Nestor Primecare Services Limited

Allied Healthcare London North

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?	Requires Improvement
Is the service well-led?	Good

Overall summary

Allied Healthcare provides a range of health and care services. Its London North branch supports a large number of people to remain in their own homes by providing personal care. At present, most of the people who receive a service live in the London Boroughs of Barnet and Islington.

This is the first inspection of the service since it was registered under a new provider in February 2015.

At the time of our inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Summary of findings

From the telephone discussions we had with the people using the service and relatives we found that people were usually highly satisfied with the way the service worked with them or their relatives.

The provider ensured that policies, procedures and information in relation to the Mental Capacity Act 2005 (MCA) were in place to ensure that people who could not make decisions for themselves were protected and that staff raised anything of concern with the appropriate authorities. It should be noted that the agency would not have responsibility for making applications under the MCA, however, they would have responsibility for ensuring that any decision on MCA 2005 were complied with in liaison with people themselves and their families.

People who used the service had a variety of support needs and from the twelve care plans that we looked at we found the information and guidance provided to staff was clear. Any risks associated with people's care needs were usually assessed, with the exception that in four cases the environmental risks had not been completed and in one of these an identified risk had not had any further information included about how to reduce the risk. In all other cases the action to be taken to mitigate against risks was recorded. We found that risk assessments were updated at least once each year and more regularly if changes to risks were identified.

Care plans were tailored to people's unique and individual needs. Communication, methods of providing care and support with the appropriate guidance for each person's needs were in place and regularly reviewed.

We looked at the training records of ten care workers. We saw that in all cases, mandatory training had been undertaken and the type of specialised training they required was tailored to the needs of the people they were supporting. We found that staff appraisals were happening at least annually, although it should be noted these had been carried out under the previous provider as the current provider had only recently taken over responsibility for staff training and support.

Staff respected people's privacy and dignity and worked in ways that demonstrated this. From the conversations we had with people, their relatives and records we looked at showed us that people's preferences had been recorded and that staff worked well to ensure these preferences were respected.

People who used the service and relatives told us that they provided their views about the quality of the service to the registered manager or other staff. People were confident about staff at the agency although some did say that they may be hesitant to raise anything other than very serious concerns with the service. We have made a comment on that later in this report.

At this inspection we made one recommendation, which you can see in the "responsive" section of this report. We also found one breach of regulation. You can see what action we told the provider to take at the back of the full version of the report.

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?

Requires Improvement

The service was usually safe. Any risks associated with people's needs were assessed, updated at regular intervals and at times when changes to care needs were identified. However, more was needed in a small number of cases to properly describe what action could be taken to mitigate against the identified risks.

Staff had access to the organisational policy and procedure for protection of children and adults from abuse. Staff knew how to respond to and report concerns.

Is the service effective?

Good

The service was effective. Staff supervision and appraisal systems were in place and these were undergoing review now that a new provider had taken over responsibility for the service.

There was suitable information and guidance for staff, as well as staff awareness about the Mental Capacity Act 2005 (MCA).

Staff responded effectively to people's care and support needs.

Is the service caring?

Good

The service was caring. The overwhelming view from people using the service and their relatives was of a service that cared for people.

Is the service responsive?

Requires Improvement

The service was usually responsive. The people using the service each had a care plan. The care plans covered personal, physical, social and emotional support needs and were updated at regular intervals to ensure that information remained accurate and reflected each person's current care and support needs.

However, people had a wide experience of how well the service communicated with them about changes and some were less confident than others about raising concerns.

Is the service well-led?

Good

The service was well-led. The new provider had taken steps to ensure continuity of service and had implemented action plans from views that people had shared about their experience of the service to date with the former provider.

Allied Healthcare London North

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.

The provider was given 48 hours' notice because the location provides a domiciliary care service. We carried out two visits to the agency on 28 April and 7 May 2015. This inspection was carried out by three inspectors who were supported by an expert by experience who made telephone calls to people using the service and their relatives. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service for children with physical and learning disabilities.

Prior to our inspection we looked at notifications of significant events that we had received and communications with people using the service and other professionals.

During our inspection we spoke with five people using the service, eight relatives, thirteen care workers, two senior operational managers for the service and the registered manager.

We gathered evidence of people's experiences of the service by conversations we had with them, their relatives and by reviewing other communication that staff had with these people, their families and other care professionals.

As part of this inspection we looked at twelve people's care records. We looked at the induction, training and supervision records for the staff team. We reviewed other records such as complaints information and quality monitoring and audit information.

