Nestor Primecare Services Limited

Anderton Place Extra Care Scheme

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 1 and 2 August 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available.

Anderton Place Extra Care Scheme is a domiciliary care service providing support to adults within the Anderton Place complex. The care and support is provided by Allied Healthcare. The Housing Provider is the Guinness Partnership . Anderton Place was registered with the Care Quality Commission on 28 August 2015 and this was their first inspection. There are 59 apartments and all have access to staff in an emergency. At the time of the inspection 34 people were in receipt of personal care.

There was a registered manager in place at this service. They had been registered since September 2015. 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 told us the staff were caring, kind and helpful. People said "The staff are good", "The staff are kind", "The staff do a good job" and "I am happy with the service."

Quality assurance processes were in place at local and regional level. However, audits of care folder documentation undertaken by senior care staff was not robust enough to identify concerns highlighted during the inspection

People told us that on occasions there had been problems with the support they had received. Some calls been moved to a different day or time. There had been instances when people who used the service had been "upset" by the impact of insufficient staff. Out of hours staff told us they would contact the senior care assistant or the registered manager .

Staff had received training that included moving and handling, safeguarding, medication and fire awareness. Training on specific conditions or requirements of people who used the service had not always been undertaken but written information was available for reference. Staff attended an induction process prior to working alone and staff told us that they had the information they needed to perform their role.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

Staff supervision sessions, annual appraisals and staff meetings had occurred regularly and records confirmed this.

Care plans were person centred and gave staff good information on people's needs and preferences. Various risk assessments were undertaken which included moving and handling, falls and the environment. These were reviewed regularly and up to date. The management of medication was safe.

Staff were aware of how to report a safeguarding concern. They were aware of the policies and procedures available to safeguard people from harm and told us they would not hesitate to report any concerns.

Staff recruitment files showed that satisfactory recruitment processes were in place.

People had access to information about the service. They said that they knew the information was in their care folder and some people had read this. An initial visit was undertaken by the registered manager prior to the service starting.

A complaints policy was available and each person had this information within the care folder. Processes were in place to deal with any complaints received.

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 always safe.

Calls to people were sometimes missed, times of calls changed and calls moved to different days and times. This meant that people did not always receive the service as agreed.

People felt safe and secure. Satisfactory recruitment processes were in place.

Risk assessments had been reviewed and were up to date.

The management of medicines was safe.

Is the service effective?

Good

The service was effective.

Staff had access to supervision and annual appraisals. Staff induction met the requirements of the care certificate. Additional training was required to ensure that staff understood the impact of health conditions on a persons support needs.

Some people were supported with the purchase of food and provision of meals as detailed on their support plans. People were satisfied with the meals provided.

Staff understood the importance of seeking consent when providing care to people. The registered manager followed the requirements of the Mental Capacity Act 2005 to ensure a person's capacity was appropriately assessed.

People were supported to access appropriate health care professionals and services when needed.

Is the service caring?

Good

The service was caring.

People's privacy and dignity were respected and people were encouraged to maintain their independence.

People had access to a range of information about the service.

Is the service responsive?

Good

The service was responsive.

Care plans were personalised and reflected people's current needs and wishes.

People were aware of the complaints process and how to raise any concerns they may have.

Is the service well-led?

Requires Improvement

The service was not always well led.

A registered manager was in place.

Quality monitoring systems were in place, but they were not always effective.

The registered provider had sought feedback from people and their family members through meetings and surveys, which enabled them to identify areas for improvement.

Anderton Place Extra Care Scheme

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 1 and 2 August 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of two adult social care inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had knowledge and expertise of caring for people with dementia and people who used regulated services.

Before the inspection the provider completed 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 this information to help inform our planning of the inspection. We reviewed all the information we held about the service. This included looking at any safeguarding referrals received, whether any complaints had been made and any other information from members of the public. We looked at notifications we had received. A notification is information about important events which the registered provider is required to tell us about by law.

Questionnaires were sent to people who used the service and family members prior to the inspection visit. Information from these is included in the report.

We contacted the local authority safeguarding and contracts teams for their views on the service. They

raised no concerns about this service at this time.

On the days of our inspection we visited eight people who used the service, spoke with two family members, the registered manager, the regional director and three staff members. Staff members included senior care assistants and care staff.

