Allestree Health & Homecare Services Limited

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on the 16 December 2015 and was announced.

Allestree Health and Home Care Services provide personal care for people living in their own homes. The registered manager informed us that there were 31 people receiving a personal care service from the agency.

A registered manager was 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.

People using the service and relatives we spoke with said they thought the agency ensured that people received safe personal care. Staff were trained in safeguarding (protecting people from abuse) and understood their responsibilities in this area.

Some people's risk assessments were in need of improvement to help ensure staff understood how to support them safely.

People using the service and relatives we spoke with told us they thought medicines were given safely and on time.

Staff were not fully safety recruited to help ensure they were appropriate to work with people who used the service.

Staff needed more training to ensure they had the skills and knowledge to be able to fully meet people's needs.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) to allow people to have an effective choice about how they lived their lives.

People told us they had plenty to eat and drink and everyone told us they thought the food prepared by staff was satisfactory.

People's health care needs had been met by timely referral to health care professionals when necessary.

People and relatives we spoke with all told us they thought staff were friendly and caring and they got on very well with them.

People, or their relatives, were involved in making decisions about people's care and support.

Care plans were not fully individual to the people using the service and did not fully cover their social care needs.

People and relatives told us they would tell staff or management if they had any concerns and were confident they would be followed up.

People receiving the service, their relatives and staff thought that the agency was well run.

Management carried out audits and checks to ensure the agency was running properly, although auditing did not include all issues needed to provide a quality service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Staff recruitment checks were not comprehensively in place to protect people from unsuitable staff.

People said that they felt safe with staff from the service. Staff knew how to report incidents to the management of the agency and other relevant outside agencies if necessary.

Medication had been supplied to people as prescribed.

Is the service effective?

Good

The service was effective.

Staff had been trained to meet people's care needs, though this needed to be expanded to ensure all needs could be met.

People's consent to care and treatment was sought by staff. People received their medication safely and on time.

People were assisted to eat and drink and told us they thought that the food served to them was a satisfactory standard.

Staff had contacted medical services when people needed support and staff had responded to accidents.

Is the service caring?

Good

The service was caring.

People and their relatives told us that staff were very friendly and caring.

People or their relatives had been involved in setting up care plans that reflected people's individual needs.

Is the service responsive?

Good

The service was responsive.

People and their relatives felt that staff had properly responded to people's needs. Care plans did not always contain full information on how to respond to people's needs.

People and their relatives were confident that the service would act on any issues they brought to the attention of the management of the agency.

Is the service well-led?

Good

The service was well led.

People and their relatives told us that management listened and acted on their comments and concerns.

Staff told us the registered manager provided good support to them and had understood how friendly individual care was to be provided to meet people's needs.

Systems had been audited in order to provide a quality service, though this process was to be expanded by the registered manager to cover all relevant issues.

Allestree Health & Homecare Services

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 16 December 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service. It was carried out by one inspector.

We looked at the information we held about the service, which included 'notifications'. Notifications are changes, events or incidents that the provider must tell us about.

We contacted commissioners for health and social care responsible for funding some of the people that lived at the home and asked them for their views about the service.

We also reviewed information we received since the last inspection. We spoke with the registered manager, a director of the company, five people that received personal care from the agency, three relatives and three care staff.

We reviewed people's care records. We reviewed other records relating to the care people received. These included the audits on the running of the agency, staff training, staff recruitment and medicine administration records.

Requires Improvement

Is the service safe?

Our findings

Staff records showed that before new members of staff were allowed to start work, checks were made with the Disclosure and Barring Service (DBS). DBS checks help employers to make safer recruitment decisions and ensure that staff employed are of good character.

Of the four staff records we checked, we found no references for any of the staff. These showed that the necessary documentation for staff was not in place to demonstrate they were fit to work for the agency. The registered manager stated that it was difficult to obtain references from previous employers. However, we could see no evidence that this had been attempted. This meant the provider did not have satisfactory evidence of staff conduct in previous employment concerned with the provision of health or social care

This is a breach of Regulation 12 of the Health and Social Care Act 2008 Regulated Activities Regulations 2014.

The registered manager said this issue would be quickly followed up and supplied us with evidence after the inspection that proper action was being carried out to obtain references.

People's care records showed risk assessments were completed to protect their safety. These included people at risk of falling when walking or moving around, and risk assessments to protect people from developing pressure sores. Equipment to be used to keep people safe was included in care records. For example, some people had bath aids. This meant that people could receive help and support to keep them safe when they needed it.

