Nestor Primecare Services Limited

Allied Healthcare Alice Bye Court

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This was an announced inspection which took place on 13 and 14 June 2018.

Allied Healthcare Alice Bye Court is a domiciliary care agency. This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. Currently, the service provides care and support to 38 people. The accommodation is bought or rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing, this inspection looked at people's personal care and support.

We carried out an announced comprehensive inspection of this service on 13 February 2017. The service was rated as good in all domains and overall good at that inspection. After that inspection we received concerns in relation to people's safety and poor management of the service. As a result we undertook a focused inspection to look into those concerns. At this inspection we rated the domains of safe and well-led as requiring improvement.

This report only covers our findings in relation to those topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Allied Healthcare Alice Bye Court on our website at www.cqc.org.uk"

There was not a registered manager running the service. 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 management team currently running the service were described as supportive and effective. Relevant parties told us that things were improving. However, although the service had an effective system of assessing, reviewing and improving the quality of care provided this had not been followed effectively. Some areas had been identified as requiring improvement but action had not been taken to do so. This breached the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were not supported with their medicines as safely as they could be. Medicines were not always recorded accurately. The support people needed with medicines was not clear because care plans did not give staff enough detailed information to ensure they gave the correct medicines at the right times. This breached the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In most areas people, staff and visitors were protected from harm and were kept as safe as possible. Staff knew how to protect the people in their care and understood what action they need to take if they identified any concerns. General risks and risks to individuals were identified and action was taken to reduce them, as far as possible. People's needs were, currently, met by sufficient numbers of staff.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

The medicine administration and care planning systems were not detailed enough to ensure people's medicines were always available to them and given in the right quantities at the right times.

Care staff were trained in and understood how to keep people safe from most types of abuse. People's financial records were not always accurate.

The service learned from any accident or other incidents to minimise any future risks.

The service had a robust recruitment procedure that ensured they could be as certain as they could be that the staff chosen were suitable to work with people.

Is the service well-led?

Requires Improvement

The service was not always well-led.

There was no registered manager in place and there had been several changes of management over the previous six months.

Staff felt they worked in a team that was well supported by new management and things were improving.

The quality assurance process was not being followed. It had identified improvements needed but action had not been taken to affect the change.

Allied Healthcare Alice Bye Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook an announced focused inspection of Allied Healthcare Alice Bye Court on 13 and 14 June 2018. This inspection was done because the local authority had informed us of concerns they had about the service. These related to medicine administration, care staff responding poorly to emergencies and poor management of the service. One inspector inspected the service against two of the five questions we ask about services, is the service safe and is the service well-led.

No risks, concerns or significant improvement were identified in the remaining Key Questions through our ongoing monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection.

The service was given one working days' notice because the location provides a domiciliary care service. We needed to be sure that the appropriate staff would be available in the office to assist with the inspection. The inspection was completed by one inspector.

We looked at all the information we have collected about the service. This included the previous report, information received from other bodies and notifications sent to us. A notification is information about important events which the service is required to tell us about by law.

We looked at paperwork for six people who receive a service. This included support plans, daily notes and other documentation, such as medication records. In addition we looked at records related to the running

of the service. These included a sample of health and safety, quality assurance, staff recruitment and training records.

We spoke with ten people and four staff on the days of the inspection. On the days of the inspection we spent time with the manager (who is beginning the process to register with the Care Quality Commission) and the organisation's care delivery director. Information received from the local authority commissioning and safeguarding teams had instigated our focused inspection.

Requires Improvement

Is the service safe?

Our findings

People were not always supported to take their medicines safely. Relatives of people told us of several incidences of people being given double medicines, missing medicines and not having any medicine to take because they had run out. Information from other sources noted that medicines were not always given on time and there was not always enough information provided for staff to give medicines safely. The local authority commissioning and safeguarding teams had told us of several incidences of medicine 'running out' and medicine administration errors. Since the last inspection there had been several medicine administration errors and records omissions. However, it was not clear how many as audits and checks had not been undertaken regularly. The three medicine administration record (MAR) sheets we reviewed all contained errors and omissions. This meant that it was not clear if people had taken their correct medicines which could impact on their health and well-being.

A small number of people who used the service, a small number of relatives, staff and the management team confirmed there had been issues around medicines being given safely. This meant there was potential for a negative impact on people's health because they were not receiving their correct medicines and/ or not receiving their medicines in a timely way. A small number of relatives noted an actual negative impact on their family member's health because of medicine administration issues.

The majority of people we spoke with told us they were always given the right medicines at the right times.