We looked at a selection of records. This included six people's care and support records, three staff recruitment files, staff duty rotas, medication administration and storage, quality assurance audits, complaints and compliments information, policies and procedures and other records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

People and family members told us that people felt safe when they were supported by the staff team and within the building. Comments included "I feel absolutely safe here. The doors are locked and security codes are used", "I feel safe here, definitely", "I feel safer here than within my own home", and "I feel very safe here."

Some people raised concerns regarding the staffing levels and turnover of staff. People told us they were concerned that there were only two staff on duty at night and also in the day time. People said "The staffing level is awful", "I am worried how they will cope if there is an emergency", "They were changing staff too much", "There were different staff every visit, maybe about a dozen staff I have to get to know", "I have noticed staff changes" and "Regular staff get swapped around. Also staff from another service (owned by the provider) come and we don't see them again."

Staff told us that there had been sometimes insufficient staff to fully people's needs. Although they felt this had recently improved with the recruitment of additional staff, concerns remained about covering absence due to sickness or leave. The registered manager confirmed that three staff would be on duty during the morning shifts and that two new staff members had been employed recently.

The senior care assistant delivered care each day in addition to their responsibilities to complete care plans and reviews. They also worked alternate weekends.

Where there were challenges due to unscheduled absence, staff from another scheme helped out wherever possible. The registered manager told us that the same staff cover where possible to ensure consistency of care. However, we were told that it had not always been possible to obtain cover and this resulted in calls being missed or late. The registered manager confirmed that agency staff were not used as their training and competency could not be assured. We were told that if a call was delayed a staff member would usually contact the person by phone to let them know and we saw evidence of this during this inspection.

People told us that they had been "upset" by the impact of insufficient staff. By not having sufficient staff available to adequately cover people's needs there was a potential risk to people's health, safety and welfare.

There was an escalation process through the Senior Carer or the Registered Manager if staff had any concerns " out of hours". Staff knew how to contact them should this be required.

Staff told us how they would keep people safe from harm or abuse. They were able to explain the actions that they would take should they become aware that abuse had taken place and also how to report such incidents both within and outside of the company. The registered manager was aware of the requirement to report safeguarding concerns to the Commission. None of the staff had any current concerns. Staff told us they had undertaken safeguarding awareness training and records confirmed this. The registered provider had a copy of the local authority safeguarding policy and procedure and their own policy on protecting

adults from abuse. The registered manager confirmed that copies of the policies and a flow chart on what to do if abuse is suspected were kept within the staff room to facilitate easy access for the staff team. Staff explained they were aware of the whistle blowing policy and that a number they could ring was available in the staff room. Where safeguarding concerns had been raised the registered manager had taken action and notified all appropriate agencies. Records showed liaison with the local safeguarding team.

Medication administration and management was safe. Some people were supported with their medications. Support varied from full support with medication administration and management to checking verbally that someone had taken their medication. We saw that where support was required medication was kept within a locked cupboard within the person's own apartment. Medication Administration Record (MAR) sheets were completed by the staff where they administered medication. Some people required prompting to take their medication and staff noted this in the daily log sheet. For some people staff just checked verbally with them that they had taken their medication, and again this was noted in the daily log sheet. Documentation confirmed this. The registered provider had a medication management policy which staff were aware of and staff had received medication awareness training. Staff confirmed they were aware of the policy and that information regarding medication was also available within the care worker handbook.

Staff recruitment files showed that appropriate checks had been undertaken prior to staff working for the service. Two references had been undertaken, one of which was from the staff members' previous employer. A Disclosure and Barring Service check (DBS) had been undertaken. A DBS is undertaken by employers to ensure that prospective staff members are suitable to work with people who use this service. Identity checks included copies of staff's driving licence, birth certificate or passport. Copies of questions asked at the interview and the staff member's responses were seen. This meant that the registered provider had satisfactory recruitment processes in place.

A range of risk assessments had been completed for people who used the service, which included the environment to ensure that it was safe for the person using the service and the staff member. It also included assessments on moving and handling, sleeping, health and safety, continence, falls, nutrition and medication. Risk assessments were specific to individual people's needs and were up to date.

Personal Emergency Evacuation Plans (PEEPs) had been completed for people who used the service. This helped to ensure that people would be appropriately supported in the event of an evacuation or emergency. Information included details of equipment used by the person and if assistance would be needed. The registered manager said that they have a "Stay put" policy in place which meant that measures were in place to ensure that people were kept safe. For example each door within the building was fire-proof for up to two hours and the building had an integral sprinkler system in place. The building would only be evacuated on the advice of the emergency services. Records showed that the PEEPs were up to date and regularly reviewed.