Requires Improvement

Is the service safe?

Our findings

The people we spoke with using the service and their relatives mostly made positive comments about feeling safe. People told us "I am on my own and I find it very reassuring to have someone call to look after me. It helps me feel safe ", "I have 4(four) carers a day in pairs and it works for me. I feel comfortable and safe because they all know my condition and support me well" and "I am looked after well and have confidence in the carers who help me with all my needs such as moving me when necessary."

Relatives we spoke with told us "My (relative) is very happy with the care they receive and so am I. It helps that we have had the same person now for a few weeks, so the trust and confidence builds", "my (relative) is extremely frail and has dementia. Even so they are aware of what's going on and can get distressed if they don't feel secure and safe, the support they get 7(seven) days a week meets their needs" and "My (relative) is very happy with the care they receive and so am I as long as we keep getting the same carers. The regular ones know what they are doing so we look forward to the visits which are twice a day."

Staff had access to the organisational policy and procedure for protection of people from abuse. As the service provided care and support to people from two London boroughs we looked at whether the service knew who to contact if concerns arose and found that they had the information to enable this to occur. We asked staff about how they would recognise any potential signs of abuse. Although during our conversations with staff some did not appear to know what the term "safeguarding" meant, when we expanded on this staff were able to describe what they would do if they had concerns about people they were supporting. They said that they had training about protecting people from abuse, which we confirmed by looking at training records. It was the policy of the provider to ensure that staff had initial training which was then followed up with periodic refresher training. When we looked at staff training records we found that this had happened for all staff.

We found individual risk assessments for the environment, social inclusion, slips, trips and falls, nutrition, communication, mental capacity, moving and handling, and personal care had been carried out for each person.

Some people also had care plans and risk assessments in place for skin integrity. Where risks had been identified, practical guidance was included in the majority of cases to advise staff on how risks could be minimised. Care plans and risk assessments were being reviewed on a yearly basis. However in four of the risk assessments for the environment or slips, trips and falls or nutrition had not been fully completed. We found that one person's environmental risk assessment had identified some risks but there was no evidence available that the provider had followed this up or put a plan in place to mitigate the risks to the person using the service or staff. We also found that two people had been assessed as high risk for pressure sores. Care plans were in place however there was no evidence a referral had been made to relevant health professionals about that risk.

This was in breach of Regulation 12 (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the recruitment and induction records for five most recently recruited staff. We found that the necessary background checks had been undertaken and verified, including staff references. Each of these staff had undergone induction training, including shadowing more experienced care staff as a part of this process. We found that the service had enough staff to care for people and had systems in place to fill staff shortages, for example if staff were on leave or had taken sick leave.

The service had arrangements in place to deal with emergencies, whether they were due to an individual's needs, staffing shortfalls or other potential emergencies. The service operated an out of hours on call service and there was also a provider emergency call line that operated nationally.

The service was not responsible for obtaining medicines on behalf of anyone using the service. Where medicines were administered with staff support we found that signed agreements were in place and training had been provided to staff that needed to perform this duty. The provider had a policy and procedure in place which we viewed. This policy covered different types of medicines administration, the procedure for agreement to provide assistance and for maintaining records of medicines administration and / or other levels of support for this to be achieved.

Good

Is the service effective?

Our findings

Most of the people we spoke with told us that they thought staff were knowledgeable about how they provided their care. We were told "The carers know what they are doing and as I am in a wheelchair I need a fair bit of help, but they are up to the task", "The company must train people well because they know exactly what to do and they do a good job for me" and "My main carer is absolutely brilliant- perfect in every way. She will do anything for me. What more can I ask for?" Two people did say that new carer's seemed a little unsure but did ask what they should do and followed instructions.

Relatives told us "We have a regular carer and she is very nice and my (relative) likes her. Continuity is everything." and "the carers are well trained and know what they are doing, the fact that there is consistency in who we get adds such a lot to the effectiveness of the whole process. It is almost invariably the same person during the week and another at weekends. We were also told "my (relative) is washed and dressed and all of these things are dealt with very professionally. They let themselves in the flat and just get on with their tasks." There was some difference of opinion about continuity and consistency of staff providing care although most people thought that care was provided by regular and well trained staff.

Care staff told us "I always explain what I am doing, check that the client is happy to continue and respect people's wishes if they refuse care, then I tell the office if anyone does."

We spoke with the operations manager who explained the system used by the provider for both mandatory and optional training courses. We found the mandatory training covered core skills and knowledge for staff. The staff records we looked at listed those who had received specific training about specialised care and support needs, for example if people had dementia or required assistance to manage their medicines or other healthcare needs.

