Allcare Nurses Agency Limited

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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

We carried out this inspection on the 26 and 27 June 2017. The inspection was announced. We gave the service 48 hours' notice of our inspection to make sure people were in the office.

Allcare Nurses Agency is located in Blackburn Lancashire. The agency is registered to provide nursing care and support to adults and children with complex medical needs in their own home. On the day of our inspection there were twelve people using the service. We were not able to verbally communicate with these people during our inspection.

At the time of our inspection the service had a registered manager in post. 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.

Staff members had received safeguarding training and were aware of their responsibilities to report any concerns. Safeguarding policies and procedures were in place to guide staff. A whistleblowing policy was also in place to protect staff should they report poor practice.

Risk assessments had been completed to keep people safe. We saw risk assessments had been completed to address risks such as choking, moving and handling, infection control and the use of oxygen.

There were robust recruitment systems and processes in place. We looked at staff personnel files and saw that application forms had been completed, where any gaps in employment could be checked, references were gained and Disclosure and Barring Service checks had been undertaken.

Medicines were managed safely. We saw that only those staff members trained to do so were permitted to administer medicines to people. Competency checks were regularly carried out to ensure staff members remained competent. The medicines policies and procedures that were in place did not contain up to date information in relation to nationally recognised good practice guidance. We discussed this with the registered manager who assured us the policies and procedures would be reviewed as soon as possible.

Staff told us they had access to personal protective equipment (PPE) such as gloves and aprons and confirmed they had received training in infection control. There was a nominated individual responsible for infection control within the service.

Records showed that when commencing employment at Allcare Nurses Agency, all staff were to complete an induction. The induction covered training the provider deemed necessary for the role, policies and procedures and shadowing more experienced members of staff.

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.

We saw staff members had regular one to one supervisions and appraisals. Supervisions discussed people they were supporting, roles, training needs/wishes, staffing levels, colleagues, uniforms and additional hours.

The service had a complaints policy and procedure in place. Whilst the service had not received any complaints since our last inspection, the registered manager was able to tell us the process they would follow should they receive a complaint.

All staff members we spoke with were able to describe how they supported people to remain as independent as possible whilst being supported.

There were detailed person centred care plans in place which directed staff members to ensure the individual needs of people who used the service were met. We saw care plans were regularly reviewed with the person and/or their family member to ensure they remained current.

Robust quality assurance systems and processes were in place to ensure the quality of the service was regularly monitored.

We received positive feedback in relation to the approachability of the registered manager. Staff members told us they felt able to approach the registered manager with any concerns or issues they may have.

The registered manager was able to identify key achievements and challenges for the service since our last inspection. They also had a clear focus for further improvements they wished to make.

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.

Relatives we spoke with felt their family member was safe being supported by Allcare Nurses Agency.

Staff members we spoke with confirmed they had received training in safeguarding and were aware of their responsibilities to keep people safe. A safeguarding policy and procedure was in place to guide staff members.

Robust recruitment systems and processes were in place to ensure only people who were safe to work with vulnerable people were employed.

Is the service effective?

Good

The service was effective.

Records we looked at and staff members we spoke with confirmed that all new employees had to undertake an induction when they commenced their employment.

The registered manager told us they were not currently placing any restrictions on people who used the service. However, they were able to inform us of the action they would take should they need to in the future. There was a Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) policy and procedure in place.

Staff members were supported in their roles through regular supervisions and appraisals.

Is the service caring?

Good

The service was caring.

All the relatives we spoke with gave us positive feedback about the staff members who supported their family member.

The service had an equality and diversity policy and procedure in place and the manager was able to evidence how they met the

diverse needs of people who used the service.

We observed that all personal and confidential information was appropriately stored in the office and only those people who were permitted to access it could.

Is the service responsive?

Good

The service was responsive.

Care plans we looked at were person centred and contained detailed information to guide staff members on the level of support required to meet people's needs.

