

Nestor Primecare Services Limited

Allied Healthcare Burnley

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Good



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

We carried out an announced inspection of Allied Healthcare Burnley on the 3 and 4 December 2015.

Allied Healthcare Burnley is a domiciliary care service based in Lancashire. The service provides personal care and domestic services to people in their own homes. The service also provides assessed short term reablement care to support people back into independence. The office is situated on the outskirts of Burnley town centre. At the time of the inspection the service was providing support to 140 people.

At the previous inspection on 24 July 2013 we found the service was meeting all the standards assessed.

The service was managed by a registered manager. 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.

During this inspection visit we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, relating to failing to maintain accurate

Summary of findings

records in respect of care and treatment and failure to act on findings from the quality monitoring systems. You can see what action we told the registered provider to take at the back of the full version of the report.

People told us they had agreed to the support and care provided by the service. Most people said they had been involved in discussion about their care and with the ongoing reviews. However, we were concerned about the availability and lack of detail in people's care plans which meant staff may not be fully informed of people's current needs and preferences.

Checks on systems and practices had been completed but matters needing attention in relation to people's care records had not been recognised or acted on despite this being raised as part of a recent visit by the local authority. This meant the risks of people not receiving the correct care had not been identified and strategies to minimise the risks had not been introduced.

People we spoke with indicated they were happy with the service they received from Allied Healthcare Burnley. They said, "I am happy with everything. I have had no problems with any of the staff."

People told us they felt safe using the service and had no concerns about the way they were treated or supported. Risks to people's well-being were being assessed and managed. Staff were aware of the signs and indicators of abuse and they knew what to do if they had any concerns.

Satisfactory processes were in place for people to receive safe support with their medicines and appropriate

recruitment checks were completed to ensure staff were safe to support people. There were systems in place to ensure all staff received initial training, ongoing development, supervision and support.

Arrangements were in place to maintain staffing levels to make sure people received their agreed care and support. People were happy with the service but their views about the reliability of care staff were varied. People told us, "They arrive on time and do what is needed", "I have had the odd missed visit but they apologised and sorted it out", "I have never had a missed visit yet" and "If they are running a bit late they let me know." We were told improvements had been made including changes to the allocation of staff rotas and the recruitment of new staff.

People said they got the same care workers attending to their needs. People made positive comments about the staff team. They told us, "Staff are respectful and do what is needed" and "They are fantastic."

Processes were in place to monitor and respond to people's health care needs and where appropriate people were supported with eating and drinking.

There were effective complaints processes in place. People were aware of the service's complaints procedure and processes and were confident they could raise their concerns and would be listened to.

People did not express any concerns about the management and leadership arrangements. They told us, "I think the service is organised" and "The service is managed well."

Summary of findings

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 safe.

Staff were trained to recognise any abuse and they knew how to report any concerns.

There were enough staff available to provide support and to keep people safe. There had been incidents of missed visits although systems were in place to improve this.

Risks to people's wellbeing and safety were being assessed and managed.

Robust recruitment procedures were followed.

Good



Is the service effective?

The service was effective.

People told us they experienced good care and support. They were encouraged and supported to make their own choices and decisions.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA).

People were supported as appropriate to eat and drink. Their health and wellbeing was monitored and responded to as necessary.

Processes were in place to train and support staff in carrying out their roles and responsibilities.

Good



Is the service caring?

The service was caring.

People made positive comments about the caring attitude and approaches of staff. They indicated their privacy and dignity was respected.

People were supported and cared for in a way which promoted their involvement, safety and independence.

Staff were knowledgeable about people's individual needs, backgrounds and personalities. They were familiar with the care and support people needed and wanted.

Good



Is the service responsive?

The service was not consistently responsive.

People were involved with planning and reviewing their care and support. However, people's care plans did not include sufficient information to guide staff with meeting their individual needs.

Requires improvement



Summary of findings

People indicated the service was flexible. Arrangements were in place to respond to people's changing needs and preferences in a timely manner.

Processes were in place to manage and respond to complaints and concerns. People were aware of the service's complaints procedure and processes and were confident they would be listened to.

Is the service well-led?

The service was not consistently well led.

The agency had a registered manager who was committed to the continuous improvement of the service.

The provider's vision, values and philosophy of care were shared with staff and supported by the management and leadership arrangements.

There were systems in place to consult with people.

Checks on systems and practices had been completed but matters needing attention in relation to people's care records had not been recognised or acted on.

