

Nestor Primecare Services Limited







Allied Healthcare Stafford

Inspection report

Unit 5 Marconi Gate
Staffordshire Technology Park
Stafford
ST18 0FZ
Tel: 01785811112
Website: www.nestor-healthcare.co.uk

Date of inspection visit: 19 May 2015
Date of publication: 10/07/2015

Ratings

Overall rating for this service		Good	
Is the service safe?		Good	
Is the service effective?		Requires improvement	
Is the service caring?		Good	
Is the service responsive?		Good	
Is the service well-led?		Good	

Overall summary

The inspection took place on 19 May 2015 and was announced. We told the provider two days before our visit that we would be coming. We did this because we needed to be sure that the registered manager would be in. At our previous inspection in December 2013 we did not have any concerns.

Allied Healthcare Stafford provides care and support to people in their own homes and in the Stafford and Stoke-on-Trent areas. At the time of this inspection 178 people used the service.

A registered manager was in post at the time of our inspection. 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.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find.

Summary of findings

The MCA is designed to protect people who can't make decisions for themselves or lack the mental capacity to do so and the Deprivation of Liberty safeguards ensures that people are not unlawfully restricted. The provider did not consistently follow the guidance of the MCA and ensure that people who required support to make decisions were supported and that decisions were lawfully made in people's best interests.

People were supported in their own homes and told us they felt safe and comfortable with the service provided. People told us they felt well supported by regular staff who knew their needs and preferences. People felt less well supported by staff who were not their regular staff.

Systems were in place to ensure that people who used the service were protected from the risk of abuse. The registered manager and staff had received training in safeguarding adults from abuse and were aware of the procedures to follow if they suspected that someone was at risk of harm.

People were offered support in a way that upheld their dignity and promoted their independence. Care plans were written in a personalised way based on the needs of the person concerned.

People were supported at mealtimes to have food and drinks of their choice.

Systems were in place to ensure that people were supported by staff who were of good character and able to carry out the work. People told us they looked forward to the staff coming to support them.

People who used the service told us they received their medicines in the way they had been prescribed.

People had mixed views of the knowledge and competency of some of the staff. Staff told us they received sufficient training for them to do their job.

People told us that most staff were kind and caring. People had individualised care plans to support the staff with providing care and support that maintained people's independence.

Complaints and concerns were looked at by the registered manager in line with the procedures and action was taken to reduce the risk of recurrence.

People told us they felt well supported by the management and staff worked well as a team. The safety and quality of the home was regularly checked and improvements made when necessary.

Summary of findings

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 safe. Staff met people's individual needs and kept people safe. People were protected from abuse and avoidable harm in a manner that promoted their right to independence.

Risks to people's health and wellbeing were identified, managed and reviewed. A recruitment policy and procedure was in place and required checks were undertaken before staff began to work for the service. Medicines were safely administered and people who used the service received their medicines in the way that had been prescribed for them.

Good



Is the service effective?

The service was not consistently effective. The principles of the MCA were not consistently followed to ensure that decisions were made in people's best interests. People told us that some staff had good knowledge and understanding of their needs including their routines and preferences.

Requires improvement



Is the service caring?

The service was caring. Care plans were written in a personalised way based on the needs of the person concerned. People were cared for by kind, respectful staff and were supported in a way that upheld their dignity and promoted their independence.

Good



Is the service responsive?

The service was responsive. People received personalised care that met their individual needs. People knew and were aware of how to complain. The registered manager ensured that all complaints were responded to in a thorough and timely way.

Good



Is the service well-led?

The service was well led. There were several quality assurance systems in place that enabled the registered manager to identify and address short falls and improve the service. The registered manager promoted a culture of openness and transparency through being approachable and listening to people. Staff were supported by a comprehensive range of standard operating procedures and best practice guidance.

Good



Allied Healthcare Stafford

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 was 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 19 May 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure the registered manager was available.

One inspector and an expert by experience undertook the inspection. The expert by experience was a person who had personal experience of using or caring for someone who uses this type of care service.

We looked at the information we held about the service. This included notifications the home had sent us. A

notification is information about important events which the provider is required to send us by law. The provider completed a Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we went to the provider's office and spoke with the registered manager, the care director, three care quality supervisors, five office staff and two care staff. This was to gain information on how the service was run and check that standards of care were being met.

We reviewed the care records of eight people who used the service, reviewed the records for five staff and records relating to the management of the service.

After the inspection visit we undertook phone calls to 21 people who used the service and spoke with eight people. We also visited a person using the service in their own home.

Is the service safe?

Our findings

The majority of people we spoke with told us they felt safe with their care worker. One person said: “I feel very safe. It’s marvellous. I’ve had the same carers for the past few years. They know me and I know them”. Another person commented: “I do not get the same carers, but I do feel safe. I’m grateful for anybody coming”. The registered manager told us the allocation of staff to people was based on the specific support needs of people and the experience of the staff. Time allocated for each visit was based on the identified needs of the people who used the service and this was kept under review. The registered manager told us of the on-going recruitment for staff to ensure that sufficient numbers of staff remained available to provide care and support to people.