A large number of care staff worked part time and often did no more than a few hours each week and in some cases less frequently. We talked with the operations and registered manager about how staff were supported. We were told that staff were contacted regularly by telephone and email if they were not visiting the office frequently, staff told us this did usually happen well. The new service provider was in the process of reviewing the nature and frequency of staff support and supervision systems. Although it was too early to evaluate the system that the provider was aiming to introduce is was evident that the service acknowledged that staff individual supervision was important in maintaining consistency of care.

We found that staff appraisals had taken place within the last year under the previous provider's systems and we confirmed this from the staff records we looked at. We will evaluate the effectiveness of the new provider's systems for appraisal and training at our next inspection.

The provider had policies, procedures or information available for staff in relation to the Mental Capacity Act 2005 (MCA) to ensure that people's rights were protected and promoted where they lacked the mental capacity to make specific decisions for themselves. Most staff we spoke with had awareness of what this meant although some did not know the terminology used although we judged this to be more due to the fact that these staff were not caring for people to whom this applied.

The care plans that we looked at showed that consent to care and support was being obtained. We saw best interest meetings had taken place, where it may have been in the person's best interests for consent to be obtained from a relative or other social care professional in order to safeguard them.

There was information incorporated into people's care plans so that the food they received was to their preference. Details of people's dietary needs and eating and drinking needs assessments were recorded within care records and indicated people's food likes and dislikes and if they needed any support with eating and drinking. In the majority of cases staff were required to support people by reheating meals and to ensure they were accessible for people.

The service did not take primary responsibility for ensuring that healthcare needs were addressed. However, the service required that any changes to people's condition observed by staff when caring for someone were reported. Care plans showed the provider had obtained the necessary detail about people's healthcare needs and had provided specific training and guidance to staff about how to support people to manage these conditions. A relative told us "When my [relative] was unwell they let me know straight away" and another said "the carers are very

Good

Is the service effective?

sociable and friendly and enquire about my [relative's[health and any problems he has. They are very alert to things, so if they spot anything they tell me and then pass on any concerns to the district nurse. They are very comforting and make us feel reassured. It makes our lives so much more comfortable to know the support is there."

Good

Is the service caring?

Our findings

People we spoke with said "I rely so much on the relationship I have with my carers. It is like a lifeline for me. I chat with them and feel as if we have become friends. It helps so much that they tend to be the same people. They have absolute respect for me as a person" and "Most are great and they talk to me and we are all on first name terms. They are very respectful. Obviously some are more experienced and I have to say that really shows up when someone new to the job comes along, but they get there in the end."

Relatives told us "the carers are always very considerate and my [relative's[need for privacy and respect for dignity are both at the forefront of the carers' thoughts", "The carer gets my [relative[up, and washed and dressed. She does this in a gentle, caring manner which is nice and she treats my [relative] with respect." Another relative went into detail saying "the carers are very nice. My [relative] is unpredictable but they understand their reactions to things and deal with her very well indeed. The dementia creates all sorts of challenges and they struggle meeting anyone new and that's why the continuity of carers is so important. The two they see regularly have a lovely relationship with my [relative] and they tell me [the carer] has been today for a chat and she is so nice."

Care staff told us "I always explain what I am going to do. I ask them how they want me to do it", "you've got to give respect to earn respect" and "It is not just about providing personal care, you have to talk to clients, they need someone to talk to and enjoy being listened to."

We looked at the electronic rostering system that was used by the service to assign care staff. We found that the service respected requests from people and their families about the gender of the support worker assigned where appropriate.

People we spoke with and relatives told us they had been involved in decision making as had associated professionals when relevant. We were told how the provider kept people informed of any changes, however some people we spoke with thought this could be more effective which the registered manager agreed to review.

People's individual care plans included information about their cultural and religious heritage communication and guidance about how personal care should be provided. We found that staff we spoke with knew about people's unique heritage and had care plan's which described what should be done to respect and involve people in maintaining their individuality and beliefs.

The care records we looked at were based on people's personal needs and wishes. Details were recorded of what people were able to do for themselves to enable them to maintain their independence.

Staff kept a record of the care provided and choices people made in logbooks completed each time a visit was conducted and these were then held at the agency after completion with current records being maintained in people's own home. People we spoke with who made comments about their care records confirmed that staff made entries onto these documents.

Requires Improvement

Is the service responsive?

