

Allestree Health & Homecare Services Limited

Allestree Health & Homecare Services

Inspection report

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Date of inspection visit:
03 December 2019
05 December 2019
06 December 2019

Date of publication:
14 January 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Allestree Health & Homecare Services is a domiciliary care service. At the time of the inspection they were providing personal care to 18 people who lived in their own homes. Not everyone who used the service received personal care and a further 20 people received support calls. CQC only inspects where people receive personal care. Personal care is help with care related to personal hygiene and eating. Where people do receive personal care, we also consider any wider social care provided.

People's experience of using this service and what we found

Policies were not always followed to ensure complete good governance of the service. The registered manager was not clear on what events and incidents were required to be notified to CQC.

People received their medicines as required, however medicines' risk assessments were not always in place. Other risk assessments were in place to help reduce risks to people.

Staff were subject to checks on their suitability to work at the service. However, not all recruitment decisions had been recorded in line with the provider's policy.

People were not supported to have maximum choice and control of their life and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

There were enough staff to provide people with timely care. The provider had taken steps to ensure people were protected from the risk of abuse and avoidable harm. Procedures were followed by staff to help prevent and control infection. Lessons were learnt from when things went wrong.

People's health and care needs were assessed. Staff had been trained in areas relevant to people's needs. Staff received support from the registered manager. When people needed care with their nutrition and hydration, staff knew how to provide this effectively. The service worked in partnership with other health and social care professionals to ensure people received effective care.

Staff were caring, and people enjoyed their company. Staff involved people in decisions relating to their care and support. Staff respected people's privacy and dignity and promoted their independence.

Staff knew people's preferences and abilities and provided personalised and responsive care. People's choices were respected by staff. People's communication needs were assessed and met. People knew how to make a complaint or raise a concern. The provider's complaints process had been followed when a complaint had been received. The service looked to learn lessons and continuously improve. No one received end of life care at the time of our inspection.

The registered manager demonstrated an open and honest management style. People, relatives and staff

felt included in the developments at the service; they were provided with opportunities to give their feedback on the service and this was listened to. The service looked to continuously learn and improve and worked well in partnership with others.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 4 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report. The provider has given assurances that they have acted on the issues identified at this inspection.

Enforcement

We have identified breaches in relation to regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Allestree Health & Homecare Services

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team included one inspector and one inspection manager.

Service and service type

Allestree Health & Homecare Services is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission; they were also the registered provider. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 3 December 2019 and ended on 6 December 2019. We visited the office location on 3 December 2019. We made phone calls to people, relatives and staff on 5 and 6 December 2019.

What we did before the inspection

We reviewed information we had received about the service. We contacted partner agencies and professionals. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give us some key information about the service, and what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with two people and one relative whose family member used the service, about their experience of the care provided. We spoke with one healthcare professional who had regular contact with the service. We spoke with both directors, one who was the registered manager. We spoke with three care staff.

We reviewed a range of records. This included three people's care records and medicines records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and staff training were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at further documentation on the mental capacity act and on statutory notifications sent to us by the registered manager.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely; Assessing risk, safety monitoring and management

- At our previous inspection, care plans did not always contain guidance to reduce or eliminate risks. At this inspection, we found medicines risk assessments to confirm any risks associated with medicines in a person's home had been assessed and managed, were not in place. We discussed this with the registered manager who told us they would put these in place.
- Where people required care to help them with their medicines this was provided by care staff trained in medicines management.
- Medicines administration record (MAR) charts had been completed to show medicines were given as prescribed.
- Processes were in place to assess and manage other risks. One person told us, "I use a bath lift and perch stool; I feel safe; staff check and double check to make sure I am safe." Risk assessments were in place for people's health care needs such as moving and handling and falls.
- Risk assessments for staff working in people's homes were in place. A director told us where risks had been identified steps to reduce risks were in place, for example, two staff working together.

Staffing and recruitment

- At our previous inspection, one staff member did not have two references on file as part of their recruitment. At this inspection, we found a staff member had only one reference on file when the provider's policy stated two references should be obtained or the rationale for not seeking two references recorded. We found the registered manager had not recorded their decision making and any assessment of risk when only one reference for this staff member had been obtained. We discussed this with the registered manager who told us they would now implement this.
- Staff were suitable to work with people. People commented on the suitability of staff recruited. One person said, "The registered manager chooses the most appropriate people to work for them." Records showed staff were subject to checks on their suitability for working as care staff before they were offered employment.
- People told us their care calls were always covered. They were happy with the time staff arrived and the length of time staff stayed. The registered manager told us information was posted out to people, so they knew which staff would be attending at what time for the following week.
- Staff told us they had enough time to care for people without feeling rushed and they had enough travel time planned to enable them to get to people on time.