Staff were trained in safeguarding of adults and were able to describe a range of signs to look for that may suggest that abuse had taken place. They understood their personal responsibilities to protect people from abuse. Staff were aware of their role in reporting abuse in line with the provider’s policy and local authority protocols. Staff were clear that they could discuss any concerns and were confident the registered manager would take appropriate action. One member of staff told us: “I would report any concerns to the registered manager or the most senior person on call”. A care worker told us they would call the office straight away. The provider had an out of hours’ on-call system in place and staff could contact them for advice relating to any concerns about suspected abuse during the out of hours period.

Assessments were undertaken to assess any risks to people who used the service and to the staff supporting them. These were recorded in their care plan. For example, risk of falls for people with mobility problems and environmental risk assessments to minimise hazards when visiting and working in people’s homes. Staff were able to contact the registered manager or a senior staff member through the on call system in the event of an emergency.

Staff told us of the various checks that had been completed prior to them being offered employment at the service. The personnel files for five members of staff showed that suitable checks had been completed and their identity confirmed. These checks were required to ensure that people were supported by staff who were of good character and able to carry out the work. We saw that Disclosure and Barring Service (DBS) checks had been completed. DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

One person we spoke with described the support that they needed with their prescribed medication and said that the staff helped them with this. Individual care plans provided clear instruction to staff on how to administer medicines and highlighted any allergies. There were systems in place for recording staff training and assessments of competency of staff to give medicines safely. The care quality supervisors told us these assessments formed part of their regular spot checks. Spot checks were completed where senior staff and care quality supervisors visited a person’s home to witness care delivery by the staff. Records of the spot checks were kept in the staff personnel files.

Is the service effective?

Our findings

Some people who used the service were living with dementia and at times had difficulty understanding and making specific decisions about their care and treatment. We did not see that capacity assessments had been completed or best interest decisions made when the person lacked capacity to make informed decisions independently. In one instance we saw that a relative had consented to a particular course of action on behalf of a person who used the service. We did not see that a mental capacity assessment had been undertaken to ascertain the decision making abilities of the person. Staff told us this person had a lasting power of attorney (LPA) order to allow another person to make important decisions. An LPA is a legal document that appoints one or more people to help make decisions on a person's behalf. We spoke with the registered manager about making sure they and the staff were aware of any LPA authorisations to ensure that decisions could be made lawfully and in the person's best interests. The provider was not working in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

This was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One person who used the service told us: "I spoke with the staff about my care and support needs and they have written it in my care plan. The staff always ask me if it is alright to do the jobs for me before they actually do them. They are all very respectful". People who had capacity to make decisions for themselves were given the opportunity to discuss and make choices about their care and support needs prior to using the service. Care records showed us that some people's consent had been obtained before any care and support had been provided. Staff we spoke with had some knowledge of the Mental Capacity Act 2005 (MCA). The registered manager confirmed that training in the MCA and Deprivation of Liberty Safeguards (DoLS) was being made available for all staff.

We received mixed views and comments from people who used the service in relation to the staff. One person commented: "The regulars know what they are doing, but I have to help the new ones by telling them what to do". Another person said: "My carer knows what she is doing, she is well trained and like one of the family". There was an induction programme for new staff to ensure that they had the knowledge and skill required for their roles. New staff had the opportunity to shadow a more experienced member of staff until they felt confident to work independently. One staff member told us "I had the opportunity to work alongside more experienced staff until I felt able and confident to work alone". Staff told us they received sufficient training and this included training in relation to specific equipment that people needed. We observed staff being contacted in relation to moving and handling training that was being provided.

Staff received regular individual supervision and a yearly appraisal from their line manager. This provided staff with the opportunity to discuss their work performance, training and development needs. One member of staff told us: "We do not have to wait until the date of the supervision if we need to talk with someone. We just ask and a senior staff speaks with us. It's good". The care quality supervisors also undertook regular supervision with staff based on spot checks where they observed staff providing care. Staff confirmed they had received supervisions including spot checks so that the supervisors could be assured that care and support was provided in a safe and effective way.

Some people who used the service said the staff prepared food for them. In each case the staff asked people what they would like to eat and drink. One person told us they looked forward to seeing the staff and enjoyed the 'chats'. People had a nutritional risk assessment, summary of needs and a care plan to inform staff of the support each person needed with their nutritional preferences.

One person told us that occasionally the staff helped and supported them with attending medical appointments, but generally their relatives helped with this or they had home visits from health professionals

Is the service caring?

Our findings

Most people spoke positively about their individual care. One person described their care as 'Brilliant'. Other people told us the staff were caring, very good and excellent. One person said: "The carers are very good. They are lovely and treat me like a friend". Staff told us they tried to accommodate people with regular staff but there were some occasions when this was not possible. This could be when the care worker was on annual leave, but whenever possible staff would be allocated to support people they already knew.

Staff told us they encouraged people to do as much as they could for themselves but helped when people wanted or needed help. For example we saw in care plans that independence was promoted and detailed the things people could and could not do. One person told us they had conversations with staff at the beginning of their package of care and at regular intervals to determine the level of support they required.

