

Nestor Primecare Services Limited

Allied Healthcare Sutton

Inspection report

Chancery House
St Nicholas Way
Sutton
Surrey
SM1 1JB

Tel: 02086851112

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 27 April 2017 and was announced.

At our last inspection on 20 July 2016 we found four breaches of regulations. These were in relation to safe care and treatment, person centred care, good governance and notification of incidents, which in this case referred to allegations of abuse. The provider wrote to us with their action plan on 9 September 2016 and told us these actions would be completed by 30 November 2016.

Allied Healthcare Sutton provides personal care and support to people living in their own homes. This includes both younger and older adults, people with physical and mental health needs, people with learning disabilities and people who may be living with dementia. At the time of our inspection there were 229 people using the service. There was no registered manager in post, but a new manager had been recruited and told us they were about to commence the process to become registered. 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.

The purpose of this inspection was to check the improvements the provider said they would make in meeting legal requirements. At this inspection, we found the provider had taken sufficient action to rectify two of these breaches. They were now notifying us of incidents in line with legal requirements and had taken action to ensure care plans were sufficiently personalised to meet people's needs and were kept up to date. However, they were still in breach of the regulations in relation to safe care and treatment and good governance.

Some risks were still not managed appropriately. People who required assessments of their risk of developing pressure ulcers did not have them. Some risk assessments lacked information that staff may have needed to care for them safely.

The provider had not taken sufficient action to ensure medicines were managed safely. Medicines records still contained unexplained gaps or were otherwise unclear. The provider was not following appropriate guidance about recording medicines staff prompted people to take.

We are taking further action against the provider for a repeated failure to meet the regulations in relation to safe care and treatment and good governance. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

We found that the provider had made improvements to risk assessments and management plans and also in terms of the management of medicines. However, the improvements were not sufficient to meet the

required standards. Although audits were identifying some of the above concerns, the provider had not taken sufficient action within an appropriate timescale to rectify them.

Care plans now contained sufficient detail for staff to provide person centred care that met people's needs and reflected their preferences. This included information about people's life history, interests, relationships, health needs, the support they required from staff on each visit and how they preferred this to be done. Senior staff checked regularly with people to ensure they were happy with their current care package and to gather their views and feedback. This was used to inform regular reviews of care plans.

The service had recently recruited a new manager, who told us about their plans for improving the service and addressing the concerns we raised. Some of the plans were already in progress and there were new systems in place to improve monitoring of service quality.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe. Although the provider had made some improvements, people's risk assessments were not sufficiently thorough to ensure staff knew how to care for them safely. Medicines were not always managed appropriately.

Requires Improvement ●

Is the service responsive?

The service was responsive. People's needs were assessed and their care was planned in a person centred way to reflect their needs and preferences.

We could not improve the rating for 'Is the service responsive' from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led. Although the provider had made improvements since our last inspection, these were not sufficient to meet legal requirements.

The provider used audits and checks to assess the quality of the service but did not take sufficient action in response to their findings.

The provider had plans in place to make further improvements and we will check these at our next inspection.

Requires Improvement ●

Allied Healthcare Sutton

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 focused inspection took place on 27 April 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 someone would be at the office. The inspection was carried out by one inspector.

Before the inspection we reviewed information we held about the service. This included feedback about the service from people and their relatives sent via our website, previous inspection reports and statutory notifications. These contain information the provider is required by law to send to us about events that happen at the service.

During the inspection, we looked at nine people's care plans, risk assessments and medicines administration records and management records such as audits. We also spoke with the service manager and two senior managers.

Is the service safe?

Our findings

At our last inspection on 20 July 2016 we found a breach of the regulation in relation to safe care and treatment. Some important information was missing from people's risk assessments, including information about risks arising from medical conditions and how staff should work to reduce or respond to these. Some risk assessments were out of date. We also found people's medicines administration records (MARs) were incomplete or unclear and evidence that people did not always receive their medicines as prescribed.

At this inspection we found some risks were still not managed appropriately. Some people were identified as being at no risk of pressure ulcers despite no assessment being carried out to verify this. This included people whose circumstances would normally contribute to a higher risk in this area, such as a person who remained in bed throughout the day because of health and mobility restrictions and a person who used a wheelchair. This meant people may not have been adequately protected from the risk of developing pressure ulcers.

We also found that some risk assessments did not contain details about what the risks were and that some people had been identified as being at risk but did not have risk assessments or management plans in place. This included people who were identified as being at risk of choking or falls and another person whose assessment indicated there were risks associated with incontinence but did not specify what the risks were or how to manage them. This meant there was a risk that staff did not have sufficient information to protect people from foreseeable harm.

Medicines records were still not maintained to an appropriate standard to ensure people were protected from risks that can arise if medicines were not managed appropriately. One person's medicines administration record (MAR) contained seven unexplained gaps within eight weeks. Another person had two MARs on file for the same medicines and the same time period but the records did not match as on some days both charts had been signed, on others neither chart and on some days one of the charts was signed but not the other. This was potentially confusing and meant the provider was unable to verify whether people were receiving their medicines as prescribed by their doctor. There also continued to be a risk that other providers involved in people's care, such as doctors and ambulance staff, would not be able to confirm what medicines people had taken and when if they needed to do so.

In addition, we found that medicines were not being recorded for some people where their care plans instructed staff to prompt them to take their medicines or to check whether they had done so, rather than administering the medicines themselves. The lack of information about people's medicines meant staff were unable to verify whether people had taken their medicines.