Requires improvement



Allied Healthcare Burnley

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.

This inspection took place on 3 and 4 December 2015 and was announced. The registered manager was given 48 hours' notice of our intention to visit; this was to ensure they would be available for the inspection. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed the information we held about the service such as notifications, complaint and safeguarding information. Prior to the inspection the local authority safeguarding team told us there had been concerns about missed visits. The local authority contract monitoring team told us they had concerns regarding the

detail and review of care plans. The provider sent us a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We used a number of different methods to help us understand the experiences of people who used the service. During the inspection we spoke with seven people who used the service, one senior carer and three care staff by telephone. We also spoke with the registered manager.

During our visit to the office we looked at a sample of records including five people's care plans and other associated documentation, four staff recruitment and induction records, training and supervision records, minutes from meetings, complaints and compliments records, medication records, policies and procedures and audits. We also looked at the results from the most recent customer satisfaction survey completed by people using the service and their visitors.

Is the service safe?

Our findings

The people we spoke with told us they were happy with the service and felt safe. None of the people spoken with had any concerns about the way they were treated or supported. One person told us, “I am happy with everything. I have had no problems with any of the staff.” One person said, “I am very happy I can’t fault the service. We get on well and have a laugh.” During our visit to the agency office we heard staff talking to people in a kind, friendly and patient manner.

We looked at how the service protected people from abuse and the risk of abuse. Staff spoken with had an understanding of abuse and were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice. All staff members we spoke with were aware of the whistleblowing (reporting poor practice) policy and told us they would use it if necessary.

Clear safeguarding policies and procedures were in place at the agency office and staff were provided with guidance in the staff handbook. This helped to ensure the staff team were fully aware of action they needed to take should they be concerned about a person’s welfare. Records confirmed staff had received training in this area. The management team was clear about their responsibilities for reporting incidents and safeguarding concerns and were currently working in co-operation with other agencies and the local authority safeguarding team.

Recruitment checks were completed to ensure care workers were safe to support people. The recruitment procedure included applicants completing a written application and face to face interviews had been held. The checks included an identification check, taking up references, a health and fitness declaration and a Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. We noted staff did not commence employment without all the required checks in place.

Staff spoken with confirmed the recruitment checks had been carried out and confirmed they had received a staff handbook. This included a code of conduct, safeguarding, job description, accident and disciplinary procedures. All employees worked a probationary period of three months,

to ensure their work performance was satisfactory and to decide if they wished to continue with their employment. We noted there were systems in place to respond to concerns about staff’s ability or conduct.

Prior to the inspection the local authority told us there had been recent concerns regarding missed visits which could place people at risk. We discussed this with the registered manager. We were told the telephone monitoring systems to check staff attendance were no longer in operation and that attendance would be checked using care records and timesheets which was not as effective. There had been recent changes to the staff team which had caused problems with communication and had resulted in missed visits. The registered manager told us action had been taken and staff were now provided with an additional revised rota for the weekend cover and an absence management system was in use. Staff confirmed improvements had been made in response to the missed visits.

Staffing levels were determined by the number of people using the service and their needs. Staff told us there were enough staff available to provide support and to keep people safe. They told us they did not need to rush their visits and that adequate travelling time was provided between visits.

People’s views about the reliability of care staff were varied. People told us, “They arrive on time and do what is needed”, “I have had the odd missed visit but they apologised and sorted it out”, “I have never had a missed visit yet”, “They missed a visit once but they were very apologetic”, “They are always here when they should be and let me know if they are delayed” and “If they are running a bit late they let me know.” Staff told us, “There have been some problems with staff sickness and letting us down”, “There has been a recruitment drive with new staff starting; they have worked hard on this” and “I know there has been occasional missed visits, sometimes communication goes wrong. I think that is sorted now.”

We found staffing arrangements were influenced by people’s assessed needs, individual support package and contractual arrangements. Staff confirmed they were given sufficient travelling time between visits and were given enough time to carry out tasks. They told us they would telephone the agency office if they were delayed and the office staff would contact the person to keep them

Is the service safe?

informed. Staff told us there was an on-call system in place during the times when they were on duty, which meant someone could always be contacted for support and advice.