Medicine care plans (called personalised medication plans) were generic and did not include enough detail to ensure they were person centred. For example they did not include people's individual medicines, they simply stated as noted on MAR sheets However, we saw and were told by staff that MAR sheets were not always accurate. The medicine care plans and risk assessments did not include when and how people chose/ needed to take their medicines. For instance, they did not state with/after food, whether they were time critical or if people had a preferred way of taking them. This information (with the exception of times) was not noted on MAR sheets. This meant that it was not clear how each person was to be given their medicine, how they needed it to be administered and their preferences with regard to taking it. Additionally staff could not check the MAR against the care plan to ensure the medicine they were giving was correct and up-to-date.

The medicine care plans and risk assessments did not accurately detail what areas of the medicine administration the service was responsible for and what they were not. For example one care plan said, "Support required." However, the checklist which showed whether staff were responsible for ordering, collecting and prompting or providing specialist support was not completed. A note then said, "Allied only to order if [name] unable to." It did not describe what that meant. The lack of detail could lead to confusion and cause people to be without medicines when they were needed.

Medicine prescribed to be taken as required (PRN) was noted on medicine care plans and risk assessments. However, the instructions for administering it were very brief. They said, "offer PRN." The plans did not include any PRN protocols or guidelines or describe in what circumstances individuals may need PRN

medicines. The management team confirmed there were no PRN protocols or guidelines available they felt most people were able to clearly express when they needed PRN medicines. However, this information was not noted on the care plans. This meant people may not be given PRN medicines in a consistent way and there was potential for a negative impact on their comfort and well-being.

A failure to ensure the proper and safe management of medicines was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The current management team, who had been in place since May 2018, had recognised issues with medicine administration and had taken several measures to improve the process. For example staff had received three additional training sessions to ensure they understood how to administer medicines and how important it was to, "Get it right". Staff told us they felt it tended to be the staff who were not permanent who made more errors. The care delivery director had contacted people to ask their consent to change pharmacies so that one pharmacy dealt with everyone's medicines, people had agreed to this and this was in process. People, relatives, staff, the management team and the local authority all agreed that things had improved over the past few months and was continuing to improve.

People's needs were met by sufficient numbers of staff. Care support was provided by Allied Healthcare Alice Bye Court via scheduled domiciliary care visits and emergency alarm responses, from a staff team based on-site 24 hours a day. Each person had a specified number of minutes/hours of care paid for by the local authority or by people, themselves. They were, additionally, able to summon assistance in an emergency. The service had found it very difficult to recruit enough staff to meet the needs of the people in the previous six months.

People told us the regular staff responded immediately to emergency calls and they were confident to summon assistance when they need to. Regular staff were supported by agency staff. People were not as comfortable to receive support from staff they didn't know very well and several were not happy that agency staff were used. However, the management team told us there was no alternative because of the difficulties in recruiting permanent staff. They tried to ensure that the same agency staff were used, as far as possible. An ongoing recruitment campaign was in place. Office staff supported the care team in times of unexpected staff shortages.

Safety inquiries such as Disclosure and Barring Service (DBS) checks to confirm that employees did not have a criminal conviction that prevented them from working with people were made. References were requested and verified and application forms were completed.

People were, generally, kept safe from abuse. Care staff were provided with safeguarding training to ensure they knew how to protect people and report any concerns appropriately. Staff fully understood their responsibilities for keeping people safe. One staff member said, "We have a duty of care and any form of abuse is entirely unacceptable." Staff were aware of the whistleblowing policy and were totally confident that the senior staff would take any necessary action to protect people. People told us they felt very safe when being supported by care staff and living in Alice Bye Court. One person said, "At night I feel really safe and secure. I don't think in my life I have ever felt so secure." They added, "Staff really fuss about to keep you safe." Another said, "Yes I feel very safe and we know what to do in emergencies." A further person commented, "I always feel safe, no matter who the carer is. I have never been worried or concerned about staff or the way they treat me."

At the time of the inspection the service took responsibility for cash belonging to four people who lived in the scheme. The cash was kept in a locked cupboard in the office but records relating to the money were not

accurate. We saw that written financial records for two people (the other two were not checked) did not reflect the amount of cash that was available in people's 'tins'. There was, currently, no effective auditing system and there had been some allegations of missing monies. The care delivery director agreed to audit people's money and review the storage of cash in the office. After the inspection they confirmed that they had reviewed the practice and identified what the service's responsibilities were. They had taken steps to amend the system and ensure people's money was safe and people were protected from financial abuse.

