

Nestor Primecare Services Limited

Allied Healthcare Swindon

Inspection report

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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?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

We inspected the service Allied Healthcare on 13 April 2015 and 6 July 2015. Allied Healthcare support people living in their own homes with personal care.

We carried out an announced comprehensive inspection of this service on 13 April 2015. Following the comprehensive inspection this provider was placed into special measures by CQC. We found the provider was not meeting the legal requirements of four of the

fundamental standards. These issues were in relation to the management of medicines and people not receiving their planned visits. We took enforcement action to require the provider to meet the required standards.

We carried out a follow up inspection on 6 July 2015 to check that improvements had been made and to check the provider was meeting their legal requirements in relation to medicine management and missed visits. At the July inspection we found some improvements had been made.

Summary of findings

We carried out this comprehensive inspection on 6 October 2015. At this inspection we checked to make sure the provider had taken steps to meet the required standards. We found that significant improvements had been made and the provider has been taken out of special measures.

However, we found there were still concerns relating to the management of medicines, monitoring the quality of the service and protecting people's rights in relation to the Mental Capacity Act 2005 (MCA). MCA is a framework to protect the rights of people who may be unable to make some decisions for themselves.

The service did not have a registered manager in post. A manager from another location was overseeing the management of the service. The provider was actively trying to recruit a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The manager had made significant improvements and had identified further areas for development. There was a positive atmosphere where people, relatives and staff felt listened to.

Systems for monitoring and scheduling visits were effective. People had not experienced missed visits and when visits were late people were contacted and given a reason for this.

People were positive about the improvements made to the service and told us staff were caring. We heard caring interactions between staff and people when speaking on the telephone.

There was a positive, caring culture between staff. Staff felt supported by the manager and benefitted from regular supervisions. Staff were complimentary about the manager and the changes made to improve the service.

Care plans were personalised and contained detailed information about the support people required to meet their needs.

We found three 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.

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 not always safe.

Medicines were not always managed safely.

Staff understood their responsibilities to identify and report any concerns in relation to safeguarding people from abuse.

Visits were effectively monitored. People had not experienced missed visits.

Requires improvement



Is the service effective?

The service was not always effective.

People were not always supported in line with the principles of the Mental Capacity Act 2005.

People were supported to access health professionals.

Staff had the skills and knowledge to meet people's needs. Staff were supported through regular supervisions.

Requires improvement



Is the service caring?

The service was caring.

People were supported by caring staff who treated them with dignity and respect.

People were involved in their care and felt listened to.

Good



Is the service responsive?

The service was not always responsive.

Not all care plans contained accurate up to date information to ensure people received support to meet their needs.

Care plans were personalised and contained information identifying what was important to people.

People knew how to make a complaint and felt confident to do so.

Requires improvement



Is the service well-led?

The service was not always well led.

Systems for monitoring the quality of the service were not always effective.

People and staff were positive about improvements made to the service.

Methods of communication to ensure staff had up to date information had been improved.

Requires improvement



Allied Healthcare Swindon

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 inspection took place on 6 October 2015 and was an announced inspection. Notice of the inspection was given to make sure a senior person was available for the inspection. At the time of our inspection the provider was supporting 109 people living in their own homes.

The inspection team consisted of three inspectors, a pharmacy inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we looked at notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. We spoke to local commissioners of the service.

During our inspection we looked at 15 people's care records. This included the medicines records for seven people. We looked at four staff files and a range of records showing how the service was managed.

We spoke with the care delivery director, the interim manager and five members of the care team.

As part of the inspection we spoke with nine people who used the service and four relatives.

Is the service safe?

Our findings

At our inspection on 13 April 2015 we identified that people did not always receive safe care. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a warning notice telling the provider to take action to meet the regulation. On 6 July 2015 we carried out a focused inspection to check the provider had taken steps to improve. On 6 July we found improvements had been made to the systems in place to monitor missed and late visits. We found that significant improvements had been made to the systems related to the management of medicines; however records did not always demonstrate that staff had given people their medicines as prescribed. Following our inspection we asked the provider to tell us what they were going to do to meet the regulation. The provider sent us an action plan to tell us how they would meet their legal requirements.