Accidents and incidents were recorded and monitored using a computer system. These were investigated by the management team and actions reviewed by a regional risk management team to ensure appropriate actions had been taken.

Good

Is the service effective?

Our findings

People told us that the staff were kind, caring and helpful. People told us that the care and support they received from the staff team was effective. They said the majority of staff knew them well and respected their needs and wishes in the way that they wanted to be supported. Comments included "Staff are reliable", "Staff are kind and helpful" and "By and large there are no problems."

Staff attended an induction programme at the start of their employment. People said that they felt less confident in the abilities of newer staff. People told us that, in their opinion, that most of the staff had the skills required to meet their needs. One person told us "When a new staff member was shadowing an experienced staff member, they were taught and shown things. However, when the new staff member returned on their own they seemed to have forgotten what they had been taught." The induction included a four day programme which covered the Skills for Care Common Induction Standards. The induction included practical sessions, workbooks and face to face learning. An induction checklist was used to ensure all relevant information was covered. Staff said that they shadowed another staff member until they felt ready to work alone.

The induction process followed the Care Certificate standards.The care certificate aims to equip health and social care support workers with the knowledge and skills which they need to provide safe, compassionate care.

All staff undertook the same training at the service. People told us that, in their opinion, that most of the staff had the skills required to meet their needs. Comments included "Staff are trained and do their job properly", "Most of the staff are fairly well trained and helpful", "There have been some occasions where staff didn't seem well trained".

Staff told us that they had completed the registered provider's mandatory training and that training about dementia had been provided. Specific training relating to people's conditions or needs was not undertaken for example for people with diabetes or Parkinson's disease. However, information was available for staff to read for example: literature from the Parkinson's Society was provided to all staff and was discussed with them as part of the care coaching process.

Each staff member had a copy of the care worker handbook which included a wide range of information about the company, terms and conditions and a range of policies and procedures. Staff signed to show receipt of this and records confirmed this. Following new staff members first shift a telephone review was conducted with them. The purpose was to ensure that the shift had gone well and any challenges or concerns they had were noted. Copies were seen on staff files.

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 2005. People who normally live in their own homes can only be deprived of their liberty through a Court of Protection order.

We checked whether the service was working within the principles of the MCA 2005, and whether any conditions or authorisations to deprive a person of their liberty were being met. The registered manager was aware of the principles of the Act and how to determine people's capacity. The registered provider had up to date policies and procedures in regard to the MCA 2005.

The registered manager explained that no one was currently being deprived of their liberty though the Court of Protection. Although staff had received training with regard to the MCA and had some knowledge of the requirements, from conversations and review of records there seemed to be a lack of clear understanding with regard to day to day decisions. For example, staff would consult family to support decisions but were unclear about the process to assess a person's capacity and record decisions made in their best interests. Staff told us "Never assume that someone lacks capacity, always give clients choice" and "If we thought someone lacked capacity then we would request a review to be undertaken."

We saw that it had been identified by the service that a person required supervision to ensure their safety outside of their home and so staff were reluctant to let them leave the building on their own .Following the inspection the registered manager informed us that a best interest decision had been completed and their documentation updated to reflect actions taken by staff to keep the person safe.

Personalised best interest plans were in place for people which included an initial assessment of the person's capacity to make decisions for themselves. Where a person lacked capacity further information and action to be taken was recorded.

Staff told us they received regular supervision sessions and annual appraisals. Supervision sessions were carried out every three months along with an annual appraisal. Staff told us that they felt the sessions were effective and useful. They said that it was an opportunity to "sit and talk and discuss any problems". Staff felt confident that they could raise any concerns they had and that these would be dealt with. Staff said that staff morale was good and that "We all help one another." Staff were also invited and encouraged to attend staff meetings. Staff told us that they usually attended the meetings and they found them informative and could contribute if they wanted to. Records indicated meetings were held on a regular basis. This meant that staff had access to a range of support to assist them in their role.

People told us that usually they or their family members contacted healthcare professionals such as the GP when needed. However, they felt that if they needed support the staff would help them. One person said "Staff arranged for me to see my GP and go for a hospital appointment." People's medical conditions and medication requirements were included in the care plans and records indicated these were up to date and reviewed regularly to reflect people's changing needs.

