

Nestor Primecare Services Limited

Anderton Place Extra Care Scheme

Inspection report

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Ratings

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

Summary of findings

Overall summary

The inspection took place on the 24 and 29 October 2018 and was unannounced. At the last inspection we did not identify any breaches of Regulation, however the service was rated as requires improvement because of issues with staffing and with auditing processes. Following the inspection an action plan was sent to us outlining how the registered provider intended to make the required improvements. At this inspection we identified that improvements had been made. However, we also identified that some improvements were needed to oversight and monitoring systems.

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support services.

People using the service lived in a large community on the outskirts of Northwich. The premises included a communal area, café and a hair salon which people were able to access. Not everyone using the service received a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

At the time of the inspection there were 14 people who were in receipt of 'personal care'.

There was a registered manager in post within the service. 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.

During the inspection we identified that monitoring and oversight systems needed to be more robust. For example, the registered manager had a good level of knowledge regarding accidents and incidents, however a written analysis had not been recorded. This meant that if she was unavailable this knowledge could be lost. In addition, neither the registered manager or the area manager knew how to generate a report from the registered provider's system, to provide a clear overview of accidents and incidents and allow trends to be identified.

Training had been provided to staff, however during the inspection the registered manager and area manager were not able to locate dates training had been completed. Instead there was a reliance on the system to identify when this was needed. This showed a lack of robust oversight that allowed for possible errors to be made. Following the inspection the registered manager was able to provide evidence that training had been completed.

A survey had been completed around people's experiences of the service. This survey identified a level of dissatisfaction in a number of areas. However the results relating to Anderton Place were mixed with the results from a neighbouring service. The manager informed us it was not usual practice to separate the results which meant it was not possible to get a clear understanding of people's experiences.

We have made a recommendation to the registered provider regarding their oversight and monitoring systems.

There were sufficient numbers of staff in post to meet people's needs. People told us staff were on time and spent the required amount of time with them. This was an improvement following our previous inspection where people raised concerns regarding the number of staff in post and the timeliness of calls.

People were protected from the risk of abuse. Staff had received training in safeguarding vulnerable adults and had access to the registered provider's policy and procedures which outlined how they should respond to any concerns they have.

The registered provider had a robust recruitment process in place. This helped ensure that staff were of good character and suitable to support vulnerable groups of people.

Staff had received the training they needed to carry out their role effectively. There was an induction process in place for new staff which included a period of shadowing experienced members of staff. This helped prepare staff for their role.

Staff had received training in food hygiene and people told us they were clean, tidy and hygienic when preparing food. People also commented that staff tidied up and left their kitchens clean when they were done.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Positive relationships had been developed between staff and people using the service. People spoke positively about staff and we observed friendly interactions between them.

People's confidentiality was protected; however, a more robust system was needed to minimise the potential for breaches in privacy. This was because people walked freely in and out the office where confidential discussions were held. We raised this with the registered manager and area manager for them to address.

People each had a personal care record in place which outlined their needs, the tasks required of staff and people's personal preferences. This ensured staff had access to relevant information about people. People confirmed that staff provided them with the support they needed.

There was a complaints process in place for people and their families to use. People commented they felt able to make a complaint if they wanted to.

Staff meetings were held on a regular basis. This allowed information to be shared across the staff team and enabled discussions regarding best practice. For example, during one staff meeting a discussion regarding the Mental Capacity Act 2005 and Lasting Power of Attorney had been held.

The registered provider is required by law to notify the CQC of specific events that occur within the service. Prior to and during the inspection we checked to ensure this was being done and found that it was.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Recruitment processes were safe.

There were enough staff in post to meet people's needs.

People received their medication as prescribed.

Is the service effective?

Good ●

The service was effective.

People's rights were protected in line with the Mental Capacity Act 2005.

People were supported to access health care professionals where needed.

Staff had completed training in good food hygiene which people told us they practiced.

Is the service caring?

Good ●

The service was caring.

People's confidentiality was protected, however we suggested some areas of improvement around this.

Positive relationships had developed between people and staff.

Staff acted promptly to respond to any distress from people.

Is the service responsive?

Good ●

The service was responsive.

People each had personalised care records in place.

People told us that staff provided the care that was appropriate for them.

There was a complaints process in place which people told us they would feel comfortable using.

Is the service well-led?

The service was not always well led.

Audit systems were not always being effectively used to give clear oversight of the service.

A survey had been completed to get people's views on the service, however a thorough analysis of this information had not been completed.

The registered provider was displaying their rating and notifying the CQC of specific events that occurred in the service, as required by law.

Requires Improvement 

Anderton Place Extra Care Scheme

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

This inspection took place on the 24 and 29 October 2018 and was unannounced on the first day.

The inspection was completed by one adult social care inspector.

Prior to the inspection we look at notifications the registered provider had submitted and used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with the local authority regarding any concerns they may have about the service.