The service had a complaints policy and procedure in place and staff were able to tell us how they would deal with any complaint. Records we looked at showed the service had not received any complaints since our last inspection.

Is the service well-led?

Good

The service was well led.

There was a registered manager in post who was registered with the Care Quality Commission (CQC).

All the staff members gave us very positive feedback about the registered manager. They told us they felt supported in their roles and were able to approach the registered manager if they had any issues or concerns.

Systems were in place to monitor the quality of the service.

Allcare Nurses Agency Limited

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 was a comprehensive, announced inspection which took place on the 26 and 27 June 2017.

The inspection team consisted of one adult social care inspector.

We did not request the provider to complete a provider information return (PIR); this is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make.

We reviewed the information we held about the service including notifications the provider had sent to us. We contacted the Local Authority safeguarding team, the local commissioning team and the local Healthwatch organisation to obtain their views about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We did not receive any concerns.

During the inspection we spoke with two relatives. We were unable to speak with people who used the service due to the nature of their illness/diagnosis. We also spoke with the registered manager and six care staff.

We looked at the medicine records for one person who used the service and care records for three people. We also looked at a range of records relating to how the service was managed; these included four staff personnel files, training records, quality assurance systems and policies and procedures.

Good

Is the service safe?

Our findings

One relative we spoke with told us they felt their family member was safe when receiving support from Allcare Nurses Agency. They commented, "Yes I think [relative] is safe. They [staff members] are very good."

We asked staff members how they supported people to remain safe. Comments we received included, "I make sure that there is nothing around to harm them. I am always with them to make sure they are okay and I don't leave them on their own", "We have had safeguarding training and we look at the risk assessments and I know that the risk assessments are updated every six months" and "If I go to a place where I have not been before the first thing I do is look at the care plan, look around and see if there are any hazards that might lead to danger."

Staff members we spoke with knew how to keep people safe. All the staff members we spoke with told us they would report any concerns to the registered manager or take it higher if they needed to. Comments we received included, "I would definitely report abuse. I know there are some things that are confidential but I would ring my manager and let them know. You can't keep something like that confidential", "I would ring [registered manager] straight away and put my concerns to them or if I saw someone harming someone I would ring the police. We have a 24 hour call number, so I could call them", "I would report it to my line manager and let them know. Also reassure the client" and "We have body maps so we always record any marks. I think it is just common sense; if you see something happening that you would not like to happen to you then it is abuse."

Records we looked at showed that staff had received safeguarding training. There was a safeguarding policy and procedure in place. This procedure provided staff with the contact details they could report any suspected abuse to and informed staff about the types of abuse, how to report abuse and what to do to keep people safe.

Staff members we spoke with told us they felt they could whistle-blow on poor practice and would be supported. Comments we received included, "We know they would have our backs and keep it confidential. I would not care I they found out it was me anyway" and "I would not really care about whistleblowing, I would do it because it was the right thing to do. Having said that I think they would be discreet, I am quite confident about that." The whistle blowing policy made a commitment by the organisation to protect staff who reported safeguarding incidents in good faith.

Risk assessments had been completed on an individual basis for people who used the service, such as using a sling, emergency evacuation, choking, oxygen, moving and handling, infection control and use of transport. The risk assessments were person centred and were completed to keep people safe and not restrict what they wanted to do and provided staff with guidance to minimise the risks.

We asked staff if they had received training in the safe use of equipment such as hoists. Comments we received included, "Yes, we have had hoists training", "We have done loads, moving and handling, first aid and resuscitation" and "I have had training on using a suction machine, Bilevel Positive Airway Pressure

(BiPAP), peg feeding, moving and handling, hoists, behaviour management and safe care and practice. They were package specific."

We asked staff members how they ensured equipment within the service was safe to use. One staff member told us, "I check to make sure the wheelchair is safe to use, seat belts work and everything is charged and safe for the next day." We saw that equipment in the office had been tested to ensure it was safe, such as portable appliance tests (PAT's), fire extinguishers and fire alarms.