Risks within people's homes had been assessed and managed such as the risk of falls from tripping on rugs.

We found that sufficient numbers of staff were available to meet people's needs as people told us that calls were on time and they received the agreed time to receive their personal care.

All the staff we spoke with had been trained in safeguarding and understood their responsibilities. Staff were also aware of reporting concerns to other relevant outside agencies should the need arise.

The provider's safeguarding and whistleblowing policies (designed to protect people from abuse) were available to staff. These told staff what to do if they had concerns about the safety or welfare of any of the people using the service. However, they did not contain the contact details of the relevant agencies staff could report their concerns to. The registered manager quickly sent us this information after the inspection which indicated these details had been included.

Policies set out that when a safeguarding incident occurred management needed to take appropriate and action by referring it to the local authority. This meant that other professionals were alerted if there were concerns about people's well-being, and the registered manager and provider did not deal with them on their own.

A person told us, "Staff remind me to take my medication." All the people we spoke to said that they received their medicines on time. One relative said, "There has never been an issue with this. Staff are conscientious about reminding my mum about taking her tablets".

We looked at how medicines were managed and we saw evidence that people had received their daily prescribed medicines. We saw that staff had been trained to support people to have their medicines and to administer medicines safely. However, when as needed medicines had been supplied there were no protocols in place to indicate when they should be given to the person, nor was there evidence of signed agreements with GPs to indicate whether they were contraindications with other medications. This did not completely ensure that people were safely administered medicines. The registered manager said she would follow this up with GPs.

We saw that where creams needed to be applied, the medicine care plan did not include this on the medicines records. There was no body map or instructions on the medicine administration records to show the areas where creams should be applied. We discussed this with the registered manager who agreed to implement body maps as guidance for staff to ensure the correct application of creams.

Good

Is the service effective?

Our findings

All the people we spoke with said they received the care and support they needed. A person told us, "The staff know what they are doing." Another person said, ''Yes, they seem well trained. I have never had a problem with any of the care." A relative told us, "Staff know what they are doing.''

Staff training records we saw showed that staff had training in essential issues such as moving and handling, infection control, health and safety, food hygiene, first aid, protecting people from abuse and challenging behaviour. The registered manager stated that new staff were expected to complete the Care Certificate induction training, which covers relevant care issues and is a nationally recognised introductory care qualification.

The registered manager told us that when new staff had completed this training, the Care Certificate was going to be offered to long-term staff to refresh their knowledge of essential issues. She also told us that a number of staff had also completed other relevant nationally recognised training courses in care.

We discussed training with one staff member who said, "I feel we have all the training we need. If we need any other training, the manager will organise it". Another staff member told us that she had been trained in relevant topics such as protecting people from abuse, moving and handling techniques, protecting people from hazardous substances, dementia, health and safety, and infection control. She had not undertaken training in health conditions that people had such as Parkinson's disease and stroke care. This meant there was a risk that effective care would not be provided to people.

We discussed this with the registered manager who stated this would be followed up and further training provided where necessary. This would to include relevant issues such the Mental Capacity Act, care for people who have had strokes, Parkinson's disease, stoma care, and end of life care. This would mean that staff would have a better understanding of people's health care needs.

Staff told us they had undertaken an induction when they started working for the agency, which included shadowing experienced staff on shifts. The registered manager said that shadowing lasted a week but if new staff were still not confident then more shadowing time was arranged until they felt confident to carry out all aspects of personal care. This provided staff with support to provide effective care to people.

Although staff felt supported, we saw no evidence that they had one-to-one supervision. The registered manager stated there was some supervision when she visited staff in people's homes but no regular face-to-face supervision. She said she would begin this process. This will then provide more support for staff in their role, such as reviewing their work performance, discussing any issues and problems, and identifying their training needs.

We assessed whether the provider was ensuring that the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were being followed. The MCA is a law providing a system of assessment and decision making to protect people who do not have capacity to give consent themselves.

The DoLS are a law that requires assessment and authorisation if a person lacks mental capacity and needs to have their freedom restricted, in their best interests, to keep them safe.

There was evidence of mental capacity assessments for people receiving the service. The registered manager said any limitations on people's ability to make decisions would then be subject to a best interest assessment. This is where people are unable to make decisions themselves so decisions are put into place on people's behalf to protect their welfare.