People were supported with the purchasing of food and preparation of meals where detailed in their care plans. Some people used the on-site "Bistro" for their main meal of the day. The registered manager said that if someone could not get to, or preferred not to go to the bistro then staff would deliver a meal from there to them. Care plans detailed how to support people with nutrition and hydration. Details of meals eaten were recorded in the daily notes. Staff told us they were aware of people's preferences and that information regarding this was noted in the care plan.

Good

Is the service caring?

Our findings

People told us that staff were caring, kind and patient with them. People and their family members told us that they were happy with the support they received and that staff were caring and responsive to their needs. They said that they usually had the same group of staff supporting them and that this helped with the continuity of their care and support.

Staff spoke about the people they supported in a very caring manner. They told us they believed that people were cared for well "Very much so" and "I love to know I have made a difference in their lives."

Staff interactions observed in communal areas were very caring. Staff ensured that people had everything they needed and people appeared happy in staff's company. We saw that one person's permission was sought prior to us speaking with them.

Staff described people's individual situations and how they supported each person with care and support that was centred on their needs and wishes. From discussions we found that staff were very knowledgeable about the people they supported and that time had been taken to get to know the client and their preferences. For example one staff member explained that one person they supported was living with dementia. They took them out and about in the community and had known them for some time and were aware of their preferences. This meant that the service provided individual care and support to people who used the service and helped to ensure that person's needs and wishes were maintained.

People told us they were satisfied that staff respected their privacy and personal space. Staff explained how they would support people and ensure that their privacy and dignity were maintained. They said that all personal care tasks were completed in the person's own apartment. They would talk to the person letting them know what they were about to do. They would make sure doors and curtains were closed and when undertaking personal care tasks they would cover parts of the body with a towel to help maintain the person's dignity.

People had access to information about the service. At the beginning of the service people received a customer care booklet which detailed information about the service and the range of care and support the service provided. The statement of purpose contained information about the aims and objectives of the agency; services provided; service provider details; and information on how to make a complaint. Details of the registered manager and nominated person (who is a senior person within the Allied Healthcare organisation) were also within the document.

People were supported with the use of advocacy services when necessary. The registered manager provided information about how advocacy services had been sought in the past which had been successful in supporting a person in line with their needs. Information regarding advocacy services was available to people and family members.

We saw the service had received a range of compliments which were logged onto a database and shared

with relevant staff members. Comments included "Mum has received excellent care", "You have cared with such tenderness and that was so lovely to see", "Staff go the extra mile", "Your care was much appreciated" and "Mum received kindness, compassion, dignity and professional service at all times."

Good

Is the service responsive?

Our findings

People and family members told us that staff were responsive to their needs and that staff listened to them and supported them to remain as independent as possible. Comments included "The staff are reliable", "It's very good here", "The staff are very patient" and "Staff are very good to me."

People told us that call bells were answered swiftly both day and night. People said "I use the personal alarm for calling for attention. Calls are answered quickly, day or night", "I wear a personal alarm and staff usually answer within a couple of minutes", "I can speak to somebody through the intercom almost immediately, if I need anything." Staff told us that the length of call times can be extended to meet people's changing needs and that if the staff felt a person needed more time this would be highlighted to senior staff.

People told us they were involved in the discussions about the care and support they required. People said "I can tell you what is in the care plan. I have had a say, what I want is in there", "I can ask staff to do things and they will usually help me if they can" and "I have a care plan and I was involved at the beginning." We saw that care plans were written in a person-centred way. Person-centred care is a way of looking at and recording information that sees the people at the heart of the planning and developing care to make sure it meets their needs. Information in the care plans included personal details and next of kin, general health and medical history, all aspects of personal care and support and assessments to minimise risk to the person. We saw that these documents had been signed by the person or their representative to show consent. We saw evidence that reviews had taken place although support plans had not always been updated with regards to changing needs. For example, staff provided significant information about a person's deteriorating condition and arrangements that were being made to manage this. However this was not reflected in the person's support plans. We brought this to the attention of the registered manager and following the inspection they informed us that the care plan had been updated to reflect the person's current situation.

Daily records showed the times that staff arrived and departed on each call. People told us that usually the times were around the previously planned and agreed times, although sometimes carers could be late for calls. Information regarding the tasks undertaken, food and drink offered and taken, and any observations by the staff member were recorded. Staff members' checked on each call for any early warning signs which could indicate a problem with the person and if seen the staff member would contact the senior care assistant or registered manager as appropriate. Each record was signed by the staff member.