We looked at the way the service supported people with their medicines. People were happy with the support they received with their medicines. We found there were records to support staff who administered medicines had received appropriate training and regular checks on their practice had been undertaken to ensure they were competent. Assessments had been completed with regard to whether people were able to administer their medicines independently or needed support. There were up to date policies and procedures in place to support staff and ensure that medicines were managed in accordance with current regulations and guidance.

We looked at how the service managed risk. Assessments were undertaken to assess any risks to people who received a service and to the care workers who supported them. This included risks related to the health and support

needs of the person such as development of pressure ulcers, nutrition, falls and moving and handling. Environmental risk assessments covered areas such as slips, trips and falls, lighting, drives and pathways, steps, loose rugs or mats, windows and doors. This helped to ensure environments were kept safe. Risk assessments included information about action to be taken to minimise the chance of harm occurring.

Staff spoken with had an awareness of people's risk assessments and how they provided support to keep people safe. Staff spoken with felt confident in dealing with emergency situations. This meant there were processes in place to help minimize risks and keep people safe. Staff were provided with personal protective equipment, including gloves and aprons.

The agency premises were situated on the first floor of the office building. The office was suitable for its needs, with ample technical equipment being provided. There were rooms available for meetings, interviews or staff training.

Is the service effective?

Our findings

People told us they were satisfied with the service they received from Allied Healthcare Burnley and that their needs were being met by a friendly and caring staff team. People said, “I am very happy; I get a very good service” and “Staff are trained and know what they are doing.”

We looked at how the service trained and supported their staff. Everyone that we spoke with said the care workers were competent in their work. Records showed staff had completed induction training when they started work. This included an initial four day classroom induction and completion of workbooks over a 12 week period. Completion of written knowledge checks helped to ensure staff had retained and understood the information provided. Each new starter was assigned to an experienced member of staff (a care coach) who they would work with to learn, develop and gain an understanding of their role. One member of staff said, “It’s the best induction I’ve ever had; the trainer was second to none.”

Records showed that in the first year of employment, staff performance was reviewed regularly and followed by annual appraisals of their work. This helped to make sure the staff team delivered an effective service and helped to identify any gaps in knowledge and training. Staff were issued with a handbook which covered important information such as codes of conduct and key policies and procedures.

Records confirmed staff received a wide range of training and support. This included moving and handling, health and safety, food hygiene, fire safety, infection control, first aid, equality and diversity, safeguarding and the Mental Capacity Act 2005. Specialised training was arranged as needed in response to people’s specific needs. The service employed a designated trainer who covered a number of branches. This meant training could be provided more flexibly around the needs of the service. The computerised training system highlighted whether staff training was up to date or was overdue. Staff whose training had lapsed were unable to work until all relevant training had been completed.

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 the 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. The application procedures for this are called the Deprivation of Liberty Safeguards (DoLS). The service had policies in place to underpin an appropriate response to the MCA 2005 and DoLS. The registered manager and staff indicated an awareness of MCA 2005 including how they would uphold people’s rights and monitor their capacity to make their own decisions. The registered manager would liaise with families and the local authority if they had any concerns regarding a person’s ability to make a decision.

People told us they had agreed to the support and care provided by the service. Records showed people had been involved and consulted about various decisions and had confirmed their agreement with them. They told us staff checked whether they were happy with the support being provided on a regular basis.

We looked at the way the service provided people with support with their healthcare needs. Staff would support people to access healthcare services if it was part of their agreed care package. People’s records included contact details of relevant health care professionals, including their GP, so the office staff could contact them if they had concerns about a person’s health. Records showed staff had liaised with health and social care professionals involved in people’s care if their health or support needs changed. One member of staff who worked on the reablement service told us, “We have a good working relationship with the physiotherapists and occupational therapists.” Staff were able to describe the action they would take if someone was not well, or if they needed medical attention.

An Early Warning System (EWS) had been established. This identified health and welfare concerns which were reported in relation to any changes in a person’s needs which could lead to further complications. Concerns would be reported to relatives, the GP or social services. This system helped to reduce the possibility of risks occurring and reduced the risk of hospital admission.

Is the service effective?

People were supported to access food and drink of their choice. The support people received varied depending on people's individual circumstances. Where people were

identified as being at risk of malnutrition or dehydration care workers recorded and monitored their food and fluid intake. People told us staff ensured they had access to food and drink before they left.

Is the service caring?

Our findings

People told us they were happy with the approach of the staff and managers at the service.

They told us, “Staff are respectful and do what is needed”, “They are fantastic” and “They are all very good.” We were told staff were caring and friendly and provided support in a kind, patient and considerate manner.

