Nestor Primecare Services Limited

Allied Healthcare Leicester

Inspection report

Suite 7, 2nd Floor, Carlton House
28 Regent Road
Leicester
Leicestershire
LE1 6YH

Tel: 01162543335
Website: www.nestor-healthcare.co.uk/

Date of inspection visit:
29 November 2016

Date of publication:
13 January 2017

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?	**Requires Improvement**
Is the service well-led?	**Good**

Summary of findings

Overall summary

Allied Healthcare Leicester is registered to provide personal care and support for people living within their own homes. The offices of Allied Health Care Leicester are based and registered in the City of Leicester. We were informed by the registered manager of the provider's plans to relocate the office to Leicestershire, to be closer to where people who use the service live.

At the time of our inspection there were 55 people using the service, who resided within Leicestershire. People receiving a service at the time of our inspection had recently transferred from other domiciliary care providers as part of Leicestershire local authorities 'Help to Live at Home' strategy and had been receiving a service from Allied Healthcare for four weeks. This inspection has focused on this four week period of time.

There were twelve staff employed to provide personal care and support to people, some of whom had transferred from other domiciliary care providers when people who used the service had moved to Allied Healthcare Leicester.

The service had 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.

Safety and welfare of people had been risk assessed, however the documentation detailing the areas considered and how the outcome had been arrived at were not in place. The information available to staff on how to mitigate risk was limited, which had the potential for people's care and support not to be provided in a way that promoted their safety.

People's safety and welfare was promoted by staff that understood and had received training on their role in protecting people from potential harm and abuse. People using the service had been provided within information, to raise their awareness about the types of abuse, and how abuse may affect them and what action they could take.

Staff recruited by the Allied Healthcare had their application and references validated and were checked as to their suitability to work with people, which enabled the provider to make an informed decision as to their employment. We found staff recruitment records for staff that had transferred their employment from other domiciliary care agencies did not contain all the relevant information. This meant the provider could not be confident that people were safe as robust employment checks could not be evidenced.

The provider was in the process of recruiting staff to provide personal care and support and in the interim was using agency staff to ensure there were sufficient staff to meet people's needs safely.

Staff underwent a period of induction and training, and staff that had transferred their employment had

been scheduled to undertake training so that the provider could be confident that all staff had received training. Records showed staff had their competency to undertake personal care and support assessed, which was confirmed by staff we spoke with.

People's agreement and involvement in their care and support had been sought. People's care plans had been signed by them or their representative, such as a family member to record their involvement in its contents. People's records included signed agreements by them or their representative consenting to their consent to care and support, which included the sharing of information about them with other professionals, to promote their health, safety and well-being.

People we spoke with were in the main positive about the attitude and approach of staff, telling us staff were caring and attentive. People commented they had found it difficult to develop relationships with the staff, as they were not being supported by a consistent group of staff. People were aware that agency staff were being used and this was a contributory factor which impacted on the consistent approach to the care and support they received.

Information about people's care and support needs had been shared between the domiciliary care agencies involved in people's care, and had involved representatives of staff from commissioners within Leicestershire, local authority. Those involved confirmed the process of transferring domiciliary care providers had been challenging, which had impacted on people's care and support.

People had and continued to experience missed or late calls, which was acknowledged by the registered manager. People told us they had noted improvements, which had had a positive impact on them. The registered manager had recorded the concerns and complaints received and the action taken.

We found a commitment by the registered manager and managerial staff for transparency and openness with people who used the service. A letter had been sent to all those using the service by the care delivery director, which acknowledged the disruption the transition of services, had had on people's care. The letter contained reassurance that an improvement plan had been developed and that they continued to work in partnership with Leicestershire local authority to bring about improvements to people's experience of the care and support they received. Quality assurance systems and tools were being used to monitor and further develop the service, which included timescales for improvement that were reviewed.

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.

People using the service and staff had information about abuse, which included the action for them to take if they suspected or were aware of abuse.

Potential risks to people were not sufficiently assessed and plans to reduce risk did provide staff with adequate information as to how they were to support people to promote their safety.

Staff were being recruited to ensure there were sufficient staff to meet people's needs. Agency staff were being used to ensure sufficient staff were available to meet people's needs.

Care plans identified where people needed support with their medicine to promote their safety and well-being.

Is the service effective?

Good

The service was effective.

Staff received induction, training and on-going supervision which enabled them to provide the care and support people needed.

People's consent to their care and support had been sought as people had signed their care plans agreeing to the care and support to be provided.

