

Nestor Primecare Services Limited

Allied Healthcare Wembley

Inspection report

11th floor, Business Environment Wembley Limited
1 Olympic Way
Wembley
Middlesex
HA9 0NP

Tel: 08456021715

Website: www.nestor-healthcare.co.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

Our inspection of Allied Healthcare Wembley took place on 9 February 2016 and was announced. 48 hours' notice of the inspection was given because we wanted to be sure that a manager was available when we visited. We returned to the service on 11 February 2016 as we needed to review further information in order to complete the inspection process.

Allied Healthcare Wembley is a domiciliary care agency that provides a range of care support to adults living in their own homes. People who used the service had a range of support needs including physical and sensory impairments, learning disabilities, mental health needs and conditions associated with ageing, such as dementia. In addition to providing personal care, the service also assisted people with domestic tasks, such as shopping, housework and meal preparation. At the time of our inspection the service provided support to 300 people who predominantly lived in the London Boroughs of Ealing and Brent.

The service had re-registered with CQC during September 2014 due to a change of address. This was the first inspection of the service under this registration.

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us that they felt safe when receiving care. Staff members understood how to safeguard the people whom they supported. There were appropriate numbers of staff employed to ensure that people's needs were met and that there was continuity of care in the case of staff absence. The provider had carried out checks to ensure that staff members were of good character and suitable for the work that they were engaged in.

Arrangements were in place to ensure that risks associated with the provision of care and support were assessed and managed. However, some of the risk assessments that we saw had not been reviewed for over a year. This meant that staff might not always be able to protect people from the risk of harm.

Staff received regular training that covered a wide range of topics and met national training standards for staff working in health and social care services. They were able to describe the training that they had received and tell us about how it helped them to support the people with whom they worked. Training and information had been provided to staff about The Mental Capacity Act (2005), including the Deprivation of Liberties Safeguards. Information about people's capacity to consent was contained within their care plans.

Arrangements were in place to ensure that staff were provided with regular supervision by a manager. However some staff members had not been supervised for at least six months, even though the provider's policy showed that these should take place on a three monthly cycle. This meant that that the provider was

not following its own policy on supervision and could not always be sure that staff maintained their competencies in the roles in which they were working.

Care plans were in place detailing how people wished to be supported, and people were involved in making decisions about their care. People told us that they thought that staff who worked with them were professional, caring and respectful. Staff members spoke positively about the work that they did and the people whom they supported.

People told us that they knew how to contact the office and were confident that the provider would deal with complaints appropriately and quickly. People also said that they had received questionnaires or visits from a manager to obtain feedback about the service that they received. We saw that people's feedback about the service showed high levels of satisfaction with the care and support that they received.

There were effective processes in place to monitor the care and welfare of people and improve the quality of the service. We saw that the service had made positive changes in relation to information that they had obtained from these processes.

We found two breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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 always safe. Although risk assessments were in place for all people who used the service, some of these had not been reviewed for over a year.

Staff we spoke with understood the principles of safeguarding, how to recognise the signs of abuse, and what to do if they had any concerns.

Information about people's medicines was detailed and medicines administration records were signed and dated.

Requires Improvement 

Is the service effective?

The service was not always effective. Staff members had not always received regular ongoing supervision from a manager.

A detailed staff training programme was in place.

The service had policies and procedures on The Mental Capacity Act and Deprivation of Liberty Safeguards, and information about capacity was recorded in care files. Staff had received training, and understood what to do if they had concerns about people's capacity to consent to any care activity.

Staff ensured that relevant professionals were informed and involved where there were concerns about people's health.

Requires Improvement 

Is the service caring?

The service was caring. People who used the service spoke positively about staff members' approach to care, dignity and respect.

Staff members that we spoke with spoke in a caring way about the people whom they supported and described positive approaches to ensuring that people's needs were met and respected.

The provider had arrangements in place to ensure that people were matched to appropriate care staff, and to ensure that, wherever possible, people would not be supported by a care

Good 

worker that they were unfamiliar with should one of their regular care workers be absent.

Is the service responsive?

Good ●

The service was responsive. Care plans were up to date and included detailed information about how and when care should be provided.