Prior to a service being provided a person's needs were assessed at a meeting with the person, their representative, the registered manager and the housing provider. During this meeting the person's support and care needs were discussed and evaluated to ensure that the service could meet their needs. Following the start of the package a full care plan and risk assessments would be produced and discussed with the person using the service and their representatives, as appropriate. The registered manager explained that reviews could be scheduled annually or more frequently dependant on the complexity of the care package and also in response to changing needs.

People and family members told us they knew how to raise a concern with the service. All the people we spoke with had not made any complaints but said they would speak to the senior staff or the registered manager if they had a problem.

People said "Issues are usually responded to well", "Communication works out pretty well" and "I have no complaints." People told us that they were aware of the registered provider's complaints procedure. We saw it contained details of the complaints manager and timescales for the progress of the investigation. Information on how to contact other organisations such as the Local Government Ombudsman (LGO) and the Care Quality Commission (CQC) was also included. The registered manager kept a log of all complaints and compliments which included details of the issue, follow up information and discussions. Complaints were logged and monitored using a computer system. There had been two complaints since January 2017 and these had been investigated and responded to appropriately. Verbal concerns, for example regarding late or moved call times, were logged in a communication book and not as a formal complaint. These complaints were also investigated and responded to by the registered manager.

Requires Improvement

Is the service well-led?

Our findings

People and family members told us that the service was usually well led and that generally the support from the registered manager and office staff was good. People said "I am satisfied here", "The staff are reliable", "I feel I can have my say in the service" and "The staff always have a smile."

A registered manager was in post and had been registered with the Care Quality Commission (CQC) since September 2015.

The Registered Manager conducted all reviews and assessments prior to new people moving into the scheme. However, not everyone we spoke with were aware of who the registered manager was. People told us that they would speak with the senior care assistant (SCA) if they had any concerns. Following the inspection the registered manager said she intended to hold monthly sessions where people who used the service could "drop in" and speak with her. She explained these would start in September 2017 and would be added to the "Resident's calendar" and each person received a copy of this.

People told us that on occasions there had been problems with the support they had received. Some care calls had been missed or delayed but these issues had occurred either when a regular staff member was off sick or there were other issues with staffing.

We reviewed audits carried out by the senior care assistant with regard to daily log books and Medication Administration Records (MAR). We noted that all the audits reviewed had a standard phrase on them all "Where times differ from planned times either the client was not in apartment or client was notified of time carer will arrive." This sentence appeared to be used for all situations rather than each set of documents being individually assessed and reviewed.

Audits were not always effective as other issues identified during the inspection had not been picked up. For example, we saw that on one occasion medicines could not be administered and after discussion with family the medication was not administered. However, no medical advice had been sought about any risks or adverse effects of the person not taking the medication. There was no evidence that the audit carried out had identified or followed up this matter as a concern.

The registered manager completed a monthly audit of the service user and staff files which the computer system chose at random. The computer system would also pick up any issues highlighted from the senior care assistant's audit. However, this meant that if the senior care assistant or registered manager audits had failed to highlight issues, this would not trigger a further audit. The regional manager completed a quarterly audit which reviewed the registered manager's information. The system ensured that the sample size was sufficient enough that all files were audited at least once a year

The registered provider sought views of people who used the service and staff team. Regular service user meetings were held and service user and staff surveys had been completed. The last meeting was held in May 2017 and included discussions on the garden; service users' funds and how they should be used;

activities and staff information. The service users' survey was currently being undertaken and the registered manager was waiting for responses to be received. A staff survey had been completed in April 2017 which showed positive results from the staff team. Staff said they enjoyed working at the service and providing support to people who used the service.

The registered provider had a business continuity plan in place which included the type of risk, preventative measures and contingency arrangements. Examples included the evacuation of the building in the event of a fire, gas leak, flood, loss of staff or failure of the IT systems or utilities. Location of emergency evacuation plans, emergency contacts, staff contact details, local recovery locations and key contacts were also included. This meant that the registered provider had considered the implications of a major emergency occurrence at the service and the steps needed to be put in place to manage this.

The registered provider had a set of policies and procedures for the service which were reviewed and updated as required. All staff were provided with access to the employee handbook when they started working at the service. The handbook contained details about key policies and procedures in order to assist staff to follow best practice in their role. Policies were available in the main office which ensured that staff had access to relevant guidance when required.

From discussions with the registered manager and the regional director we saw that the ethos of the service was to be open and transparent in their approach. They regularly notified CQC as required by law, of significant incidents and events that affected people or the running of the service. Notifications were sent shortly after the incidents occurred which meant that we had been notified in a timely manner.