principles of the MCA and there was satisfactory documentation to support this.

## Is the service caring?

### Our findings

People told us they benefitted from caring relationships with the staff. Comments included; "Our carers are kind" ; "My regular carer is very caring, yes", "I was worried when one of my two carers was a male, but he was very sensitive and treated me with great respect and dignity", "They are good to me, and it's getting better" and "I really like my carers they are very helpful."

Staff spoke with us about positive relationships at the service. Comments included; "I like the people I work with, for that reason I love the job" and "I have good relationships with the people I support. It's all about trust, them trusting me to be reliable and do a good job and keep their best interests in mind."

People were involved in their care and kept informed. Daily visits schedules and details of support to be provided were held in people's care plans. For example, one schedule detailed 'preparing meals, showering and support with dressing'. One person spoke about being involved in their care, they told us, "I have a support plan that does set out what help I want and need. I was involved in writing it and it has been reviewed when my needs changed recently."

People told us they received support according to their needs and preferences. Initial assessments of people's needs, wishes and preferences were carried out before care was delivered to them. Care plans highlighted people's support needs and guided staff on how to support the person appropriately. For example, one person could present behaviours that challenged others due to frustration with their condition. Staff were provided with detailed guidance on how to support this person. This included adopting a non-challenging manner. Staff we spoke with were aware of this guidance and we saw from training records they had received training in this area of their work.

People told us they were treated with dignity and respect. Comments included; "Yes definitely. The carers are all very polite and respectful" and "I am certainly respected". One relative said, "They treat my wife with dignity and respect."

People's dignity and privacy were respected. When staff spoke about people to us they were respectful. Care plans were written in the first person; the language used was respectful and reminded staff to treat people with dignity and respect. For example staff used people's preferred names. Another example of this was provided by one staff member who told us, "I always suggest to people they might like to be covered when offering personal care".

## Is the service responsive?

### Our findings

People told us they were assessed to ensure their support plans met their individual needs. One person said, "At the start of the service one of the office based staff came and met with me and we went through the help and support I thought I needed and I was asked how I would like it to be provided." Another person said, "They went to the trouble of asking me what times were best for me." Someone else told us they were asked for their preferences for a male or female staff person to assist them. This demonstrated the provider worked in a collaborative way with people to help ensure they received the personalised and responsive care they needed.

Staff were knowledgeable about people's needs and told us they tried to support people respecting their individuality and their diversity. One staff member said, "People do like to have things done in their own way. So that's in my mind when I help people. I try to treat all my clients as individuals." We saw people's diverse needs were respected and support work arranged accordingly with people. There was an equality policy in place. The equality policy covered all aspects of diversity including race, sex, sexual orientation and religion. Records showed staff had received training in equal opportunities and diversity.

The service was responsive to people's changing needs. For example, when people had medical or private appointments they were able to adjust care visit times to suit their needs. We also saw that where people's condition changed the service responded by making referrals to healthcare professionals and adapting care and support to meet the person's changing needs. During our inspection we heard telephone conversations of people requesting changes to visit dates or times. We heard staff responding positively to people's requests.

People knew how to raise concerns and were confident action would be taken. Everyone we spoke with knew how to raise a complaint and felt they were listened to. One person said, "I was told about that when I first got the service. I know how to complain and I'm pretty sure they'd do something about it." One relative said, "I think they would deal with any concerns raised". Another relative said, "I've no complaints. I do contact them and they do sort things. Mainly over timings and they try to get it right". Details of how to complain were held in 'information packs' provided to people and their families.

The service had systems in place to record, investigate and resolve complaints. We reviewed the complaints log and saw that they were resolved satisfactorily in each case.

At the time of our inspection, no one was receiving end of life care. People's advanced wishes were recorded. For example, where people wished to die and their preferred funeral arrangements. Staff told us people's wishes were always respected. This included where people had expressed a wish not to be resuscitated.

# Is the service well-led?

## Our findings

At the inspection we carried out on 20 July 2016 we found a breach of the regulation in relation to good governance. We followed this up with a 'focussed' inspection on 27 April 2017 to check whether the provider had made improvements to meet the expected requirements. However we found the improvements made then were not sufficient to ensure appropriate standards were always maintained in terms of safe care and treatment and record keeping and we found the provider continued to be in breach of regulation 17. Areas of concern were to do with the safe administration of medicines, effective and safe risk assessment processes and good record keeping.

At this inspection we found significant improvements were made in all these areas as has been highlighted already in this report. Safe and effective procedures were in place for people with the administration of medicines; risk assessments we inspected were comprehensive in their coverage of people's needs. All the records that we inspected were well maintained and we found that the information we required to see was easy to access and chronologically stored. Old information had been archived appropriately but was also accessible if needed. This reflected on a well organised and efficiently run service.

All of the people we spoke with were happy with the service they received. Relatives and staff all confirmed they had confidence in the management of the service. The managers we spoke with were aware of their responsibilities; they had a good insight into the needs of people using the service. People said the registered manager, senior staff and the provider were very approachable. One person said, "Since the new manager came in last year things have started to improve a lot. I have always found the office staff to be approachable if I have had a problem." Another person said, "It's better now than it used to be. They telephone me and sometimes they call to see if things are going ok with the service, they seem to care that all's well for me." One person we spoke with said, "I have noticed a difference since a year or two ago, things have improved, especially with the timing of our calls."

The service was open and honest, and promoted a positive culture throughout. One staff member said, "I love my job, its great working here. The support is good." Another staff member said, "It's a close team, we all work together well. There was a turnover of staff last year when the manager changed but it's settled down now and it's quite a bit better."

We saw there were processes in place that enabled people and the staff to have their voices heard and be engaged and involved in the development of the service. One relative said, "They do ask what we think about the service and I have found it easy to communicate with them. I can get hold of the registered manager whenever I need to." We found the provider implemented a number of different and effective mechanisms to gain feedback about the quality of its service provision to people. Telephone surveys were carried out regularly. This was where office based staff contacted people to check their satisfaction with the support they received. "Spot checks", were also a quality assurance tool we found was in place. This was where office based staff monitored directly the work staff delivered to people in their own homes. Issues, concerns and areas where improvements could be made were addressed appropriately to ensure changes were made.

The wish to gain feedback and improve services where necessary was evidenced from our discussions with people and from our review of the provider's records. A good example of this was given when we spoke with the operations manager who told us about the proposed implementation of a new electronic monitoring system to improve communications with people. The provider's quality assurance process had identified this was an issue from feedback people provided and this action would help meet the need.

The staff we spoke with all felt that they were able to input to the development of the service and the care that people received. One staff member said, "We have regular staff team meetings and at them we discuss all the policies and procedures. Where things need to be improved and where changes need to be made." Another member of staff told us they thought the managers wanted to keep things working well and so involved them in the running of the service, recognising their input as being very valuable.

The registered manager conducted a monthly audit which checked all areas of the service to monitor quality and pick up any faults. We saw that this system was effective and any problems were identified and acted upon in a timely manner. Feedback was gained from people and relatives via a questionnaire, and results were analysed and acted upon by management.

The provider had submitted notifications to the Care Quality Commission (CQC). A notification is information about important events that the service is required to send us by law in a timely way. They also shared information as appropriate with health and social care professionals. The latest CQC inspection report rating was on display at the service. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

The service worked positively with outside agencies. This included a range of health and social care professionals. For example, the service supported people in the community to various locations including a day service for people with disabilities. This required working alongside staff from other agencies to ensure that a range of activities were made available for people's enjoyment.