The provider continued to be in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

However, we also found evidence that the provider had made some improvements in this area. We found fewer missing entries in MARs than at our previous inspection. Some risk assessments were more

personalised and contained more details about some specific health conditions and how staff should manage associated risks. For example, one person had a risk assessment covering their diabetes, which contained information about how they controlled the condition, symptoms of dangerously high or low blood sugar, how this was monitored and how staff should seek help if they had any concerns. Another person had sustained an injury that meant there was an increased risk of staff causing them pain or further injury during moving and handling tasks. The person had a revised risk assessment and moving and handling plan to manage these additional risks until their injury was healed.

Is the service responsive?

Our findings

At our last inspection on 20 July 2016 we found a breach of the regulation in relation to person-centred care. People's care plans were not sufficiently personalised, did not always cover people's needs in enough detail and some were out of date.

At this inspection, the manager told us the provider had introduced a new assessment tool that allowed staff to gather more descriptive, personalised information about people and this was used to create more in-depth care plans.

Care plans we looked at contained information about people's medical history and current medical conditions, descriptions of symptoms that might be a cause for concern and the support people needed to manage their conditions. For example, one person suffered from a mental health problem that caused them considerable discomfort and distress and there were details for staff about how to support and reassure the person when this happened. Another person had a complaint that affected their breathing and there was detailed information about their symptoms, how staff could recognise if the person needed medical attention and what triggered their breathing difficulties, such as staff wearing perfume.

The care plans included people's own views about the support they would like to receive and what the service should do to facilitate this, such as by ensuring that people did not have too many different staff coming to provide care and support. This helped staff to support people in person-centred ways to maintain their health and wellbeing.

Care plans also covered people's communication needs, continence and personal care needs, mobility needs and other support they required such as cooking and cleaning. They were person-centred and included detailed instructions for staff about how to support people according to their needs and preferences and what was important to them. For example, one person preferred staff to keep the bathroom door open while supporting them with personal care because they disliked enclosed spaces. Another person needed to have their meals at set times to help them maintain consistent blood sugar levels. Each care plan contained a summary for each scheduled daily visit so staff could quickly familiarise themselves with people's needs and preferences.

There was information in care plans about people's life histories, interests, relationships and social needs and how staff should support them with these, for example by chatting about their favourite subjects or supporting them to contact family members. This was intended to protect people from the risk of social isolation and to help them live as full a life as possible.

All of the care plans we looked at had been reviewed within the last three months and most were reviewed monthly. Reviews took into account people's feedback about their care, which was collected over the telephone or in person. This helped to ensure care plans were up to date with people's changing needs and preferences.

Is the service well-led?

Our findings

At our last inspection on 20 July 2016 we found a breach of the regulation in relation to good governance. Spot checks and audits failed to identify the issues we found around person-centred care and safe care and treatment and the provider failed to notify CQC about allegations of abuse, which is required by law.

At this inspection we found that although the provider had made improvements to meet some of the legal requirements, these were not sufficient to ensure appropriate standards were maintained in terms of safe care and treatment and record keeping.

Although audits of medicines records were effective in that they identified the same problems we found and the work to improve them was in progress, the provider was not taking sufficiently prompt action to make improvements. At the time of our inspection they were still not meeting the required standards because we found several discrepancies and unexplained gaps in the records we checked.

Action the provider had taken to improve risk assessments was not sufficiently effective because we found risk assessments were still missing or did not contain all the required information.

The provider continued to be in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider sent notifications to us about events that happened within the service, as required by law. This included notifications about allegations of abuse. We did not find evidence that the provider had failed to send any notifications since our last inspection.

Although the registered manager had left their post and the service currently did not have one, the provider had recently recruited a new manager. There were plans for the new manager to apply to become the registered manager shortly after this inspection.

The new manager told us about their plans to improve the service. They had met with staff to discuss expected standards of record keeping and compliance with other standards. They had also introduced a new way of recording telephone calls made to the office to create a more efficient way of handing over information and ensure people's feedback was passed on appropriately. They had identified improvements to be made to medicines record audits, which they told us would be implemented in time for them to make the necessary improvements to the recording of medicines before our next inspection. We noted that the current audits did identify many of the issues we found and that follow-up action was identified, such as calling staff to discuss errors they made, investigating any other possible causes of poor record keeping or medicines management and offering extra training to staff. We saw evidence that the manager had communicated these plans to staff and made sure they knew what their roles and responsibilities were in relation to the plans. There was also evidence that follow-up actions were being completed.

Senior managers told us staff had received training in risk management and they were planning further work

around this to enable the required improvements to be made to risk assessments.

There were new systems to ensure consistent monitoring of the service. Some of the office-based staff were allocated the task of making sure care plans were up to date and met the required standards. We saw evidence that the manager had set a deadline for these staff to identify all care plans that needed updating. Other senior staff carried out spot checks and supervised care staff to assess the quality of service delivery and ensure staff adhered to people's care plans. Managers carried out monthly audits to check and monitor various aspects of service quality and there were also peer audits carried out by managers from the provider's other services. Managers told us these would focus on the areas of concern we had identified so the provider could keep track of progress in these areas.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not ensure care and treatment was provided in a safe way. They did not always assess the risks to the health and safety of service users of receiving the care or treatment, do all that was reasonably practicable to mitigate any such risks or ensure the proper and safe management of medicines.</p>

The enforcement action we took:

We served a warning notice against the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not effectively operate systems to ensure compliance with the regulations. They did not effectively assess, monitor and improve the quality and safety of the service, including assessing, monitoring and mitigating risks to service users and maintaining an accurate, complete and contemporaneous record of the care and treatment provided to service users.</p>

The enforcement action we took:

We served a warning notice against the provider.