People were supported where required with their dietary needs, which included support with shopping and the preparation and cooking of meals.

Is the service caring?

Good

The service was caring.

People did not always receive care and support from a consistent group of staff, which meant caring relationships between people using the service and staff had as yet not been established.

People's views about their care and support had been sought and had been used to develop their care plans.

People had been provided with information about Allied Healthcare Leicester, which had included information as to their involvement in the development and reviewing of their care plans.

People in the main spoke positively about the attitude and approach of staff towards them.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People and their relatives had been consulted about the transition of their care from other domiciliary care providers to Allied Healthcare Leicester. People had been consulted and had contributed to information held within their care plan.

People had raised concerns and complaints about late and missed calls and along with their concerns as to the number of different staff providing their care and support. All concerns and complaints had been recorded and plans put into place to bring about improvements.

Is the service well-led?

Good

The service was well-led.

The registered manager along with other managerial staff and commissioners from Leicestershire local authority had jointly planned and worked with people in the transfer of their packages of care from other domiciliary care providers to Allied Healthcare Leicester.

The registered manager had been open and honest and had acknowledged that the transition of people's packages of care had impacted on the care people received.

Plans to improve the service were in place, which were monitored and reviewed by managerial staff from the service, working jointly with commissioners from Leicestershire local authority.

Allied Healthcare Leicester

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 the 29 November 2016 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 was carried out by one inspector, who was supported by three inspectors who contacted people who used the service or their relatives by telephone to seek their views as to the service they receive. We spoke with ten people who used the service and four relatives of those using the service.

We spoke with the registered manager, the care delivery director, a co-ordinator and two care staff.

We looked at the records of four people who used the service, which included their plans of care, risk assessments and records detailing the care provided. We looked at the recruitment files of five staff, including their training records. We looked at a range of policies and procedures and documents, including audits and action plans that monitored the quality of the service.

We looked at the information held about the provider and the service including statutory notifications and enquiries relating to the service. Statutory notifications include information about important events which the provider is required to send us. We used this information to help us plan this inspection.

As part of the inspection we sought the views of a commissioner within Leicestershire local authority, who were working with Allied Healthcare Leicester as part of the 'Help to Live at Home' strategy.

Requires Improvement

Is the service safe?

Our findings

We asked people if they felt safe with the care and support they received. One person told us, "Carers make me feel safe because there are certain things I can't do for myself and they know this so they help me."

People were provided with information about significant policies and procedures when they commenced using the service, which included information on the provider's and staff responsibility in safeguarding people from abuse. The information included examples of the types of abuse and informed people that staff received training to help them identify the signs of abuse and how to respond. This meant information was being used to raise people's awareness and promote their safety and well-being.

When we spoke with staff they were knowledgeable about their role and responsibilities in raising concerns with the management team and the role of external agencies. Staff told us that their understanding of safeguarding was discussed with them as part of their supervision with their line manager, to ensure that any concerns would be appropriately managed. The provider's safeguarding and whistleblowing policies advised staff what to do if they had concerns about the welfare of any of the people who used the service.

People's records recorded that assessments of potential risks had been carried out. For example, an environmental risk assessment for someone's home identified there were no risks; however there was no supporting information as to how this decision had been arrived at or what had been considered as part of the assessment. We spoke with the registered manager who assured us that improvements would be made to ensure people's safety was sufficiently assessed and promoted.

People's records contained the outcome of risk assessments, specific to people's individual care and support. However the quality of the information was inconsistent. We found examples where there were no records as to what areas had been considered as part of the assessment. For example, one person's records stated they needed the support of equipment to move safely within their home and that the equipment would be used by staff to provide their personal care. The person's records referred to the equipment to be used, but provided no information for staff as to how the equipment was to be used. This meant there was a potential risk that people's health and safety would not be promoted as staff did not have access to information as to how they should mitigate risk and support people safely. We spoke with the registered manager who assured us that improvements would be made to ensure people's safety was sufficiently assessed and promoted. We received an action plan from the registered manager following our inspection, which noted the need for improvements in assessing risk and the information available for staff within people's care plans and records.

We found evidence where people's records did contain information for staff as to how they were to promote people's safety. A person's records clearly stated staff were to remain with the person to promote their safety as they had a medical condition, which was unpredictable, and staff support maybe required. Staff we spoke with were aware of how people's care and support was to be provided to keep them safe.

The registered manager informed us they were actively recruiting for staff, they told us they currently had to

rely on agency staff who worked alongside staff employed by Allied Healthcare to ensure there were sufficient staff to meet people's needs.