The service had an accident reporting policy in place to direct staff on the procedure for reporting and documenting any accidents. We saw this did not make reference to the Care Quality Commission being notified of any serious injuries. We spoke with the registered manager regarding this, who confirmed this would be addressed as soon as possible.

We looked at the systems in place to ensure staff were safely recruited. One staff member told us, "Our Disclosure and Barring Service (DBS) is checked regularly and are updated as required." We asked the registered manager how they ensured staff members had the right qualifications, skills and experience to meet people's needs effectively. They told us, ""It is part of the recruitment process. Our recruitment process is robust. If it was a nurse we check their pin number and experience. We put all staff through the mandatory training. With nurses we would want to see original training certificates rather than photocopies, make sure references were from a nursing background and check them. We do DBS checks. We have a formal interview process that is set questions so it is fair for everybody."

The service had a recruitment policy in place to guide the manager on safe recruitment processes. We reviewed four staff personnel files (two registered nurses and two care staff). We saw that all of the files contained an application form, two references, and confirmation of the person's identity. The registered nurse's files also contained confirmation of their registration with the Nursing and Midwifery Council (NMC) and showed this was checked on an annual basis. Checks had also been carried out with the DBS. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. This meant staff were suitably checked and were safe to work with vulnerable adults.

One staff member told us, "Our shifts are always a month in advance which is very good. There can be changes to shifts but for me it is never a concern and I don't mind helping out." Other comments from staff members included, "Yes there is always enough staff", "Yes definitely enough staff. They work around appointments as well", "Yes there is always enough staff and staff are always on time to do the handover as well" and "I only ever meet whoever I am on shift with but I have never been on a shift on my own. They communicate well by email so if they are short plenty of people step up." Staff we spoke with also confirmed there was a system in place if people rang in sick and shifts were always covered. Records we looked at confirmed what we were told.

We asked the registered manager how they ensured people received their medicines as prescribed. They told us, "Training is massive so they [staff] understand how to give them and read and follow a MAR chart. We also do update training and spot checks; we actually make sure the MAR charts are clear and accurate. Having an on call service so someone can answer staff queries and if we don't know then we will go straight to the prescriber to get clarity. We can always get in the car and go over and support staff if they need it."

There were two medicines policies and procedures in place for staff to follow; one for registered nurses and one for care staff. We noted these did not make reference to nationally recognised good practice guidance and discussed this with the registered manager. We were assured that the policies would be reviewed and

the necessary improvements made as a matter of importance.

Records we looked at showed staff had been trained in the safe administration of medicines. Dependent upon the package of care commissioned staff may or may not have had to administer medicines to people. Individual care plans showed the level of involvement staff had in the administration of people's medicines. Medicine Administration Records (MAR's) were in place for those people for whom staff had to administer medicines. We looked at one person's and found these were completed correctly, with no gaps or omissions. The registered manager told us that competency checks and spot checks were undertaken on a regular basis to ensure all staff members remained competent to administer medicines.

Protocols were in place for those medicines regarded 'as required' (PRN), such as Paracetamol. The protocols gave staff detailed information about the medicine, what it should be given for, directions on the dose to be given, frequency and other measures that were to be considered. This helped to prevent errors.

All the staff we spoke with told us they had received training in infection control. They told us, "We have always been told to use preventative things like to use Dettol wipes and to use soap and water. We have gloves and aprons, everything we need and we use them for everything", "We have gloves and aprons. If we do run out before the next shift we come and collect more from the office" and "Yes I have had training, washing hands correctly and using aprons. They always sign you off on a task before they let you do them alone. They have a nurse observing you until they think you are alright to do it on your own."

There was an infection control policy in place. This gave staff detailed information such as effective hand washing, the use of protective clothing and the handling and storage of specimens. The registered manager told us there was a nominated individual responsible for infection control but everyone had a responsibility to ensure they adhered to the policies and procedures.