During this inspection we looked at the medicines administration records (MARs) and care records for seven people using the service. We found that two people given antibiotics did not have these included on their MAR so there was no record of the dose instructions or the number of days they should be given. This meant it was not possible to check whether these two people had received their antibiotic treatment correctly. Staff told us this was not following the service's own medicines policy. We also saw some gaps on seven of the MARs. Staff had not recorded they had given the medicine but recorded no reason if it was not given. So it was not clear whether people had always received their medicines as prescribed for them.

This was a continued breach of Regulation 12 (1) and (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager told us she had identified, through checks of the completed MAR, that there were still issues with medicines administration that needed to be addressed. As a result of this medicines training had been arranged for staff. This was to take place over three consecutive days, immediately following our inspection. We saw staff had been advised the training was mandatory and all staff were

scheduled to attend. When this was completed it was planned that senior staff would go out and observe care staff administering people's medicines to check they were doing this safely.

The manager had also identified that medicines not dispensed in a monitored dosage system were not always entered correctly on the MAR. To reduce the risk of inaccurate instructions on the MAR the manager had arranged with pharmacists for printed MAR to be provided with medicines to ensure instructions were accurate.

People told us they felt safe. Comments included: "I always feel safe"; "I'm happy. Safe and secure" and "Oh yes, they make sure I am safe".

Staff had completed safeguarding training. Staff we spoke with had a clear understanding of their responsibilities to recognise and report abuse. Staff knew where to report concerns and how to escalate outside of the organisation if they felt action had not been taken. One member of staff said, "I'd report to the office or whistleblowing helpline. I can ring CQC and the local authorities". The provider had clear procedures in relation to safeguarding people from abuse and records showed the procedures had been followed.

People's care records contained risk assessments. Risk assessments included; environment, falls, moving and handling, nutrition and medicines. Where risks were identified, management plans were in place to support the person to be as safe as possible. For example, one person's care plan identified the person needed the support of two care workers and a hoist to transfer. The care plan contained detailed information about the use of the hoist. We saw that two staff were always scheduled to visit the person.

People told us there were enough staff. People we spoke with had not experienced any recent missed visits. Comments included, "Never had a missed call"; "I think they have enough staff" and "They never rush. She [carer] is here for the full hour". People told us times of calls had improved and if calls were going to be late they were notified. One person said, "They always phone if someone is going to be delayed". People knew which care worker was going to support them as they received a weekly rota.

Is the service safe?

Staff told us they now have time allocated for travel between people's homes. One care worker said, "We now include some travelling time to help staff. I think this helps so the rotas work".

There was an effective system for scheduling and monitoring visits. The system alerted when a call was 15 minutes late, the person receiving the alert then contacted the allocated care worker to identify the problem. The person would then be contacted to explain the reason for the delay.

Records relating to the recruitment of staff showed relevant checks had been completed before staff worked unsupervised. These included employment references and Disclosure and Barring Service checks. These checks identified if staff were of good character and suitable for their role.

Is the service effective?

Our findings

At the inspection on 13 April 2015 we found staff were not always clear about their responsibilities in relation to the Mental Capacity Act 2005 (MCA). We made a recommendation in relation to MCA. We found that improvements had not been made.

Staff we spoke with were not always clear about their responsibilities in relation to the MCA and the principles underpinning the Act. Some staff told us they had received training in MCA and with prompting were able to tell us how it affected people's rights to make decisions and that some decisions were made in people's best interest. However, staff were not always clear how this might affect their work with people who may lack capacity.

Care plans were not always completed in line with the MCA or associated codes of practice. For example, one person's care plan contained a 'memory needs assessment' which identified the person had some loss of memory. The care plan contained a consent form signed by the person's daughter. There was no mental capacity assessment to determine whether the person had capacity to consent to the support identified in the care plan. There was no evidence to show that the relative had a legal right to sign on the person's behalf.

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

People told us staff had the skills and knowledge to support their needs. Comments included; "Yes, they know what they are doing" and "They have been trained".