Staff told us that they talked with people they supported and asked them for their approval before they supplied care to them. There was evidence in people's care plans that people were asked if it was acceptable to provide care to them. This told us that staff sought people's consent before providing personal care to them.

We saw evidence in care records that staff had ensured people had access to food and drinks. There was also recorded evidence of a choice of food and drink available to people. Staff members told us that people's choices were respected and they knew what people liked to eat and drink. We also saw evidence of this in people's care plans. We also saw that people were encouraged to eat if this was part of their care plan.

A relative told us, "There was a problem with a skin condition and staff advised me to ring the GP, which I did and it was sorted out." A staff member told us that recently a person fell and had a pain on their left side. She pressed the person's emergency call pendant and got through to the emergency call system. They involved the ambulance service to take the person to hospital. She said she stayed with the person and reassured her. Another staff member told a person had red skin which looked like it was breaking down into a pressure sore, so she contacted the district nurse who came out and gave the person treatment that day. This showed us that staff had responded to people's health needs.

We looked at records of accidents. We found staff had generally appropriately referred people to medical services when they had an accident. We saw that when a person fell in August 2015 and knocked his head. His wife assessed his medical condition as satisfactory. There was no indication as to whether the staff member had encouraged his wife to contact medical services, to have a follow-up check to see that his condition was satisfactory. The registered manager said that she would amend the policy to include this issue to make sure that people's health was comprehensively protected.

A staff member told us that on one occasion a person said they felt unwell. She then contacted the nurse and stayed with a person until the nurse arrived. We also saw in records that when people were unwell or had an accident, staff stayed with them until medical services arrived. This told us that people had received care responsive to their needs.

We heard a director of the company on the phone ask a person if she needed to see their GP as the person felt unwell. The person declined. The director said that if she changed her mind then care staff would ring the GP when they attended to her care call later. This indicated to us that the agency was responding to people's needs.

Good

Is the service caring?

Our findings

Everyone we spoke with said staff were friendly and caring. They also told us that they felt that their dignity and privacy had been maintained.

All the people we asked told us that staff listened to them so they felt able to express their views. People told us: "Staff are wonderful. If I ask them to do anything they will do it without question." and "I don't think you could get better staff. They are all very caring and friendly."

A relative told us, "My husband has had fantastic care from the carers." Another relative told us, "The staff cannot do too much. They could not be better."

A staff member told us that a person was a vegetarian. She said that she ensured that she did not make reference to eating meat in her conversations with the person, to respect the person's lifestyle and ensure the person would not be upset by talking about a potentially sensitive subject.

This showed a staff member being caring and respecting a person's rights.

Staff told us that they respected people's privacy and dignity. They said they always knocked on people's doors before entering their house or bedroom. One staff member told us, "We are a good staff team. Everyone treats people with dignity and make sure that they always have choice and privacy."

Staff described how they would preserve people's dignity during personal care by covering them with towels whilst providing personal care.. This was a good example of a respectful attitude.

The staff we spoke with understood the importance of ensuring people could make choices about their day to day lives. One staff member told us, "Whatever people's choices are, we respect them. Even if they appear to be confused we always ask them what they like."

We looked at the staff handbook. This included information for staff about the agency's philosophy of care which stated that staff should be compassionate and caring, protect people's dignity and respect and promote their independence. This helped to ensure people were all treated in a caring manner and respected.

People and their relatives told us that they had been involved in the development of their care plans. This meant that people had been given the opportunity to contribute to a plan of the care they felt met their needs and to agree to their care plans. However, plans had not been signed to evidence that people or their relatives had agreed to their care plans. This would further evidence that people were properly involved. The registered manager said this would be followed up.

Good

Is the service responsive?

Our findings

A person told us, "The staff always respond well to my needs. " Another person told us, "If I ask staff to do anything, they will always do it. There is nothing they would not do for me." A relative told us, "The staff help my husband with whatever he needs.''

No one expressed any concerns about staff not staying for the full contracted time. People all said that if staff had finished their tasks they always ask them if they wanted help with any other task. This indicated that people's needs were responded to.

The staff we spoke with were aware of people's preferred routines and needs. For example, a staff member told us that a person had trouble with breathing so she helped her with breathing exercise which had been set out by the district nurse.