Care plans and assessments contained information about people's needs, interests and preferences.

People who used the service knew what to do if they had a complaint, and were satisfied that complaints were listened to and acted upon.

Is the service well-led?

Good ●

The service was well led.

People spoke positively about the management of the service.

A range of quality assurance processes were in place, and these were monitored and used to ensure improvements to the service.

Allied Healthcare Wembley

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.

We visited Allied Healthcare Wembley on 9 February 2016 and returned to review further information on 11 February 2016. The inspection team consisted of two inspectors and an expert by experience who conducted telephone interviews with people who used the service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We used a range of methods to help us to understand the experiences of people who used the service. We reviewed records held by the service that included the care records for 15 people receiving care and support and 14 staff records, along with records relating to the management of the service. We spoke with the operations manager, the newly appointed service manager, and six staff members. We were also able to speak with 12 people who used the service and three family members.

Before our inspection we looked at the information that we held about the service. This included notifications, enquiries and other information that that we had received from the service.

Is the service safe?

Our findings

People who used the service told us that they felt that the service was safe and that they were confident with the quality of care staff. We were told, "of course I am safe," and, "I am very safe with them."

Risk assessments for people who used the service were had been carried out at the point of referral to the service. These included information about a range of risks relevant to the person's needs, for example, moving and handling, mobility, falls, medicine, behaviours and risk within the community. Risk assessments also included information in respect of environmental risk, and safety of equipment. Staff members had received moving and handling training prior to working with people who required this support.

The majority of risk assessments that we saw generally contained information for staff members about how they should manage identified risk, and this was reflected in the person's care plan. However we noted that some risk assessments had not been reviewed for over a year. For example, a risk assessment for one person had not been updated since May 2014, and another person had not had any risk assessments undertaken since June 2014, even though their care plan had been recently updated to reflect concerns about eating and drinking that was not included in the risk assessment. This meant that the provider could not always be sure that risks associated with care and support to people were being safely managed.

This demonstrated a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) 2014.

We spoke with the operations manager and the registered manager about our concerns. We were told that care documents were currently being audited, and that they would ensure that risk assessments would be reviewed and updated to ensure that there was no inaccurate or missing information. We were able to see evidence that audits were taking place and that the majority of people's risk assessments had already been updated.

Staff members were familiar with the principles of safeguarding people who used the service. They were able to describe types of abuse, the signs and indicators that might suggest abuse, and what they should do if they had a safeguarding concern. We saw that training records showed that staff had received training in safeguarding prior to commencing work with people who used the service, and that this training was refreshed on a regular basis. There was an up-to-date safeguarding policy and procedure and we saw that this reflected current best practice guidance and referred to the local authority safeguarding procedures.

We looked at records in relation to medicines. There was a policy and procedure for administration of medicines that reflected current best practice guidance. The training records that we looked at showed that staff members had received training in safe administration of medicines. The care files that we saw included detailed assessments of the medicines that people used, that included information about what they were for. Medicines administration records that we viewed had been signed to show that medicines had been received by the person. We saw that these had been audited by the service on a regular basis. Three people told us that they received help with their medicines. One said, "they remind me about my pills", and another

told us, "they get my inhalers whenever I need them and breathe with me and count my breaths, until I am better. They are really good."

The service ensured that staff members were suitable for the work that they were required to undertake. We looked at eight staff records. The majority of the recruitment records that we looked at included copies of identification documents, evidence of eligibility to work in the UK, two written references, application forms and criminal record checks. However, three of the files did not include two written references. We discussed this with the operations manager who told us that reference checks were conducted centrally by the organisation's human resources (HR) team, and that offers of employment were dependent on the receipt of formal written references. She told us that all staff files were being audited to ensure that copies of all required documents were in place, and that where these were missing copies would be requested. We were assured that copies of references for staff members would be requested from the HR team and placed in files where these were missing. We saw evidence that a number of staff files had been recently audited, and that missing documentation had been requested and received from the provider's HR team.