We spoke with people about their privacy and dignity. People told us staff gave them privacy whilst they undertook aspects of personal care, but remained nearby to maintain the person’s safety. Staff received guidance during their induction in relation to dignity, respect and promoting independence. Their practice was monitored by senior staff when they were working in people’s own homes. We noted the employee handbook highlighted the service’s expectations around staff conduct, including respecting people’s dignity and confidentiality.

Staff were knowledgeable about people’s individual needs, backgrounds and personalities. They were familiar with the care and support people needed and wanted. People were supported to maintain and build their independence skills. One person told us, “They let me get on with it and give me encouragement but help me if I can’t do it.”

Information about the service could be produced in a variety of different formats. For example, in large print, Braille or on CD for those with varying degrees of sight loss and in alternative languages for those whose first language was not English. This provided everyone with equal access to the same information, despite their nationality, age or disability.

We found people had been given the opportunity to decide how their care was provided. This helped to ensure people were supported in a way they wanted to be. People we spoke with told us they were involved in discussions about their care and support and records supported this. People told us care records were retained at their house and were available for them to read if they wished. One person said, “They (staff) always write in a book so the next person knows what they have done.”

People we spoke with told us that, on the whole, they got the same care workers attending to their needs. This helped to ensure continuity of care and helped people who used the service and their relatives to develop a good working relationship and trust with those who provided the care and support. People said, “I get the same staff and I know who is coming” and “They are mainly the same staff; I look forward to them coming as I’ve got to know them.” One person told us they had requested female care workers and their instructions had been followed.

Is the service responsive?

Our findings

People told us they received a service that was responsive to their needs. People said, “They ask what I want them to do and will do as I ask” and “They stick with my routines.” A relative told us, “They know what he needs and how to sort him out. He gets on well with his carer.” Comments from a recent survey included, “I really like what the carers do and it has made a difference to my life” and “The carers are clean, pleasant and reliable and have treated me in a most friendly and professional manner.”

During the inspection we looked at the way the service assessed and planned for people’s needs, choices and abilities. Initial assessments were undertaken by competent staff to identify people’s support needs and care plans were developed outlining how these needs were to be met. However we were concerned that there were no initial care plans for people receiving a short term reablement service. We discussed this with the registered manager who told us there was often a delay (sometimes up to a week) before the agency received a care plan from the local authority. We were told staff would initially be given verbal instructions to guide them. This meant there was insufficient information to guide staff on how to meet people’s needs and a risk that people’s needs may not be met. The registered manager told us a meeting had been arranged with the local authority to discuss the concerns.

Following the inspection the local authority contracts monitoring team told us they had concerns regarding the detail and the review of people’s care plans. The care files we saw included sections entitled, ‘How I want to be supported’ and ‘What is important to me’. However, we were concerned that some people did not have a care plan and other care plans did not include sufficient information to guide staff with how to meet the person’s individual needs. People told us they had been able to discuss and agree their care and support needs with staff. However, not everyone was aware of their care plan. Comments included, “They write in a book when they come”, “I’ve not seen a care plan but they talk to me about what I want doing”. Following the inspection the registered manager told us all care records would be reviewed.

People were not always protected from unsafe care because accurate and up-to-date records were not maintained. This was a breach of Regulation 17(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they had been involved with discussions about care and with the review process. We saw the care plans were reviewed on a regular basis and changes were made to the support they required and the times and frequency of visits as needed. Staff told us they were kept informed about any changes in visits and the support people required. This was either by face to face discussion with the office staff or via text or email.

Staff told us the information held in people’s homes was useful. One member confirmed there were systems in place to alert the management team of any changes in people’s needs. This meant processes were in place to respond to changes in a timely manner.

Records of the care and support provided to people were completed at each visit and included any personal care provided, meals prepared or housekeeping tasks. This enabled staff to monitor and respond to any changes in a person’s well-being. The care books were returned to the office on completion for auditing purposes and for filing. The registered manager confirmed the records were regularly checked. We looked at a sample of the records and noted people were referred to in a respectful way.

We looked at the way the registered provider managed and responded to concerns and complaints. The compliments, concerns and complaints procedure had been shared with people and included the action to be taken when raising concerns and the expected time-scales for the investigation and response. Reference was made to other agencies that may provide support with complaints. We looked at the record of people’s concerns and complaints. There had been 11 concerns raised over a 12 month period. Records showed people’s concerns and complaints had been recorded and appropriately responded to. We also noted people had complimented the service. Comments included, ‘The service I have received so far is excellent’.