Staff told us they had read people's care plans, and were able to tell us about people's needs and preferences. One care worker told us: "People have individual files that detail people's needs, they contain lots of information. Some

people like you to help them with their personal care in a particular way and you can only know that by reading the care plan and reminding yourself of how to do things for them. Some people can tell me the support they need others cannot so it's good that care needs and support is written down. That way there can be no mistakes".

One person told us: "I was involved in planning my care with Social Services and the Hospital Coordinator". Another person described how they were involved in the process of planning their care. The care quality supervisors told us they always involved the person with care planning and reviewing the care package. They asked the person or their representative to read the plan and to sign their agreement with it. We saw some documents had been signed by the person to show their agreement with the plan.

Staff told us they respected people's privacy and dignity when they visited people in their own homes. They told us that they always knocked the door before entering even if the person had given permission for a key safe to be used when entering the premises. A key safe is a secure method of externally storing the keys to a person's property. One person told us that staff were always very respectful and ensured they had full privacy when staff supported them with personal care.

Is the service responsive?

Our findings

People told us that the staff knowledge and understanding of their support needs was variable. One person said: “The regulars know us, but the new ones don’t”. Another person commented: “One carer knows what we like and what we don’t like, but with other carers it’s a bit variable”. One care worker told us: “People have individual files that detail their specific needs. I check with them what they would like to do and how they want things done for them”. People’s personal likes, dislikes and preferences were recorded in the care plans, copies of which were kept in the office and in the person’s own home.

The registered manager told us that following the agreement of the care package, the allocation of staff and the required times of visits, they contacted the person and their relative. This was to check the person’s needs were being fully met in the time allocated and to their satisfaction. This was confirmed in the records of people we looked, for example, in one person’s file the amount of time for morning calls had been decreased following a review with the person and by the registered manager. This was to ensure that the person’s needs were adequately met.

One person showed us the daily records that were completed at each visit. The records gave a clear account of the care delivered and the health, safety and welfare of

the person during that visit. This ensured that accurate information was available to care staff so that they could meet the needs of the people they supported. Regular and detailed reviews of the care plans had been undertaken by a senior staff member together with the person and the next of kin or representative.

The service provided opportunities for people to express their views and raise concerns and complaints. People and their relatives told us they had regular contact with their care worker and the registered manager of the service. For example, through regular reviews, senior managers’ visits and telephone contacts to check if people were satisfied with the services provided.

One person told us they had complained several times regarding staff arriving late for their planned call and another person told us they also complained about ‘timekeeping’. The agency had a complaints procedure in place and we saw a copy of this was available at the office. Staff told us that a copy of the complaints procedure was given to each person who used the service. The registered manager told us that they had received some complaints from people regarding calls that were either too early or too late. New rotas were considered and completed to incorporate accurate travel times for staff to and from calls and this ensured that ‘carers spend less time travelling and more time caring’.

Is the service well-led?

Our findings

People had mixed views of their contact with the office and managers. One person said: “The office is much better now than it was in the past. The office checks what is going on”. Another person commented: “I’m happy with the staff that care. The office is not well managed; I never seem to get a straight answer from the office”. Another person told us they were very satisfied with the service and said: “I could recommend them. The male carers are very good. When the carers are unable to come to me somebody from the office will come over. They do check what service I get on occasions”. We saw that the office space had been improved; staff had been recruited into senior positions and given areas of responsibility. The registered manager told us the changes had been made to ensure the service provided an effective and efficient service for people. Staff commented positively regarding the changes that had been made.

There were clear lines of accountability and responsibility within the various staff teams and staff knew who to report to. Staff told us that the registered manager and senior staff were supportive, approachable and willing to listen. One care worker said: “I am able to talk with the seniors and the registered manager with ease, and am confident I would be listened to if I raised concerns”. The registered manager commented: “We have regular team meetings, surveys, supervisions and an open door policy for our care staff to gain their views and feedback and we take the appropriate action”.

The registered manager told us that regular contact was made with people who used the service: “We contact our customer after eight weeks of commencement of care and again at the yearly point. Our customer’s thoughts and feedback are extremely important. We carry out face to face reviews every six months in order to ensure the care plan meets our customers’ needs and requirements”. The registered manager also told us this was an area that had been identified as needing improvement and had plans in place to implement additional contact with people.

Effective systems were in place to monitor the quality of the service that people received. There were regular and detailed care plan reviews undertaken by senior staff which involved all interested parties. A number of audits were routinely undertaken; these included a quality audit review of care files, review of handover sheets, daily logs, accidents and incidents reports and medicines records. Satisfaction questionnaires were also available to obtain feedback from people who used the service.

Staff were supported by a comprehensive range of standard operating procedures and best practice guidance such as lone working policies and disciplinary procedures. A website for staff included a carer’s forum for sharing of information, service and providers meetings and any benefits which were available. This ensured that staff had a range of information available to support them with their work.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA (RA) Regulations 2014 Need for consent</p> <p>Care and treatment of service users must only be provided with the consent of the relevant person. If the service user is unable to give such consent because they lack capacity to do so, the registered person must act in accordance with the 2005 Act.</p>