Good

Is the service effective?

Our findings

We asked one relative if they felt staff members had the appropriate skills and knowledge to care for their family member. They told us, "Yes they do. They have adequate skills to do [family member] medicines. They know [family member] very well. He doesn't communicate verbally but they have got to know the little ways he communicates with them very well."

All the staff we spoke with told us they had completed an induction when commencing employment at Allcare Nurses Agency. Comments we received included, "I had to go to their home and work with someone that was there. The induction is for you to get to know the clients, what they like, how to communicate with them and how to care for them. I have a diploma in health and social care", "We did paperwork such as how to do time sheets, how to write care records, safeguarding and what to look for, risks, radicalisation, sexism and racism. We had case studies to do. I also had to shadow [work alongside an experienced member of staff]. The staff member I was shadowing made me feel so comfortable and relaxed", "I am doing the care certificate as well as the induction" and "We had a mandatory and package specific training induction which took about a week."

The registered manager confirmed that staff members who were new to the care industry were expected to complete the care certificate "once they had settled into their roles." The care certificate is considered best practice for staff members new to the care industry. Records we looked at confirmed staff were to undertake training the provider had deemed necessary for the role, read relevant policies and procedures and undertake a period of shadowing an experienced staff member.

One staff member told us, "They keep us updated with training and professional development and have helped nurses through our validation. I have also been doing practical training with the new care staff, for example, oral clearance, dispensing of medicines, record keeping, gastrostomy care and the use of feeding pumps." We asked other staff members what training they had completed in the past 12 months. One person told us, "Medicines training, safeguarding, moving and handling, fire safety, food hygiene and first aid."

We asked the registered manager how they supported staff to develop and progress in order to meet the needs and preferences of people they supported. They told us, "Obviously they do a lot of training. We do that in a variety of ways; classroom training, online and we do access external training. There are a number of staff we are supporting with their NVQ's at the moment. For registered nurses we have supported them with external training and revalidation. Because we do a lot of clinical care we have got specialist nurses to do some training for staff." The registered manager also told us and records showed that training was person centred; staff completed training dependent on the person they were supporting and the needs of the person. The registered manager told us this was to ensure training was meaningful.

We looked at the training matrix and saw other courses available to staff members included equality and diversity, epilepsy, suction theory and practical, positive behaviour, autism, diabetes, basic life support, customer care and communication, person centred support, bed rails and Mental Capacity Act (MCA) 2005.

We asked staff members if they received supervisions and appraisals. Comments we received included, "I get supervisions. I come into the office. They will tell me what I have been doing well. They are regular and we can ask for more training", "Yes we get supervisions but they are always just at the end of the phone to help us" and "I have had supervision when a nurse has been on shift with me and [registered manager] has been out to me when I have been on shift."

Records we looked at confirmed what staff members had told us. We saw supervisions consisted of the people staff were supporting, their roles and if there were any challenges facing them, training needs/wishes, staffing levels, colleagues, uniforms and additional hours.

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. Any applications to deprive someone of their liberty for this service must be made through the Court of Protection. We checked whether the service was working within the principles of the MCA.

The registered manager told us they were not currently placing any restrictions on people who used the service. However, they told us if they felt it was necessary to they would "work with the social worker, apply for a DoLS and make sure it was appropriate and the right level of intervention." Records we looked at showed that MCA and DoLS training was covered briefly as part of the induction process and policy and procedures were in place to guide staff members.

Records we looked at showed people also had support with their health care needs from external healthcare professionals such as occupational therapists, consultants, speech and language therapists and GP's.

We asked the registered manager how they ensured people's healthcare needs were met. They told us, "We have a health needs assessment which we continue to review. We have a good working relationship with professionals that are involved with people for their health needs. They keep us in the loop and we disseminate it down to the team."