We found people's records detailed the number of staff required to deliver people's care safely. A care co-ordinator showed us the computer package they used when organising the rota to ensure the appropriate number of staff attended each person.

Staff supported people to undertake grocery shopping where needed and we found care plans provided information as to how the support was to be provided, which also included the promotion of people's safety. For example one person's care plan stated the person preferred to push the supermarket trolley as it helped them with their balance.

We looked at staff records and found people's safety had not been fully supported by the provider's recruitment practices. Staff recruited by the provider underwent a robust recruitment and interview process to minimise risks to people's safety and welfare. Prior to being employed, all new staff had an enhanced Disclosure and Barring Service (DBS) check, at least two valid references and health screening. (A DBS is carried out on an individual to find out if they have a criminal record which may affect their working with people and impact on the safety of those using the service). However the records of staff that had transferred from other domically care employers did not include all the relevant documentation; this had not been identified by the registered manager. We spoke with the registered manager and the care delivery director who assured us that records for staff would be sought. We received an action plan from the registered manager following our inspection, which detailed the action being taken, which showed the provider's commitment to bring about improvement.

Staff upon commencement of their employment undertook training in topics related to the promotion of people's safety. Training topics included the moving and handling of people using equipment, basic life support skills and health and safety. Staff who had transferred from other domiciliary care employers had been scheduled to complete induction training with Allied Healthcare, to ensure staff had the appropriate knowledge and skills reflective of the provider's expectations of good quality care.

A member of staff recruited by Allied Healthcare told us they had received training on medicine management, which had included having their competency assessed to ensure they supported people with their medicine safely. People's records we viewed detailed that the person themselves or their relative managed their medicines; however in some instances staff were responsible for applying prescribed creams. In these circumstances the person's care plan provided guidance as to where the cream should be applied, to ensure staff followed the instructions of the prescriber to promote people's wellbeing.

People's care plans identified where medicine was a factor in promoting people's safety. For example one person's care package was 'time specific', as the person needed to be supported to take their medicine at a specified time. Whilst the role of staff for another person was to ensure the person remembered their medicine, which they needed to take with them when they left home, should they need it.

Good

Is the service effective?

Our findings

Staff upon their appointment had an initial induction period, which required them to complete a range of training in topics that were related to the needs of people using the service. A recently recruited member of staff told us they had worked alongside experienced staff. Staff who had transferred their employment from other domiciliary care agency providers had a planned schedule of training in place to ensure all staff had the necessary training to provide effective care and support to people which met the provider's expectations.

People shared their views about the staff that provided their care. People's comments were reflective of the short period of time they had received a service from Allied Healthcare, which included the use of agency staff. "The carers seem to know what they are doing. They are doing very well so far." "The service is quite good and so are the carers."

We looked at the records of staff and found that they were supervised and had their work appraised, which included having their competency assessed to undertake people's care and support. Staff we spoke with confirmed that 'spot checks' were carried out by managerial staff to enable them to improve the care they provided. We looked at 'spot checks' reports which showed they covered a range of areas, such as the effectiveness of staff's ability to communicate and provide the care and support as detailed with the person's care plan. This meant people receiving a service could be confident that staff providing their care and support had been assessed as to their competency.

People who use the service and their relatives told us they had information as to how they could contact the staff from the service for support. This included being able to contact staff at the office or through the on-call system, which was available 24hours a day. People who used the service told us they had sought support where they had experienced a late or missed call, so that they received the care and support they needed.

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. Any applications must be made to the Court of Protection. People's records included a consent form signed by the person or their representative, which meant the provider could share information about the person's needs with health and social care professionals should it be necessary to promote their health and well-being.

People's consent and agreement to their care and support had been sought. People's records included a signed agreement by them for their information to be shared with named agencies and organisations. The agreements detailed the circumstances in which information would be shared. This showed commitment

by the registered manager for an open and transparent service, based on people's understanding as to their care and support.

Where people required support with food and drink, information within people's care plans provided staff with information about people's needs, which included their preferences for meal choices. For example one person's care plan stated they preferred one Weetabix, served with warm milk and a cup of tea with one sugar.

People's care plans provided information about people's health care needs. At the time of the inspection people had not required the support of staff to liaise with health care professionals.

Good

Is the service caring?

Our findings

People had not had the opportunity in the main to develop positive and caring relationships with staff as they had been receiving a service from Allied Healthcare for a short period of time. In some instances continued professional relationships had been promoted. One person told us that the member of staff who provided their care and support had transferred from their previous domiciliary care agency with them, which meant they continued to be supported by staff who knew them very well.