Systems and processes to safeguard people from the risk of abuse

- People and relatives consistently told us they felt safe with the care they received. One person told us, "I feel 100% safe; they are without exception, brilliant, they are really good at what they do."
- Staff told us, and records confirmed they had completed regular training in safeguarding.
- Staff recognised when people were at risk from potential harm and abuse and followed local safeguarding procedures to help ensure people's safety.

Preventing and controlling infection

- People told us staff took steps to control and prevent infection. One person said, "Gloves and aprons always worn; staff are spot on. Staff told us they had supplies of gloves and aprons to help prevent and control infection."

Learning lessons when things go wrong

- Staff reported accidents, incidents and near misses. These records identified any steps taken to reduce further recurrence.
- The registered manager had shared feedback from other healthcare professionals with staff and had used their feedback to help improve care to people. These are examples of how learning and improvements identified when things went wrong.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA.

- The principles of the MCA had not always been applied. One person received their medicines covertly and instructions had been received from the pharmacist on how to do this safely. There was also evidence the person's relatives and GP had been in discussion with the registered manager about their planned care. However, a mental capacity assessment and best interests' decision for the specific decision to administer medicines covertly had not been completed. We discussed this requirement with the registered manager. They responded immediately and made arrangements to complete a mental capacity assessment and gathered relevant views of involved people to support a best interests' decision. This was sent to us soon after our inspection.
- Care staff had been trained on the MCA and understood the important of seeking people's consent to their care. One staff member told us, "I always ask people are you okay and comfortable to have this care?"

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's healthcare needs had been assessed with them. Records showed people were given opportunities to discuss any other needs, such as those related to their religious beliefs. These assessments helped to ensure people's needs including any diverse needs, could be met.
- Assessments identified when other health, social care or relatives were involved in a person's care. This helped to ensure effective healthcare outcomes for people.

Staff support: induction, training, skills and experience

- People and relatives all told us they felt staff were competent. Staff told us, and records confirmed staff had been trained in areas relevant to people's health and care needs. For example, in first aid, food hygiene and pressure area care.
- The office location provided practical moving and handling training with a bed, hoist and other equipment used to help assist people to move safely. Staff told us this helped them work effectively. One said, "I did in-house training for the hoist and medication in the first two weeks of training; It's definitely made me feel confident."
- Staff felt supported by the senior carer staff and both directors. One staff member said of the two directors, "They are very hands on and involved." There was an out of hours telephone line for both people and staff to use should they need support out of hours.
- Staff had opportunities to speak with the registered manager twice a year and review their work performance and reflect on their practice and professional development. Staff told us they could speak with either director in between these meetings and that they were easy to contact and would always make the time to talk to staff if they needed to talk about anything.

Supporting people to eat and drink enough to maintain a balanced diet

- People who received care to help them with their nutrition and hydration needs told us these were met. One person told us, "Staff have always made sure I've had a hot drink and nibbles left [in between care calls]."
- People's meal choices were respected people were supported to eat well. For example, one staff member told us, "I always ask people what they fancy for their tea; and if I've noticed they haven't eaten well I try and tempt them with some nice choices; I leave snacks and drinks in between calls." Both directors told us of when they encouraged staff to sit and eat their own sandwiches with a person as they ate much better when their dining experience was a social one.
- People's dietary intakes were monitored when staff, along with other professionals had identified this was required, including any nutritional supplements we saw this was reflected in their care plans. This helped monitor and assess people's nutritional needs and prevent the risks associated with malnutrition.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with other health and social care professionals to help ensure people received effective care. For example, one person's care plan detailed the involvement of the local district nurse team.
- A healthcare professional who had regular contact with the service told us communication with both directors and the care staff was good. They felt this enabled the service to work well as a team with other professionals.
- Records showed where staff supported people with healthcare appointments when required. These are examples of how the service supported people to live healthier lives and access healthcare services.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Everyone we spoke with commented on the caring nature of staff who worked at the service. One person told us, "There is a great deal of difference between a carer, and someone caring; these staff are caring." Another person told us, "Staff are so cheerful and bright."
- Records showed people had the opportunity to discuss any diverse or equality needs with staff. For example, we saw where people had been given an opportunity to discuss any religious needs. Staff were trained in equality and diversity and the provider had an equality and diversity policy in place. These actions helped to ensure people were well treated and their equality and diversity was respected.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in their care and their views sought. One person told us, "The registered manager phones me up and we stay in touch to check if anything needs to change. I recently asked for a change to be made to my call times and they have done so."
- People's wishes and feelings about their care were discussed with them and reflected in care plans. This helped to ensure care plans were personalised and reflected people's views.
- Staff gave us examples of how they ensured people were involved in making decisions about their care. For example, offering people choices over meals and checking they were happy to receive their care. One member of staff told us they thought it was important that people felt involved in their care records. They told us they felt people worried less if they knew what staff had written about the care call. They explained, "I involve people as much as possible; I sit with them when I fill in my notes, I say 'I'm just going to write this down,' so they don't worry about what I am writing."