Good

Is the service caring?

Our findings

One relative we spoke with told us, "It is the continuity I like. I am happy with all the staff that support [family member]." Another relative told us, "[Staff member] is a brilliant carer."

We asked staff how well they knew the people they were caring for. One staff member told us, "Before we go out to work with someone, we are given a profile on them with their needs on it, medical needs and a little bit about them. We have a one to one brief with someone from the office; we usually meet the person first as well. The person I am supporting, I went and sat with him for half an hour so by the time I did a shift with him I was fairly comfortable working with him." All the staff members we spoke with told us they would be happy for one of their family members to be supported by the service. Comments we received included, "Oh yes, it is a good service, they do a very good job" and "Yes definitely feel comfortable from what I have witnessed."

Whilst we did not have the opportunity to observe interactions between people who used the service and staff members, those staff members we spoke with talked about people in a sensitive, empathetic and caring manner.

People were encouraged to maintain relationships with their family and friends. For example one person who used the service was supported by staff members to telephone their family member every day. Whilst this person could not verbally communicate, it was important to hear their family members' voice and maintain the relationship. It also promoted involvement and communication with family members.

We asked the registered manager how they met the diverse needs of people who used the service. They told us, "We have a broad range of individuals who work for us. When we are looking to place staff with people who use the service we match up personalities, backgrounds and the needs and wants of the client. We have an equal opportunity policy in relation to recruitment. We do equality and diversity training as part of the induction. We have families who only want carers of a specific gender; we have a Muslim family that ask staff do not place non halal food in their kitchen. We also make staff aware that they need to take indoor house shoes for changing into. It is about knowing the person, their preferences and we are respectful of them." The service had an Equality and Diversity policy in place.

We asked one relative if the privacy and dignity of their family member was maintained by staff members supporting them. They told us, "Yes as far I am aware they always do." All staff members we spoke with were aware of their responsibilities to maintain people's privacy and dignity when providing personal care to people.

The service had a confidentiality policy in place which was accessible to staff members. This detailed what action staff should take to ensure confidentiality and the relevant legislation. We observed that all personal and confidential information was appropriately stored in the office and only those people who were permitted to access it could.

We asked staff members to give an example of a time they supported someone to be independent. They told

us, "I would show [name of person using the service] two pairs of socks and ask them which pair they wanted to wear. I would do the same for all their clothes" and "I was working with one person who wanted to make a brew for their family member. They have limited movement in their hands but I supported them to do it, for example by putting the spoon in their hand."

None of the staff members we spoke with had received training on end of life care. However, the registered manager informed us that all training was tailored towards the specific needs of the people staff supported; if someone was at the end of their life the staff members supporting them would be given appropriate training to meet their individual needs. The service was not currently supporting anyone at the end of their life.

Good

Is the service responsive?

Our findings

Prior to each person using the service an assessment of their needs was undertaken by the service. The information collated from this and information from social services was used to determine if the service could meet the individual's needs. The information collated in the assessment was then used to develop care plans.

We looked at the care records for four people who used the service. The care records contained a document entitled 'All About Me' which was a person centred care plan. This gave staff detailed information about the support to be provided including people's health needs, social needs, personal care needs, mobility and daily routines. People's preferences had been incorporated into their person centred plan. One person's care plan we looked at showed they had a complex health condition. The care plan was very detailed to ensure staff members knew how to meet their health care needs, such as how to set an oxygen machine to the correct levels and the action to take should the levels decrease.

The registered manager told us that care plans were reviewed on a regular basis with the person and/or their family member to ensure staff continued to meet their needs. All the staff members we spoke with told us they looked at care plans regularly, if not daily, to see if people's needs had changed.

We looked at how the service managed complaints. None of the relatives we spoke with had needed to make a complaint about the service.