People shared positive comments about the staff. "The staff are very good and helpful. You only have to ask for something and they'll do it." "They (staff) are very good, very nice people. They are always cheerful. Everything is good so far." "The service is quite good and so are the carers." "We are happy with the care we are getting." "Staff are very friendly; we can't complain they are ever so good." One person said about staff attitude. "Some come and don't speak to you, some are really nice."

A relative told us how a member of staff, in their opinion had gone the 'extra mile'. They told us they normally provided meals for their spouse. They went onto say that they regularly had to attend appointments themselves and on one occasion they had been delayed in returning home. The staff, without being asked, had made their spouse a meal at lunchtime, which they were not required to do. Both had been very appreciative of the caring attitude shown by the member of staff.

People, when they commenced receiving a service had received an introductory pack of information, which included information about confidentiality, information about key policies and procedures, which included equality and diversity. People confirmed they had received this information, and in some instances it had been discussed with them when they had met to discuss their care plan. This showed a commitment by the provider to provide and open and transparent service, by enabling people using the service to have access to information as to what the agency provided and what they should expect.

People in the main were positive about the attitude and approach of staff in recognising their privacy and dignity. A representative of one person told us, "They're (staff) always talking with him. He has dementia but that doesn't mean you shouldn't talk to him. The regular carers are always chatting to him and you see him smiling. The carers are respectful and know how to support him." People or their relatives in some instances felt that the poor communication skills of some staff, impacted on how they felt about their care, as staff did not talk with them, which did not promote a friendly attitude and approach.

Requires Improvement

Is the service responsive?

Our findings

People using the services of Allied Healthcare had transferred from other domiciliary care service providers, in consultation with Leicestershire, local authority as part of the authorities 'Help to Live at Home scheme'. Information about people's support and care was shared between those involved in the transfer of people's care and support.

The provider had written to people to welcome them. People were provided with information about the service, it's aims and objectives, details of the out of hours service, information as to key policies and procedures, and what they could expect from the service. The information included how they would be consulted about their care and support needs.

People who used the service and their relatives told us they had been involved in the development of their care plans. People told us, "When they (Allied Healthcare) took over they came to see me and went through my care plan. We discussed it and it's how I want it to be." "They (managers) came out from the service to meet with me and spent a lot of time talking and going through my care plan. There was a lot of paperwork completed and information given. If I wanted to know anything they told me and if I had any concerns, they told me to ring them." "I have a care plan and I told them why the call times were important to me." One person told us that whilst they had been involved in their care plan, the care plan contained incorrect information. They told us, however the care they were receiving was as they wished and they were confident that once they brought it to the 'agencies' attention, the care plan would be reviewed.

We found the quality and depth of information within people care plans to be varied, which meant staff did not have always have sufficient information as to the care and support people needed. For example, one person's care plan stated staff were to assist them with personal care, which included assisting them to get dressed. The care plan did not specify the level of support required, which meant staff were reliant on people telling them about the care and support they needed.

People's comments reflected how the lack of information and staff knowledge impacted on them. "I've had all sorts of carers from Allied and agency carers, who are alright but they've never read the care plan or done what I've asked them to do." And "The staff are very willing; however poor 'English' makes communication difficult, we end up having to show some staff what to do." We discussed the content of people's care plans with the registered manager and care delivery director, who recognised that improvements were needed. The action plan provided by the registered manager following our inspection included how improvements were to be made. This showed their commitment to bring about improvement.

The registered manager informed us that the transition of care and support for people between domiciliary care providers had presented challenges, which had had an impact on the service people received. However they said improvements were being made to the service being provided through consultation with people, the recruitment of staff and on-going support and information sharing with the commissioners of Leicestershire local authority.

We found people's comments reflected people's concerns about the lack of consistent staff to provide their care and support; however people we spoke with said improvements had been made. "It was chaotic at the beginning; we had so many different carers coming at different times. I kept a record and by the eleventh day we had had 20 different carers coming from everywhere, Leicester, Coventry. We now have regular carers that arrive at the expected times." "The company took over on 7 November 2016 and the carer said she would be my regular carer. She left on 9 November. Ever since I've had different carers, I've lost count." And "For the last three days I've had the same carer." "I complained about the number of different carers before they did anything."