There were sufficient numbers of staff employed to ensure that people's care and support needs were met. Care calls were monitored by the provider on a weekly basis using data from the provider's electronic call monitoring system. We looked at recent call monitoring information and saw examples of two care workers being late for calls on more than one occasion. We asked the registered manager about how they dealt with lateness. She told us that all late calls were followed up with a telephone call to the staff member, and where this persisted, they would be asked to come to the office for a discussion about this. We saw a staff file that showed that action had been taken to address a staff member's lateness. The provider ensured that that staff had sufficient travelling time between care calls to minimise any possibility of lateness. People who we spoke with talked positively about the reliability and punctuality of care staff. One person told us, "they are very much on time." and a family member said, "he comes when he should." Three people told us that their care staff were occasionally late but they were always informed if there was a delay. One person said, "sometimes they can be a bit late because of the buses and I say to them, please come as soon as you can." Everyone that we spoke with confirmed that care staff stayed with them for the required amount of time. One person said, "they stay even more than they should"

Staff members received a copy of a staff handbook at induction. We saw that this included information about safe practice and emergency procedures and contacts.

The service maintained a 24 hour on-call service that was available for staff and people who used the service to discuss and report queries and concerns. The provider also had a major incidents and emergencies policy included, for example, actions to be taken in case of adverse weather and disruptions to public transport.

Is the service effective?

Our findings

People who used the service were positive about the support that they received from staff and felt that staff had appropriate skills and knowledge. One person told us that care staff were, "trained, certainly," and a family member said, "I tell him what to do and he knows how to do it."

The provider had a procedure in place for supervision and appraisal of staff that showed that supervisions should take place every three months. Some of these supervisions were conducted as part of on-site spot visits. Appraisals took place annually. However the files that we viewed showed that some staff members had not received regular supervision from a manager within these time frames. For example two staff files that we viewed did not contain any record of supervisions, including spot checks or appraisals having taken place. Another staff file contained a record of appraisal, but not of supervision. We also saw that where issues had been identified during spot checks there was not always a record of how these had been followed up. For example the record of a spot check that took place during June 2015 recorded that a staff member was not wearing their uniform and name badge or using an apron when supporting a person in their home. The record specified that a further spot check would be carried out, but there was no record that this had taken place. Another staff member received a verbal warning in September 2015, and the record of this stated that performance in regard to this would be monitored. However, there was no record that this monitoring had taken place. This meant that we could not be sure that all staff members received regular supervision appraisal and performance development necessary to enable them to carry out their duties effectively.

This demonstrated a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) 2014.

We discussed our concerns with the operations manager and the registered manager who told us that the service was working to ensure that they were up to date with staff supervisions and appraisals, and that a process had been put in place to support this.

We saw that there was a detailed training programme in place to ensure that staff members had the skills and knowledge they required to undertake their duties. Staff members received a four day classroom based induction training prior to commencing work with any person who used the service. This followed the requirements of the Skills for Care Common Induction Standards for workers in social care services. We saw that recently appointed staff members had completed workbooks that were being used to deliver the Care Certificate for induction training of staff in social care. These had been assessed, and 'signed off' when they had been completed satisfactorily. Following training and prior to being assigned to working with people, new staff members 'shadowed' more experienced members of staff until they were assessed as competent. Following the first lone care visit, the person being supported was contacted by telephone, to assess satisfaction, and this was followed by a spot check by a supervisor within the first four weeks of employment. The staff records for two new staff members showed that this procedure had been followed, and for a third member of staff there was evidence that it was in progress.

Training was 'refreshed' for all staff members on a regular basis. During our inspection induction training was taking place for two new staff members, and a further two longstanding staff members were participating in the sessions in order to refresh their skills. Staff members that we spoke with were able to list the training that they had received, such as moving and handling, medicines, safeguarding, equality and diversity and infection control, and spoke to us about the training related to the work that they did. One staff member told us, "the training is really good here." Another person said, "even though I know it already, it's good to go on training again as it makes sure I am up to date."

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.

We checked whether the service was working within the principles of the MCA. The service's policies on the MCA and the Deprivation of Liberty Safeguards (DoLS) that are part of The Mental Capacity Act were up to date and reflected good practice guidance. We saw evidence that training on both the MCA and DoLS was provided to staff members as part of their induction. The care plans that we looked at for people who used the service clearly showed whether or not they had capacity to make decisions about aspects of their care, and provided guidance for staff about how they should support decision making. No one who used the service was subject to a DoLS authorisation at the time of our inspection.