Respecting and promoting people's privacy, dignity and independence

- People told us staff were respectful of their privacy and dignity and promoted their independence. One person told us, "Staff are caring and respectful." Staff told us of how they promoted people's privacy and dignity when providing care.
- Care plans recorded when people were independent with aspects of their care. For example, one person preferred a wet shave and did this themselves. This showed the service worked to promote people's independence.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- One person told us their health condition put some restrictions on their range of movement. They told us, "Staff will make sure things are accessible for me." Another person said, "Staff anticipate my needs." They also told us their preferences for call times were had been taken into account when their care times had been planned.
- Staff we spoke with knew people's needs and preferences and these had been reflected in people's care plans. This included whether people had any religious beliefs. The registered manager told us if people practised any religious observances they would schedule calls times around those. These are examples of personalised care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Communication needs were assessed, and care plans included details of any identified needs and how they could be met. The registered manager told us they visited one person to discuss things rather than phoning them. This was because communication for the person was more effective when face to face.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place and people knew how to complain should they have need to. One person told us they were confident to speak to the registered manager, they said, "I am able to speak to the registered manager about everything, she would do her very best."
- Complaints records showed one complaint had been received since the last inspection. This had been investigated by the registered manager and resolved.
- People and their family members had given compliments and thank you cards to staff and the service. These had been shared with staff to help them know when people had been happy with their care. This helped re-iterate good practice.

End of life care and support

- No one was receiving end of life care at the time of this inspection. The registered manager told us they would discuss this with people if needed and when appropriate.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Records relating to people's care and to the management of the service were accurate, up to date and comprehensive.

- The registered manager was unaware of the requirement to notify CQC of any abuse or allegations of abuse regarding people in receipt of care. As such, there had been three occasions since the last inspection when the registered manager had made safeguarding referrals to help safeguard people in receipt of care. In addition, there had been another occasion when we had not been notified of the death of a person when they had been found by staff. The registered manager sent the required notifications to CQC immediately.
- The provider's policies had not always been followed to ensure records relating to people's care were up to date and accurate. This was because the mental capacity act policy had not been followed to ensure a mental capacity assessment and best interests record had been completed when a person had been given covert medicines.
- Medicines risk assessments were not always in place as identified as required by the provider's medicines policy when people received medicines care.
- The provider's recruitment policy had not always been followed. The registered manager had not recorded their reasons and their assessment of risk when they had not been able to obtain two references for a prospective employee.

The provider had failed to ensure systems and processes were followed so that records were maintained to mitigate risk and consent to care was clearly recorded. Systems had failed to be effectively operated to ensure statutory notifications were submitted to CQC as required. This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the duty of candour and was open and transparent throughout our inspection.
- The registered manager had demonstrated a thorough and honest approach when they had dealt with a complaint.
- People and staff spoke highly of the management team and told us they felt the service was managed

with an open and inclusive style.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us they felt involved in the service. One person told us, "Registered manager phones me up and we stay in touch to check if anything needs to change; I can phone her too."
- People told us, and records confirmed their care was kept under regular review with them. In addition, they had completed a questionnaire on the quality and safety of their services. These had been reviewed by the registered manager and any actions taken as necessary.
- Staff told us they felt engaged with the service they provided. They told us, and records confirmed they had team meetings and opportunities to speak with the management team whenever needed. All staff we spoke with were positive about their job. One staff member told us, "It's the best job and I absolutely love it."

Continuous learning and improving care; Working in partnership with others

- The registered manager reviewed the care people received to ensure any improvements required were identified.
 - Accident, incident and reports of near misses were reviewed to help the service continuously learn and improve.
- The registered manager and staff worked in partnership with a range of health and social care professionals. This helped to achieve good healthcare outcomes for people.

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 17 HSCA RA Regulations 2014 Good governance Systems and processes were not operated effectively to ensure compliance with the provider's policies on the MCA, medicines and recruitment. Systems and processes had not been operated effectively to ensure statutory notifications were submitted to CQC in a timely manner when required. 17(1)