Staff had regular supervision and an annual appraisal. Staff were positive about supervisions, one care worker said, "I think our supervisions are good and very supportive".

Staff had access to regular training and the opportunity to complete national qualifications. One member of staff told us they were working towards a level three qualification in health and social care. Another member of staff had requested to work towards a level two qualification in health and social care and this had now been approved by the manager.

People told us staff supported them to have sufficient to eat and drink. One person said, "She [care worker] leaves me a jug of water and pours me some".

Where people required support with meal preparation or eating and drinking this was in their care plan. For example, one person required liquids to be thickened due to the risk of choking. The care plan identified the quantity of thickening agent to be used to achieve the required consistency. Staff were aware of the person's needs.

Where people were at risk of weight loss a risk assessment had been completed. One person's care plan contained a risk assessment identifying the person was at risk of weight loss. The care plan had detailed guidance about how staff should encourage and support the person to eat and drink.

People were referred to appropriate health professionals when needed. Care plans detailed where people were referred to health professionals. This included referrals to GP's, district nurses, specialist nurses and physiotherapists.

Is the service caring?

Our findings

At our inspection on 13 April 2015 people told us the office staff were not always caring. People we spoke with at this inspection told us this had improved. Comments included: “They [office staff] are better”; “They always phone back” and “Can’t complain now”.

People told us care staff were caring. Comments included, “They [care staff] are genuinely caring. Like a friend”; “They [care staff] are good, can’t fault them” and “She [care worker] is really caring”.

Staff we spoke with had a caring attitude towards people and cared for them as individuals. One care worker said, “I care for them as an individual. It’s not one size fits all”. Care staff understood the importance of building trusting relationships with people and respecting that they were in people’s homes. One care worker said, “It’s getting to know and understand them. I ask how they would like things done”.

People were supported to maintain their independence. One person told us, “”Oh yes, I do things for myself”. Staff understood the importance of promoting people’s independence, one staff member told us, “It’s about making their life more independent. Making it better, we are all different”.

The atmosphere in the office promoted a caring culture and staff spoke respectfully about people and with each other. We heard office staff speaking with people on the telephone. They were patient and supportive; taking time to explain to people and making sure people understood.

People told us they were treated with dignity and respect. One person said about their care worker, “Treats me with respect, never shouts”. People gave examples of how their dignity was promoted. Examples included; doors being closed, having a towel put round them during personal care and being able to do things at their own pace.

People felt included in their care and were asked about their preferences before care was offered. One person told us, “They ask and consult me”.

Is the service responsive?

Our findings

At our inspection on 13 April 2015 we found that people's care was not always regularly assessed and reviewed. People did not always have care plans in place. People's care plans did not always include up to date or accurate information relating to people's needs.

At this inspection we found significant improvements had been made. People's care plans contained up to date information and care plans had been reviewed. Care plans had been updated following reviews to ensure people's care plans reflected current needs.

However one person had recently been discharged from hospital. The person's care plan had not been reviewed or updated to reflect changes in the person's needs. Daily records showed the person was receiving support to meet the needs identified in the hospital discharge record. We spoke to the manager who agreed to complete an assessment and update the care plan immediately following our inspection.

Care plans were personalised and included information about what was important to the person. For example, one person's care plan explained the importance of the person's pet to them. 'About me' documents were in care plans and included information about people's histories, families and key events. For example, one person had details of family members who visited them and where they

liked to go with their family. One person's care plan identified the person sometimes felt lonely. The care plan identified that it was important to 'be able to trust and build relationships' and 'to feel comfortable and safe'.

People were encouraged to remain as independent as possible. Care plans included details of what people were able to do for themselves and the importance of respecting this. For example, one person had an electric wheelchair and was able to use the wheelchair independently. The care plan detailed how staff should support the person in their wheelchair.

Where people were supported to attend social activities, care plans contained details of where the person liked to go and what support the person required. Where people were able to decide on each visit where they wanted to go, care plans included detail of how to support the person to enable them make a choice about their activity.

People told us they knew how to make a complaint and would feel confident to do so. People felt issues were taken seriously and resolved in a timely manner. One person said, "Once a carer (care worker) was sick and they couldn't get another one but it was resolved amicably".