We asked staff members how they would deal with a complaint from a person who used the service or a relative. Comments we received included, "I would advise them to get in touch with the office and the managers", "I would ring the office and let them speak to someone in the office" and "It depends on the complaint. I would ring the office and speak to [registered manager] to pass it on." We also asked the registered manager how they dealt with any complaints they received. They told us, "We would take it on-board, listen to what they have to say. We would investigate it, with an outcome and we would feedback to the person that was complaining. We would explain if it was upheld and we would look at why it happened in the first place and if there was anything we could change. If the complaint was about myself then it would go to the managing director."

The service had a complaints policy in place to direct staff on the action to take if a person who used the service or a relative made a complaint. There was also a complaints policy for staff to follow if they wished to make a complaint. Both policies gave timeframes in which a response from the service would be given. The service had not received any complaints since the last inspection.

We asked staff members how they ensured people who used the service had choices over everyday matters. One staff member told us, "I cannot impose on them; they have to choose what they want, whatever makes them happy. Being person centred." Other staff members described situations when, for those people who could not verbally communicate, they gave them choices by showing them things, allowing them to answer in their own way and knowing people well enough to understand when they are making choices.

Good

Is the service well-led?

Our findings

The service had a registered manager in post as required by their registration with the Care Quality Commission (CQC).

All relatives we spoke with confirmed they knew who the manager was and felt able to approach them if they had any concerns or issues.

One staff member told us, "They are an excellent organisation. Very kind and professional at all times. They are approachable regarding any matters personal or professional." Other staff members we spoke with told us, "The management are very lovely people, very supportive. They are very accessible and you can talk to them. They are flexible. They are just lovely. I will always work here", "They are lovely. Literally A1. We can ring them anytime. They tell us if you have a bad day, you don't go with it, come to the office and give it to me then go home relaxed" and "They are very, very supportive. They up my skills and knowledge. They are very encouraging." During our inspection we found the registered manager to be very approachable and transparent.

All the staff we spoke with confirmed they felt supported in their roles and were given the opportunity to discuss any concerns with the registered manager. We asked the registered manager if regular staff meetings were held. They told us, "We don't really do staff meetings as such as they are a dispersed workforce and it is difficult to get everyone together." However records we looked at showed that regular meetings were undertaken on a one to one basis with all staff members, the details of which were recorded and kept on file.

The registered manager told us and records showed how the quality of the service was monitored. We saw regular spot checks and competency checks were undertaken to ensure the competency of staff members. Records also showed care plans were audited to ensure they continued to meet the needs of people who used the service. Other audits were undertaken in relation to infection control, health and safety, moving and handling and the use of equipment to ensure the service maintained or improved their standards.

We asked the registered manager how they focussed on improvement. They told us, "We have just done a massive overhaul of the induction process. We were using a trainer but we were finding a couple of bad placements where we didn't have the right match. We bashed it out and clawed it back to the induction training. So we do a day and a half each [registered manager and care co-ordinator] so we get to know them [new staff]. We also know what has gone on in training. We get to know the person very well during that week. The difference has been phenomenal."

There were policies and procedures for staff to follow good practice. We looked at several policies and procedures which included safeguarding, whistleblowing, medicines, infection control, recruitment, complaints, accidents and incidents, confidentiality and equality and diversity. These were accessible for staff and provided them with guidance to undertake their role and duties, although as mentioned previously in this report one required a further review.

We checked our records before the inspection and saw that accidents or incidents that CQC needed to be informed about had been notified to us by the manager. This meant we were able to see if appropriate action had been taken by management to ensure people were kept safe.

We asked the registered manager what they felt the key achievements and challenges of the service had been. They told us, "I think the fact that we have not had any formal complaints. We have regularly recruited and maintained a good staff team. We have ventured into slightly different types of work and maintained it. We have kept the business viable and moved with the changing environment. We have made a lot of links locally with organisations that are supporting people back into employment. A challenge has been staffing in rural areas. We have people that are geographically out of the centre of towns. Rural packages are our biggest challenge."