During the inspection we spoke with four people using the service and two people's family members. We looked at three people's care records and the recruitment records for three members of staff. We also looked at records relating to the day-to-day management of the service such as staffing rotas, training records and audit systems.

Is the service safe?

Our findings

People confirmed that they felt safe in the company of staff. Their comments included, "I always feel safe with all of them" and "Yes, I feel safe."

At the last inspection people raised concerns with us regarding the consistency of staff supporting them. At this inspection people's comments reflected some improvements with regards to this. They commented that things were "Getting better" and that they knew the staff who attended their calls. People told us that "Staff always turn up" and that they stayed for the duration of the call. People commented that where staff did not arrive on time this was due to emergency situations where someone else within the service needed support. People confirmed that this did not happen often and that they were not left at risk themselves when this happened.

We checked staffing rotas on the day of the inspection to ensure that only those staff who were on the rota were on shift. We did this to identify whether additional staff were put on shift because of our inspection. Rotas showed sufficient numbers of staff in post to meet the needs of people using the service.

Recruitment processes were robust. New staff had been required to provide two references, one of which was from their most recent employer. They had also been subject to a check by the Disclosure and Barring Service (DBS). This helps employers to make informed decisions regarding the suitability of prospective staff.

Staff had received training in safeguarding vulnerable adults. They knew the signs of abuse and how to report any concerns they may have. The registered manager had reported any 'low level' concerns to the local authority as per the local authority's policy. This helped ensure that people were protected from the risk of abuse.

Risk assessments were in place within people's care records. These outlined to staff what support they needed to provide to people to keep them safe. For example, where people were at risk of developing pressure ulcers it was outlined that staff needed to help them reposition themselves to relieve pressure areas.

We did not observe staff providing care to people, however people confirmed that they wore personal protective equipment such as disposable gloves whilst undertaking personal care tasks. This helped to minimise the risk of infection being spread through the service.

People received the support they needed to take their medicines as prescribed. People's care plans contained information about when these should be administered and people confirmed the appropriate support was provided. We looked at Medication Administration Records (MARs) which showed staff had administered and signed for these.

Is the service effective?

Our findings

People commented that staff delivered care to them and their family members in a professional and skilled manner. Their comments included, "Carers check my skin for any issues", "I feel safe when staff are helping me to transfer."

We looked at training records which showed that staff had received the training they needed. This included training in moving and handling, safeguarding, the Mental Capacity Act 2005 and health and safety. An induction process was in place for new staff which included a period of shadowing experienced members of staff. The induction also included a period of probation and supervision, during which performance was monitored and any targets set and monitored.

New staff were required to complete the Care Certificate. The Care certificate was introduced by the Government in 2015. This is a set of standards that social care and health workers comply with in their daily working life. The Care Certificate is a new set of minimum standards that should be covered as part of induction training of new care workers.

Supervisions were being completed with staff by the registered manager. Supervisions are regular meetings between the staff member and their manager to discuss any issues which need to be addressed in a one to one setting.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In community settings any restrictions placed on people need to be authorised by the Court of Protection (CoP). Anderton Place did not support anyone subject to an authorisation by the CoP.

Staff were aware of their responsibilities to offer people choice and control over their day-to-day lives and the registered manager had an understanding of the requirements set out by the MCA. People's care records included information regarding their cognition and ability to provide consent to their care. Information was also held regarding those family members who may have Lasting Power of Attorney (LPA), and where this was not in place appropriate challenges had been made. Information regarding LPA had been shared with staff during a team meeting to ensure they understood what this was. This helped ensure that people's rights and liberties were being upheld.

Where people required support with meal and food preparation, people told us staff were clean, hygienic and tidied up after themselves. Following the inspection the registered manager sent us training records which showed that staff had completed training in food hygiene.

Where people required support with accessing health and social care professionals, this had been provided. In emergency situations people's GPs or the paramedics had been contacted to provide support. However, a majority of people being supported were able to manage their own access to health professionals where needed. This helped ensure people's wellbeing was maintained.

Is the service caring?

Our findings

People and their family members commented positively on the staff who supported them. Their comments included, "They're a good group of carers", "The carers are nice", "The carers have been excellent" and "The carers are all very nice people. They really do care."

People's confidentiality was protected, however there were areas of improvement that could be made. We observed people using the service walking freely in and out of the office where people's personal information was kept and private conversations were held. A more robust system was needed to ensure personal information was not overheard where people may unexpectedly come into the office area. We raised this with the registered manager and area manager who informed us they would address this.

People's privacy and dignity was respected. People told us that staff were respectful whilst attending to their personal care needs. One person told us staff used a towel to help cover them up and promote their dignity whilst having a wash. In another example we observed that staff had shut the door to the bedroom whilst supporting a person, to ensure their privacy was maintained.

People commented that staff were quick to respond if they needed any urgent support. In examples where people called for help using their care call system, they told us staff were available and acted to support them in a timely manner. People told us, "When I pressed my pendant, they (staff) were here instantly" and "When I fell they were there Straight away". This helped prevent people from becoming distressed and promoted their wellbeing.