People told us they would know how to make a complaint, should the need arise. People said, “I’m happy to speak up if I wasn’t happy”, “They ask if I’m happy and I would tell them if I wasn’t” and “I really don’t have any complaints. I’m happy.” None of the people spoken with expressed any

Is the service responsive?

complaints with the service they received and had been receiving a service for a number of years. A system was in place for any complaints to be recorded and addressed in the most appropriate way.

Is the service well-led?

Our findings

People were aware of the management structure at the service and did not express any concerns about the management and leadership arrangements. Their comments included, “I think the service is organised”, “The office staff are very helpful and seem very nice”, “The office staff ring me if there is a problem with my carer” and “The service is managed well.” Staff said, “There have been some staff changes but things are better now”, “Communication has improved within the team”, “We have a good team of staff”, “I’m thankful for the office staff and manager, they definitely listen” and “The manager and office staff are available when we need them.”

There was a registered manager in day to day charge of the agency and she was able to discuss areas for improvement and how the service would be developed. The registered manager’s practice was monitored by a senior manager who visited the office each week. However, we were told the findings from the visit had been discussed but a report was not made available to the registered manager. The registered manager needed this information to be recorded as part of her formal supervision process and to be able to make improvements.

The registered manager was able to meet with managers from other local branch offices. Staff said the registered manager was ‘approachable’ and ‘fair’ and committed to improving the service. Staff confirmed the registered manager and office based staff, were readily contactable for advice and support. One staff said, “I am happy to discuss any problems with the managers; I know they listen and would try to sort things out.”

A computerised system had been introduced for managing all aspects of the day to day running of the agency. Areas covered included complaints, staff absence, missed visits, falls, hospital admissions, accidents, incidents and safeguarding referrals. A daily summary of this information would be available. Relevant information about each event and action planned was recorded and automatically escalated to the registered manager and senior management team for action and improvements.

Checks on systems and practices had been completed but matters needing attention in relation to people’s care

records had not been recognised or acted on. This meant the risks of people not receiving the correct care had not been identified and strategies to minimise the risks had not been introduced.

There were systems in place to seek people’s views and opinions about the running of the service. People’s views and opinion were sought through face to face or telephone conversations and during review meetings. People told us they were regularly asked if they were happy with the service. The agency also obtained the views of people in the form of an annual customer satisfaction survey in February 2015. However the results of the survey had not yet been shared with the registered manager or the people using the service who had taken time to complete it. This meant the registered manager could not respond to any shortfalls or identify any areas for improvement.

The provider did not have effective quality monitoring arrangements in place. This was a breach of Regulation 17(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Senior staff undertook a combination of announced and unannounced spot checks to obtain people’s feedback about the quality of the service provided. Staff practice was also monitored during the visits. Any shortfalls were acted on and additional training and supervision was provided as needed.

The registered provider’s vision and philosophy of care were reflected within the guide to the service, the employee handbook and the policies and procedures. New staff were made aware of the aims and objectives of the service during their induction training.

Staff told us they enjoyed working for the service. A member of staff commented, “I love my job.” A staff survey (You said, We did) had been completed. The results were mainly positive and an action plan had been developed to act on any negative comments.

Staff had been provided with job descriptions, contracts of employment and the employee handbook, which outlined their roles, responsibilities and duty of care. A wide range of policies and procedures were available at the agency office, which provided staff with clear information about current legislation and good practice guidelines. There were clear lines of accountability and responsibility within the service’s defined organisational structure.

Is the service well-led?

Staff told us meetings were regularly held and they were able to raise their views and opinions with the registered manager and senior staff. They told us minutes from the meetings were usually provided to ensure they were kept up to date. However, we noted that whilst meetings had

been held the minutes had not been recorded or shared with staff since August 2014. This meant there was a risk some staff had not been kept up to date with recent changes. The registered manager assured us this would be acted on.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Diagnostic and screening procedures
Personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

People were not always protected from unsafe care because accurate and up-to-date records were not maintained. Regulation 17(2)(c)

Regulated activity

Diagnostic and screening procedures
Personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider did not have effective arrangements in place for assessing and monitoring the quality of the service and then acting on their findings. Regulation 17(2)(a)