

Nestor Primecare Services Limited

Allied Healthcare Havering

Inspection report

3-4 Midland House
109-113, Victoria Road
Romford
Essex
RM1 2LX

Tel: 01708478712

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23 February 2017

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Ratings

Overall rating for this service

Good ●

Is the service effective?

Good ●

Summary of findings

Overall summary

This announced inspection took place on 23 February 2017. The registered manager was given 48 hours' notice because we needed to be sure that members of the management team were available to assist us with the inspection.

At the last inspection on 9 June 2016, we found the service to be in breach of the regulation relating to staff training. We found that care staff did not always receive the training they needed to ensure that they supported people safely and competently. For example, we found some staff had limited understanding of the Mental Capacity Act 2005 and there was little evidence that staff had attended any training. This meant that staff did not have sufficient knowledge to effectively support people who lacked capacity to make decisions for themselves.

After the inspection, the registered provider wrote to us to say what actions they would take to meet legal requirements in relation to the breach.

We undertook this announced focused inspection on 23 February 2017 to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report of our last comprehensive inspection, by selecting the 'all reports' link for Allied Healthcare Havering on our website at www.cqc.org.uk.

Allied Healthcare Havering provides personal care to adults and children living in their own homes in different boroughs around London and Essex. At the time of our visit, they were providing personal care to 248 people. The provider had 110 staff in their employment. The provider had recently acquired staff and people that were transferred from another Allied Healthcare branch in London.

There was 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.

At this inspection, we found the provider had taken sufficient action to ensure staff received appropriate training to carry out the duties they were employed to perform.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service effective?

The service was effective. Staff received appropriate training and support. They received supervision to monitor their performance and development needs.

Staff understood the requirements of the Mental Capacity Act 2005 (MCA). People's capacity to make decisions was recorded and staff acted in their best interests.

Good ●

Allied Healthcare Havering

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 was undertaken to check that the provider had made improvements to meet legal requirements after our 9 June 2016 inspection. We inspected the service against one of the five questions we ask about services: Is the service effective? This was because the provider did not provide sufficient training to staff.

This inspection took place on 23 February 2017 and was announced. It was undertaken by one adult social care inspector.

Before our inspection we reviewed information we held about the service and the provider. This included the action plan the provider submitted setting out how they would become compliant with the breach identified at the previous inspection. The registered manager was away on the day of our inspection. We spoke with two service delivery managers, who were deputy managers, a care coordinator and a care worker. We looked at the records of staff induction and training documents, including assessments of staff knowledge.

Is the service effective?

Our findings

During our visit, we saw evidence of actions the registered manager had taken to address the concerns we had identified at our previous inspection.

At our inspection in June 2016, we found that the registered provider had a suitable policy in relation to the Mental Capacity Act 2005 (MCA), which contained helpful information for staff employed by the provider. However, staff did not always receive appropriate training to carry out their duties. For example, they did not have sufficient knowledge of the MCA and were not clear about the legislation, or what it meant for the people they supported.

The 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.

During this inspection, we found the registered manager ensured staff received appropriate training on this topic. We saw that a workbook was sourced by the provider and distributed to staff. The service delivery manager told us that all staff had received a copy and most staff had completed the assessment to show that they understood what the principles of the MCA were.

Since the last inspection we saw that most staff had completed the assessment, which was reviewed and marked by a qualified training facilitator. Some existing staff had still to carry out the assessment but we were assured that the management team was following up to ensure it was completed. The provider had incorporated the training into their three day induction programme for new staff as part of their mandatory training. However, one member of staff we spoke with required some prompting to answer our questions about the MCA. We noted that they had completed the assessment shortly after our inspection in June and the service delivery manager said that some staff found the material challenging. We were assured that staff would be provided refresher training when required.

Staff felt supported in their roles and felt the training equipped them with the skills they needed to provide care and support to both adults and children. We looked at staff training records and viewed a staff training matrix, which confirmed the dates that they completed training and when refresher training was due. New staff received training in a range of areas which included safeguarding adults, medicine administration, lone working and the moving and assisting of people. Existing staff received refresher training through workbooks and classroom based learning. E-Learning was also provided to staff to study topics electronically, in their own time. Staff that wished to provide care to children were also provided the relevant training in areas such as child development and childcare, knowing professional boundaries and learning about children's services. Additional training requirements were discussed in staff supervision meetings with line managers, which who monitored staff performance.