We saw that people had signed to show that they had consented to the care that was being provided by the service. Where people were unable to do so, the reasons for this were fully recorded. Where family members or other representatives signed this on people's behalf, we saw that this was recorded.

Care staff were involved in meal preparation for some people, and we saw that care plans and risk assessments for people who were being supported with eating and drinking were clear about the reasons why support was required. They also provided detailed guidance for care staff about how to prepare and deliver food as people required. This included information about preferred food and drink, offering choice, and when and how people should be supported. People who were supported with their meals expressed satisfaction with the service. One person told us, "I always have the same breakfast, and they know," and a family member said, "I know that she chooses when they do food for her, I've seen it."

People were supported to maintain good health and wellbeing and we saw that information about people's health and medical needs and histories were contained within their care documents. The daily care notes that we looked at showed that staff members had liaised with professionals such as GPs and community nurses where they had concerns about people's health.

Is the service caring?

Our findings

All of the people that we spoke with told us that they felt that the service was caring and that they would recommend it to others. One person said of his care workers that "they are above and beyond. When I've had problems, they make me a cup of tea and sit with me until I am calm again." Another person told us, "they are very caring," and a family member said, that her relative's carers were "excellent."

The staff members that we spoke with talked about the people whom they supported in a positive, caring and respectful way. We were told that, "I really love talking to my clients. It makes it easier for them to receive care and I learn so much from them", and, "the best thing about my job is spending time with my clients. I think about how I would like to be treated and that helps me to work it out" We asked about approaches to privacy and dignity, and were by staff that they had received training about this. The people that we spoke with confirmed that they were treated with dignity and respect. One person said that "they ask me for my consent when I need a bath", and another told us that staff were respectful to her when they were supporting her with personal care tasks

The managers and staff members that we spoke with told us that, except where there was an emergency, it was important that people were supported by staff members that they were familiar with. We saw from people's care plans and the staffing rotas that care was provided by the same regular staff members. People that we spoke with confirmed that they received care from regular staff members. When we asked people about how they were supported when their regular care staff were away, they were generally satisfied about how the service managed this. We were told, for example, "I get a rota and it works," and it is covered during the holidays and it is all right." Another person said, "I have different carers, but they are all good so it doesn't matter." However one person that we spoke with told us that, "it occasionally goes wrong when my regular lady is off and there is cover"

The service made efforts to ensure that care staff were matched to people on the basis of individual preference and needs. For example we saw that gender specific care was provided where people had requested this. The care plans and risk assessments that we viewed included information about personal histories, interests and cultural and diversity needs and preferences. A field care supervisor told us about a person who had refused care in the past, who was matched with a staff member from a similar cultural background. They said that the person had, "clicked with their new carer to the delight of family members and social care professionals."

The provider ensured that confidentiality was maintained. Care documents and other information about people were stored in secure cabinets within the service's office, Copies of assessments, care plans and risk assessments were also maintained within the person's home.

We viewed information that was provided to people who used the service and saw that this provided clear explanations of the service that was being provided.

Is the service responsive?

Our findings

People who used the service told us that they were pleased with the support that the service provided. We were told, "I have been more than happy. There are no problems," and, "I've not phoned at all: they always come, always."

The care plans that we saw were up to date and ensured that care staff had appropriate information and guidance to meet people's needs. Assessments and care plans contained information about people's living arrangements, family and other relationships, personal history, interests, preferences and cultural and communication needs. The assessments also included information about other key professionals providing services or support to the person.

People's care plans were clearly linked to their assessments, although we noted that risk assessments had not always been updated when care plans had been reviewed. We saw that care plans provided information about each task, along with detailed guidance for care staff about how they should support the person with these. This included, for example, information about how the person liked to be communicated with, how choice should be provided, how to manage behaviours that may be challenging, and how best to support people with their mobility needs. The guidance also addressed people's language and cultural needs, along with other personal needs and preferences. Assessments, care plans and risk assessments were signed and dated.