People said they did not know which staff would be arriving as they were not provided with this information. "I used to have a rota which told me what times my calls were and this helped me to plan my day. This service hasn't given me this and I would really like them to do this." The registered manager informed us that arrangements had been made with an external contractor to provide information by post to people as to who would be providing the care. The registered manager advised us they were liaising with the contractor to find out why the information had not been sent.

We were made aware by the registered manager that they had received twenty nine complaints or concerns from people, a majority of which were related to late or missed calls by staff. All the concerns and the action taken had been documented.

People's comments reflected the concerns they had raised, with some people continued to experience late or missed calls. People told us they had noted improvements. People's comments included, "He has regular carers but I think it was my doing. I told them (office) that the carer who used to come to (person's name) lived in the next village, transferred to Allied healthcare and why couldn't she come to us as she's closer and knows him." "I complained about the late morning calls and this week has been better. I only had one missed tea time call and today they came at 9am. And, "the staff have turned up too early on two occasions and this has been inconvenient. I told the staff this and I also rang the office to check they had the right times. Since I spoke with them, they haven't turned up too early." "I'm quite happy with the care; it's got better but not perfect."

One person we spoke with told us when we telephoned to seek their views that the staff hadn't arrived and they were over an hour late. We contacted the agency on their behalf, and the co-ordinator assured us they would contact the member of staff who was to provide the care and telephone the person to provide them with reassurance that a member of staff was on their way. "

The care delivery director had written to all those using the service acknowledging the disruption people had experienced in the care and support they received. The letter provided reassurance that an improvement plan was in place and being worked on, which involved working with and receiving support from commissioners of Leicestershire local authority to bring about improvements.

Good

Is the service well-led?

Our findings

A plan for the transition of people's care packages from other domiciliary care providers had been put into place. The plan was shared with us, which showed what action had been taken in preparation. A computer programme had been purchased and was used to store information about people's needs to enable the care co-ordinator to plan people's care packages by identifying staff to provide the care and support. The care co-ordinator shared with us how the programme worked, and told us that the effectiveness of the programme would increase as information about people's needs and preferences were gained and entered onto the system. The exchange of information between domiciliary care providers and commissioners as to the people, whose care was being transferred, was planned for and regular meetings took place. Meetings were held involving staff to update them on the progress.

We found a commitment by the registered manager to promote an open and transparent culture, which had included writing to everyone when they transferred to Allied Healthcare, and had included information about the service. The provider's on-going commitment to transparency was further evidenced. Managerial staff had acknowledged collectively by writing to everyone and in some instances verbally where individuals had raised concerns. The letter had acknowledged and recognised that people's care and support had not always met their expectations during the transition between domiciliary care providers, and informed them an improvement plan was in place to improve people's experiences of their care and support.

The comments we received from people were reflective of the impact of a change in the domiciliary care provider had had on the service they received. They told us, "I wish they (agency) would sort themselves out, it's a mess." "I end up calling the office to say where's my carer. Communication is poor, surely they should be calling me to say the carer's late and what time he/she is likely to get to me." It's not the carers but the management. I'm not sure they know what they're doing." And "I have no problems with the care of the carers just the management and timing of calls." Many people we spoke with had noted improvements in the reliability of the service they received.

The registered manager was fully understanding of people's concerns and was actively working with their line manager, and commissioners of the local authority to bring about improvement. The action plan was forwarded to us after our inspection, which addressed the plans they had put into place to bring about change. The action plan identified that the registered manager would be responsible for ensuring people who raised concerns received 'customer satisfaction check-up calls' to seek their views. It had also been identified that the registered manager would arrange visits to speak with people in their own home. The action plan also addressed our findings on the day of the inspection, which we had shared with the registered manager and care delivery director. This showed a commitment on behalf of the provider to improve the service through improvements to the quality of people's care plans, the robustness of risk assessment and through staff recruitment and on-going training and supervision.

Quality auditing tools and monitoring arrangements were in place with an increased level of management oversight being introduced. The registered manager was responsible for completing monthly audits, which were shared with and overseen by the care delivery director and operational support manager and included

action plans and would include specific support from the quality team to develop staff skills.

There was an emergency business continuity plan in place; that would enable the provider to identify and prioritise the allocation of staff to those using the service should an unplanned event occur, such as adverse weather. The plan detailed the commitment by the provider to contact those using the service or their representative to provide information. This showed the provider had a system in place to ensure people continued to receive care.

We spoke with a commissioner from the Leicestershire local authority who was working with providers who were involved with the 'Help to Live at Home scheme'. They informed us they were fully aware of the concerns being raised by people using the service and that they were working with the registered manager to bring about improvements.