People had an assessment of their needs and a personal profile in the care plan. This included relevant details such as the support they needed and some information as to their history and background. However, care plans did not include information about their preferences, for example what time they liked to go to bed, whether they preferred a bath or shower, what assistance they needed and how they liked this to be provided. There was minimal information about people's background and interests, what they liked and didn't like and their interests. Records did not show people's detailed life histories, key experiences, interests or hobbies, and, for example, what TV or radio programmes they preferred if they liked to watch TV or listen to the radio.

The registered manager acknowledged this and said care plans would be updated to include all relevant information. This will help staff to provde more personalised care.

People told us that the registered manager visited them to review their care needs and that staff always provided the relevant care to them, although we did not see evidence of this. The registered manager later sent us a form to show that people had regular reviews of their care. Staff told us that staff brought people's records in so that the office management could review them to make sure people's changing needs were up-to-date and that people were provided with care that responded to their needs.

Care plans and risk assessments generally had detailed information in them to meet people's needs. For example, we looked at the care plan of a person who had a sore cracked heel which required staff to apply cream. We saw this had been carried out.

We looked at a risk assessment for a person who needed a hoist to transfer. The risk assessment stated that the hoist must be used at all times, although it did not state how many staff were needed or what type of sling was required to move the person comfortably. The registered manager said this detail would be added to the risk assessment.

The registered manager said that the service currently did not provide a service to people from minority

communities. She said that any relevant information regarding a person's cultural or religious practices would be included as the need arose in the future, so that the needs of people from differing cultural communities would be responded to.

People told us they would speak to the registered manager if they had any concerns, and felt comfortable about doing so. One person said that in the past they had not got on with a staff member. The management of the agency were informed and they responded to the situation by changing care staff. She said she was very happy with this response.

A person told us that office staff said that if she ever had a problem to contact them to sort it out. This had never been necessary but it gave the person confidence that action would be taken as needed.

People or their relatives told us that management staff had always been responsive to their concerns. No one mentioned any situation or instance where their issue had not been resolved to their satisfaction. Staff told us that they would report any complaints to the registered manager and they were confident they would be dealt with speedily and effectively.

The provider's complaints procedure gave information on how people could complain about the service if they wanted to. However this did not include information on contacting the local authority should a complaint not be resolved to their satisfaction. The registered manager said this procedure would be altered accordingly and swiftly sent us the amended procedure after the inspection.

We looked at the complaints file. No formal complaints had been made. The registered manager confirmed this had been the case.

Good

Is the service well-led?

Our findings

A person told us, ''I have been asked my opinion about the service through a survey. I was happy to tell them how good the agency was.'' Another person told us, ''Yes, I think the agency is well managed and cheerfully run. There is always a welcoming response." A relative said, "When I have rung the office, staff have been really helpful. They know how to run this agency.'' People told us that the registered manager and the office staff had quickly sorted out any queries they had.

Staff told us they could approach the registered manager about any concerns they had. They felt supported and felt the registered manager always put people's needs first. One staff member said, "I know I can go and ask for help from the manager and she will always provide support". All the staff we spoke with told us that the registered manager led by example and always expected people to be treated with dignity and respect.

Staff members we spoke with told us that they would recommend the agency if a relative of theirs needed help with personal care at home.

Staff said that essential information about people's needs had always been communicated to them. These are examples of a well led service.

We saw that staff were supported through staff meetings. Records showed that relevant issues about people's care, medication and staff practices were discussed in staff meetings. Staff were also supplied with relevant information about people's needs through information updates sent to them to respond to people's changing needs.

We saw that people receiving the service had been asked about their views this year through a satisfaction survey. There were many positive statements about the quality of care that the agency provided. One person stated, "Always treated with respect and kindness'', and a relative stated, ''Happy to have gran's care in your hands. '' This feedback had been collated and an action plan produced to take forward the small number of issues that were raised, such as introducing a weekly schedule for people informing them which care staff would be supplying care to them.

We saw quality assurance checks in place. For example, we saw audits of care plans and medication records, although there was no system of periodic spot checks for staff. The registered manager said that this would be introduced so that staff performance could be checked in a more rigorous way.

The registered manager said she would be looking to extend quality assurance systems to evaluate relevant issues such as the quality and extent of staff training, staff recruitment checks and timeliness of calls, although no person using the service had any issues about these systems at present. This will then help to develop the quality of the service.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Robust recruitment systems were not in place.