All but two of the people that we spoke with knew that they had a written plan for their care. The two people who were unsure, knew that staff, "wrote things down in a book." People told us that they were involved in their care planning with the majority saying that this happened approximately every six months. One person told us, "they come every six months or so," and went on to say that they felt very involved in their care. Another person said, " [the care co-ordinator] came just before Christmas. He asked me questions about it." We were also told by a family member that, "we are both very involved when they come to review the plan."

The provider had recently changed their format for recording people's care plans, and were in the process of reviewing the plans for everyone who used the service. The new format described measurable care outcomes for people, which the registered manager told us would be monitored at every future care plan review. The new format was clear and easy to understand. A staff member told us, "I like the new care plans. they are much better."

The notes of care that we saw showed that people had received support that was consistent with their plans. These records were generally detailed and easy to understand.

Staff members told us about how they read and reviewed care plans and care notes at each visit, and how they were kept informed about any change in need. People that we spoke with felt that their care staff were well informed about their needs.

We saw that the service had a complaints procedure that was available in an easy read format. This was

included in the Service User Guide that was provided to all people who used the service at the commencement of their care agreement. Two people that we spoke with told us that they had made complaints in the past, and that these had been responded to quickly and appropriately. One person told them that they had recently made a complaint, but did not share information about this.

The record of complaints, concerns and compliments maintained by the service showed that complaints had been dealt with in an appropriate and timely manner, and people's satisfaction with the outcomes had been recorded.

Is the service well-led?

Our findings

People who used the service told us that they were satisfied with the management of the service. We were told, "it's a well-managed firm," and, "from my point of view it is well managed." The majority of people were complimentary about the support they received from office staff. One person told us that, "the office staff are very nice and helpful. They do try to sort it out." However one person that we spoke with told us that they had had problems with communication with office staff, "they can be a bit muddled."

Staff members that we spoke with were generally happy with the management of the service and how they were supported. One staff member said of the manager, "she is superb in supporting me," and another told us that, "there is a friendly atmosphere, they encourage use of initiative and are positive about providing career development opportunities." One staff member told us that they weren't always happy with the management as they would like more shifts, but were complimentary about the training and other support that they received.

The care files that we viewed showed that quality assurance processes such as on-site spot monitoring, and telephone checks with people who used the service to assess their satisfaction with their care took place. Records of care calls were monitored weekly, and we saw that there were regular audits of care files and daily care notes.

The provider undertook regular quality assurance monitoring visits to the service. The records of these showed that action plans had been put in place to address areas of concern, and that progress against action plans were reviewed on a regular basis. The service conducted regular satisfaction surveys and some people that we spoke with told us that they had received questionnaires or visits from a manager in relation to these. The feedback that we saw in relation to the most recent survey showed that there were high levels of satisfaction with the service.

We saw records of team meetings that took place periodically to ensure that staff members were provided with information relevant to the service, and enabled to discuss any issues or concerns that they had. During the second day of our inspection three staff meetings were taking place. The registered manager told us that, because the staff team was large it was more effective to have more than one meeting, and the range of times meant that staff could attend meetings that did not conflict with their care tasks. We met some staff who were arriving for a meeting and noted that there was a friendly, lively atmosphere.

The provider had a business plan and we saw that a process had commenced across all Allied Healthcare services to ensure that there was a consistent approach to care and support. We saw, for example, that new formats for care plans and risk assessments had been introduced, and that these were being used when each person's care documentation was reviewed. Arrangements were in place to ensure that staff received information and training in respect of any change that affected their practice, and the staff members that we spoke with were satisfied that they were appropriately informed about and supported with changes to the way the service was delivered. One staff member said, "I think it's better now."

The provider had submitted regulatory notifications to CQC in relation to concerns that had arisen during the past year. We looked at the detailed records maintained in relation to these, and saw that they had been managed appropriately.

The records maintained at the service showed evidence of partnership working with other key professionals involved with people's care, for example social workers, general practitioners and community and specialist nursing services.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 People who used the service were not being protected against the risks of unsafe or inappropriate care by means of up to date and accurate risk assessments and risk management plans Regulation12(2)(b)

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff were not always receiving appropriate ongoing or periodic supervision in their role to make sure competency is maintained. Regulation18(2)(a)