Our findings

People who spoke with us said "I'm not sure who I would contact if I were unhappy about something because I've not needed to. Things seem to go along very smoothly for me", "They are very adaptable about what they do for me and try to do what I ask. They generally come on time, but it's not good when they arrive earlier than it says. I did say something and the timings have got better" and "If I need something different doing for me they will try to help, but I know they are busy so don't like to trouble them too much. I couldn't find my book so the carer had a little search around and found it for me, even though it was time she probably shouldn't spend."

Relatives told us "I would contact Allied if I wasn't happy but I know this sounds silly but I feel I should put up with things because that's how it is", "my biggest gripe with Allied is that out of hours contact is hit and miss and not only that, messages don't get passed on. I rang Allied, the carer was supposedly cancelled and then the carer turned up in the morning, not having received my message." Conversely we were also told "when I have any queries and contact the Allied office, they are always helpful" and "I think the reason we get consistency is because I have told the company what my (relative) needs and they can't cope with change."

Care staff told us "I always explain what I am going to do. I ask them [client] how they want me to do it", "I enjoy seeing clients" and "I do it how my mum would want it and I would be happy to have my mother looked after by Allied."

Assessments of people's needs were carried out prior to a package of care being commenced. Assessments that had been undertaken detailed people's past medical histories, their family history, preferred routines and any care needs that they required support with. We found that information was obtained about people's allergies and that their level of independence was assessed, so that suitable care could be delivered. People were consulted and were able to tell the service what their needs were and where possible they had signed consent forms.

Care plans included a social history and information about people's daily routines. This helped care workers understand people's individual wishes and provide care that was tailored to their individual requirements. People's care plans provided evidence of joint working with other health and social care professionals. We saw that staff had sought input from health professionals such as the occupational therapist to ensure people received safe and effective care and to reduce the risk of falls.

Most of the people we spoke with were confident that any complaints or concerns were dealt with in a timely manner. The registered manager informed us that people rarely made formal complaints as any issues that arose were responded to quickly before the concern escalated to a formal complaint. This supported what we found when we reviewed records of complaints along with other communication and action taken by the service. Staff we spoke with talked about people who used the service in a polite and respectful way and demonstrated that they felt they should respect the people they cared for and do this in a way that respected people's dignity.

People gave us differing views about communication around changes people had requested, changes to staff and some people said they would be reluctance to raise concern. **We recommend that the service review the experience of people using the service, the comments made and feed their findings back to people using the service and their relatives.**

Good

Is the service well-led?

Our findings

Nobody we spoke with said that they had contact with a named manager but most were confident they could contact the office. Most people told us they felt able to get in touch with the agency if they needed to discuss anything.

People told us "I don't have an opinion on Allied, it's the carers I'm interested in, but I suppose you're right if I'm happy with the carers I must be happy with Allied", "There's nothing I'm unhappy about to be honest. I think I would recommend them to other people if they needed carers" and "I suppose because I am happy with the service I receive, I am agreeing that the company is well led."

Relatives told us "I think the real test of whether an agency is up to it, is whether you'd recommend them to others and I think overall I would say they are a decent company" and "The management must be okay because we are happy with Allied." One relative went into detail about how the service had responded when it had not been clear that their relative had been visited, by contacting the agency they told us they received a helpful and speedy reply confirming that the visit had taken place and they were happy with the response of the service.

Care staff usually felt there was openness in communication between management and staff team. Most felt that they would have no hesitation in approaching the senior staff team or registered manager directly if they had any concerns to raise or to talk about matters more generally.

Apart from the registered manager we spoke with two senior managers from the provider organisation, and thirteen care workers. Most care workers told us they felt supported although there were a few exceptions to this largely around some feeling frustrated about time taken to receive a response. However, we did not view this as a significant issue as in most cases both people using the service and care workers felt that the service did respond.

There was a clear management structure in place and staff were aware of their roles and responsibilities. Staff told us that there were regular team meetings with most attending each month or two, which we confirmed. Staff had the opportunity to discuss care at the service and other topics which we saw in the minutes of two of the most recent meetings.

The new provider had started implementing a system for monitoring the quality of care which was discussed with us. As the provider took over the running of the home two months before this inspection we felt that it was too early to reach a judgement on the effectiveness of this system which we will review again at our next inspection. We did, however, see that information that had been gathered by the former provider about the operation of the service was being used by the new provider as the starting point to address any service improvements that had previously been identified.

The new provider had not as yet been able to conduct a survey of people using the service, staff or other stakeholders.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12 (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Risk assessments were not always fully completed or showed the risk reduction measures which staff should take to reduce risk.