The provider had a complaints policy and procedure in place. There was a system for recording all complaints and the outcomes. We saw that all complaints had been managed in line with the organisations policy. Records included responses from the manager with an apology and explanation about what was being done to ensure the issue did not happen again.

Is the service well-led?

Our findings

At our inspection on 13 April 2015 we identified that the provider did not have effective systems and processes to assess, monitor and improve the quality of the service. Systems were not in place to mitigate the risks to people using the service. Records were not always accurate and legible. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a warning notice telling the provider to take action to meet the regulation.

At this inspection we found that significant improvements had been made. People's care records were detailed, up to date and legible. Systems to audit care plans had improved and issues identified through the audits had been addressed. Systems for scheduling and monitoring visits to mitigate the risk of late or missed visits had improved and no-one we spoke with had experienced a missed visit. Systems in place to record contact with the office had improved and staff told us appropriate action was taken when issues were reported.

However, we found that systems to monitor and mitigate the risks in relation to the management of medicines were not always effective. Audits of medicines administration records had been completed; however audits had not identified the issues we found during our inspection. For example, one person's medicine administration record had eight missed signatures although the audit showed no problem identified.

There was no system in place to monitor and compare results of audits to enable the provider to identify themes in order to improve the service.

Quality assurance systems were not always carried out in line with organisational policy. For example; quarterly carers' surveys had not been sent out. Six monthly quality reviews with people had not been completed. This meant the service did not obtain feedback from people about the quality of the service to enable them to improve.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke to the manager who showed us the plan to send out surveys during October and had clearly identified some

of the issues we had found. We spoke to the manager and care delivery director about the quality of the medicines audits. They told us they would identify training for staff completing the audits to improve the effectiveness.

People were positive about improvements made to the service. Comments included; "Very good changes"; "They have changed a lot. It is really good now" and "They always listen to my suggestions".

A manager from another location was managing the service. Staff were very positive about the manager and felt supported. Comments included: "I get on well with her [manager]. It's nice to know there's someone to talk to"; "The manager is 100%"; "The manager is approachable; I can off load" and "I could go to the manager with anything. It's been great since she's been here; it feels like someone is on our side". Staff told us the manager was available at any time and gave examples of contacting the manager when they needed advice and guidance.

There was a positive atmosphere during the inspection and we saw the manager speaking with staff, supporting them in a calm manner. The manager had introduced weekly meetings with office staff to support staff to identify priorities and to ensure staff were clear about their responsibilities for the week. We saw minutes of the meetings which clearly identified what each member of staff's duties were for the coming week. For example, one member of staff was to attend training. The minutes of the meeting identified how responsibilities would be divided to ensure the member of staff could attend.

Staff told us the new manager encouraged learning to be shared. One member of staff said, "Since the manager came learning is shared, sometimes at the morning meetings".

The manager had worked to build positive relationships with people. Where people had raised concerns the manager had taken action to listen and resolve issues. For example, one relative had on-going concerns about the quality of care and had raised several issues. The manager had invited the relative into the service to meet with the manager and staff to discuss the issues. Minutes of the meeting showed the relative had been listened to and solutions agreed. The manager had received an email from the relative thanking them for the positive way the issues had been addressed.

Is the service well-led?

The provider had reduced the number of people the service was supporting to enable them to concentrate on the improvements needed. The care delivery director advised us the provider wanted to ensure a safe, high quality service before increasing the number of people being supported.

Staff were confident to raise any concerns with the manager or provider. They were aware of the whistleblowing policy and how to use it.

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>The provider did not ensure that care and treatment was only provided with consent from the relevant person. Regulation 11.</p>

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider did not ensure care was provided in a safe way as they had not taken appropriate action to mitigate the risks associated with the safe management of medicines. Regulation 12 (1) (2) (b) (g).</p>

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider did not have effective systems in place to assess, monitor and improve the quality and safety of the service. The provider did not have effective systems in place to seek and act on feedback from relevant people. Regulation 17 (1) (2) (a) (e)</p>