People and staff were kept safe because health and safety policies and procedures were in place. Generic health and safety, environmental and individual risk assessments were in place. Generic risk assessments covered areas of safe working practice and environmental risk. Risk assessments were completed for each person's home, if necessary. Individual's risk assessments were integrated into care plans. Risks included skin integrity, mobility and lifestyle choices. Information was provided to enable care staff to minimise risk and offer support in the safest way possible.

The service had a business continuity plan in place. This instructed staff how to deal with emergencies. Staff told us they were trained to deal with emergencies and gave examples of the action they took when emergencies occurred. For example they had used the techniques they had learnt to resuscitate somebody who was very ill. Additionally, they told us what they would do if the fire alarm sounded.

People told us they were confident that care staff would be available in emergencies and deal with them effectively. One person gave an example of care staff's response to the emergency situation they found themselves in. They said staff had acted superbly. Another said, "The girls came in no time. They were well organised and knew exactly what to do. I was in hospital within the hour." However, people told us they were not as confident that non-permanent staff would respond as well. There was no recorded evidence to support this although some people recounted incidents when they felt non-permanent staff could not be found to assist with emergencies.

People benefitted because the service had a system of learning from accidents and incidents. These were recorded, investigated and actions to be taken to minimise the risk of recurrence were noted. Records were kept on the provider's computer system. Examples of actions taken included re-training staff.

Requires Improvement

Is the service well-led?

Our findings

The governance of the service was not always robust and did not always promote good quality care. The service requires improvement in the safe domain. A number of quality assurance systems were in place and were used to review all areas of the service. However, some of the audits had not been completed. For example there were no records of the monthly medicine administration records (MAR) audits since December 2017 and logbook (daily notes) checks had not been completed since March 2018. A staff meeting was held by the new management team in May 2018 but there were no records of previous staff meetings. Care staff told us they could not remember when they had attended a staff meeting previous to May 2018.

The provider had an on-line auditing system which managers had to put information into. This system had 'flagged' that the service was not compliant with a number of areas such as people's reviews. This was noted as being only 50% compliant. Action plans were drawn up and discussed at weekly conference telephone calls. However, senior staff from the service had not (until the new management team were in place) joined the calls. The provider had not taken any immediate action to rectify the shortfalls. For example actions noted as needed included, "Further personalisation of care plans especially medicines, re-instatement of MAR chart audits and up-dating care plans." Three of four actions, identified in March 2018, had not been completed. Shortfalls in auditing and governing the service effectively were evident. However, the new management team were prioritising work and addressing any necessary actions as quickly as possible.

The failure to ensure there were effective systems to monitor the service to drive improvement was a breach of Regulation17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were not benefitting from a service which was well-led. However, the leadership of the service was improving. There was no registered manager in post. The last registered manager cancelled their registration on 19 March 2018 although they had resigned from their post in January 2018. A manager was in post from January 2018 until April 2018 but did not register as the manager with the Care Quality Commission (CQC). The current management arrangements were that the interim manager was supported by the organisation's care delivery director. The interim manager told us they have begun the process to register as the interim registered manager of this and another local service run by the same provider. A new registered manager had been appointed but could not take up post for 12 weeks because of other work commitments.

Care staff described the new management team as, "Excellent" and another said, "[interim manager name] is brilliant, helpful and supportive." Others made comments such as, "They are very good managers and have really improved things." The opinion that the new management team was improving things was re-iterated by people and their families. People said, "At last a manager who listens to what I am saying and does something about it." Another said, "Yes I know the manager, If you talk to the manager [interim manager name given] you get an almost instant response." An additional comment was "[Interim manager name] is beginning to listen. Things are getting better. This manager is on the ball."

The service was beginning to work more effectively with other professionals to improve the care they

provided. For example they were working very closely with the local authority and completing action plans to improve the service. Additionally they were working with local GP surgeries and pharmacies to improve the efficiency and safety of medicine supplies and administration systems. The local authority had no immediate concerns about the service, currently. However they continued to monitor and review the standard of care provided,very closely.

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 12 HSCA RA Regulations 2014 Safe care and treatment The registered person was not ensuring the proper and safe management of medicines. Medicine recording and medicine administration care plans were not detailed. There was not enough information to ensure staff administered medicines safely or to check they had done so. Regulation 12 (2)(g).

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person had a system for assessing and monitoring the quality and safety of the services provided. However, this was not always completed and when shortfalls were identified action to affect necessary improvement was not taken in a timely way. Regulation 17(2)(a)