Positive relationships had developed between staff and people using the service. We saw staff and people laughing together and having relaxed discussions with each other. One person told us, "They (staff) always have a quick cheery word to exchange. They're friendly. They do little extras like a bit of washing up. It's the little things."

People's family members told us that staff were respectful and considerate towards them. One person's family members commented that the responsiveness of staff in emergency situations was reassuring for them. They described staff as "Professional", "Respectful" and "Helpful". We also saw examples where staff had promoted people's individual rights in line with the MCA.

Is the service responsive?

Our findings

People commented that staff met their needs during calls. We spoke with a visiting professional who told us that the standard of care was "Very good" and that they were not aware of any issues at the service.

We were informed by the registered manager that there were no specific initiatives or mechanisms in place to ensure people from the LGBT community felt safe and able to express themselves. Having strategies in place around this can be an important part of protecting people from discrimination and enabling them to retain important aspects of their identity.

We recommend that the registered provider seek advice and guidance from a reliable source around promoting equality and diversity within the service.

People each had individual care records in place which outlined to staff how they should meet people's needs. These included clear details regarding the tasks that needed completing during each call, for example support with checking people's skin integrity, applying creams, administering people's medicines and helping with personal care tasks. Care records contained information about people's physical and mental health needs. Where risks or additional care needs had been identified, health and social care professionals had been involved in putting additional measures in place to keep people safe and well.

Care records contained personalised information about people's likes, dislikes and preferred daily routines. For example, these included details such as people's meal time preferences and their preferred name. Care records also included information about any significant relationships or sources of support in their lives. People informed us that staff adhered to the call times specified in their care records, with a small level of flexibility to allow for any delays in previous calls.

Prior to receiving support people were assessed to ensure that the service was able to meet their needs. This process involved assessing relevant information made available by health and social care professionals. Consideration was given to the level of need people presented with, including their physical and mental health and any social needs.

Daily records were being completed by staff which showed the times that they arrived and departed on each call. These outlined the tasks undertaken, including the food and drink that had been offered and any personal care that had been delivered. These were signed by staff after completion.

There was a complaints process in place which enabled people to raise any concerns they may have. People and their family members confirmed that they knew how to raise any issues and would feel comfortable doing so.

We spoke with the registered and operations managers regarding how information was made accessible to people living with a disability. They confirmed alternative formats such as easy read documentation, which uses images to convey information were available where people needed this. At the time of the inspection

there was no one who required access to this type of support.

Is the service well-led?

Our findings

There was a registered manager in post within the service and had been registered at the service since September 2018. People knew who the registered manager was and told us that she was accessible. Their comments included, "The manager is available. She's based over two services but you can contact her by phone if you need to", "The manager seems efficient" and "If I needed the manager I'm sure either myself or my family would be able to contact her."

An annual survey was completed with people using the service and their families however the results of this were mixed with the results of another service. This meant that issues relating to one service could not clearly be identified and pursued. The survey highlighted a level of dissatisfaction with regards to staff skills, the punctuality of staff, the consistency of the staff team and people's overall perception of the registered provider. An analysis of these results with regards to the specific services had not been completed. However, people's comments during the inspection reflected that improvements were being made. For example, one person told us they had noticed improvements over recent months.

The registered provider had audit systems in place for monitoring the service, however information was not always easily accessible. The registered manager was able to demonstrate that she had a good understanding of those incidents that had occurred and had identified patterns and trends. Appropriate action had also been taken in response to these incidents. Whilst information of these incidents was recorded on the system, the registered manager's analysis was not documented or recorded. This meant that important information would be lost if the registered manager was unavailable. Neither the registered manager or the area manager knew how to generate a report from the system that would enable them to have an overview of patterns or trends.

The system showed when staff required their training to be updated, however the dates that training had last been provided was not shown by the system. This meant that the accuracy of the system could not be checked without looking at individual training records. Following the inspection the registered manager provided evidence which showed staff training was up-to-date. However, this demonstrated that oversight of this area was not robust.

We recommend that the registered provider seek advice and guidance from a reputable source regarding the effective use of management and oversight systems.

Audit systems also ensured that people's medicines were being appropriately administered and that care records remained up-to-date and accurate. Where issues had been identified with people's MARs follow up action had been taken to address this with the individual member of staff.

Meetings had been held with staff which provided important updates, or information on relevant subject areas. For example, during one team meeting information regarding the MCA and LPA had been cascaded to staff. This helped ensure that staff had access to up-to-date and important information.

The registered provider had a set of policies and procedures in place which were accessible to staff. These had been updated to ensure that information remained relevant. This ensured that staff had access to up-to-date guidance.

The registered provider is required by law to notify the CQC of specific events that occur within the service. Prior to the inspection we checked whether this was being done and found that it was.