

Nestor Primecare Services Limited

Allied Healthcare

Macclesfield

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?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 23 and 24 March 2016 and was announced. The provider was given 48 hours' notice of the inspection, because the location provides a domiciliary care service and we needed to be sure that someone was available in the office as well as giving notice to people who used the service that we would like to visit them at home.

Allied Healthcare Macclesfield is a domiciliary care agency that provides domiciliary care and support to a range of people in their own homes. The range of support provided includes assistance with personal care, domestic duties, laundry tasks, shopping, and meal preparation.

We previously inspected the service in May 2013 when we found they were meeting all the regulations we looked at.

At the time of the inspection there was a manager at Allied Healthcare Macclesfield but she had not yet been registered with the Care Quality Commission. The manager started her post in October 2015 and provided evidence to the inspection team that she had applied to be the registered manager, however this process had not yet been completed.

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 this inspection 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 as the back of the full version of the report.

At the time of our inspection the service was providing the regulated activity of personal care to 53 people.

The provider did not have an effective recruitment and selection procedure in place and did not carry out relevant checks when they employed staff.

The service lacked governance systems to assess, monitor and improve the quality of the service. For example, effective systems to seek feedback of the experience of people who received the service were not in place and auditing systems were not robust.

The provider had guidance in place for customer quality and care reviews. However, we found the provider did not always follow their own guidance in relation to customer quality and care reviews.

We spoke with knowledgeable staff who could tell us the signs of abuse and what they would do if they

suspected any form of abuse occurring. Risks to people were managed well to give people freedom, whilst keeping them safe.

There was a policy and procedure in place for the administration of medicines. We observed how people stored and managed medicines. In the main we found that the medication administering process was safe.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and was aware of the best interest process. People who used the service spoke highly of the staff that provided the service and said it was carried out to a very high standard.

Care was provided in a way that promoted people's dignity and respected their privacy. People received care and support that met their needs and took account of their preferences. Staff were knowledgeable about people's preferences, routines and personal circumstances.

Staff encouraged people who used the service to make decisions and choices in their lives to maximise their independence and enhance their life skills.

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 not consistently safe.

The registered provider had not ensured that recruitment procedures were established and operated effectively.

Systems were in place for recording and managing risk, safeguarding concerns, whistle blowing and incidents and accidents.

Risk assessments were centred on the needs of the individuals and provided clear instructions for staff to follow.

Is the service effective?

Good 

The service was effective.

Staff had received a thorough induction, on-going training, regular supervision and performance appraisal to ensure they were effective in their role.

Staff had an awareness and knowledge of the Mental Capacity Act 2005, which meant staff could make decisions in people's best interests if people did not have the capacity to make their own decisions.

Is the service caring?

Good 

The service was caring.

People gave a very positive reflection of the care they received.

People were treated with respect. Staff understood how to provide care in a dignified manner and respected people's right to privacy and choice.

Staff involved people in the support they received and maximised people's independence and life skills.

Is the service responsive?

Good 

The service was responsive.

People received individualised and person centred care which had been discussed and planned with them.

People were able to raise any concerns and felt confident these would be addressed promptly through regular meetings with the registered manager or senior staff.

Is the service well-led?

The service was not consistently well led.

Auditing systems were not in place, it was evident that there were gaps in the home's care planning system and significant scope for improvement.

We found the provider did not always follow their own guidance in relation to customer quality and care reviews.

Some of the people who received the service were not informed of the changes to management made by the provider.

The provider did not seek feedback from the people using the service, relatives or staff.

Requires Improvement 

Allied Healthcare Macclesfield

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 checked 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.

At the time of this inspection the manager confirmed 53 people were receiving the Allied Healthcare Macclesfield service. The inspection was undertaken by one adult social care inspector and an expert by experience. The expert by experience made the phone calls to people using 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. This expert had experience of using care services to provide care for relatives.

Before the inspection we reviewed the information we held about the service including notifications and information received from members of the public. We also invited the local authority to provide us with any information they held about Allied Healthcare Macclesfield. We used information from a Provider Information Return (PIR) which the service had returned in June 2015. This is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We used this information to help to plan our inspection.

We used a number of different methods to help us understand the experiences of people who used the service. We visited two people in their homes and we spoke with nineteen people on the telephone that used the service. We attempted to speak with the other thirty two people who used the service but some declined and others were not available when we made our calls.

During the inspection we spoke to the office staff in the branch office, including the branch manager, operations support manager, care delivery manager, administrator and four care support staff.

In the office we looked at a range of records including: four care plans; four staff files; staff training; minutes of meetings; rotas; complaint and safeguarding records; medication; maintenance and audit documents.

Is the service safe?

Our findings

People told us that they felt safe when staff provided support. "I definitely feel very safe with the staff keeping an eye on me"; "The staff makes me feel safe living on my own, because they are always visiting me."; "The staff are reliable, they let themselves in to my home using a key safe, I trust them."; "If they are running late, it's always because of a valid reason, they rarely let you down."

Through examination of records we found that recruitment and selection procedures did not meet the requirements of the current regulations.

We looked at a sample of four staff records for staff recently recruited. In three of the four files we found that there were shortfalls, such as: gaps in previous employment were not explored, and references obtained did not capture the employment details of the person providing the reference. For example we found in one file the two references obtained did not disclose the referees employment. We could not be confident the references obtained were the person's previous employees. In the second staff file, we found gaps in previous employment were not accounted for and again the references obtained did not disclose the referee's employment details.

This was a breach of regulation 19 (3) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014). The registered provider had not ensured that recruitment procedures were established and operated effectively.

We noted the four staff records contained photographic and documentary submissions to confirm the applicant's identity. An enhanced Disclosure and Barring Service (DBS) check had been completed. A DBS check provides information to employers about an employee's criminal record and confirms if staff have been barred from working with vulnerable adults and children. This helps support safe recruitment decisions.

The staff rota, our own observations and what people and staff told us confirmed that there were sufficient suitably qualified members of staff on duty to provide the agreed level of support to the people who used the service. Staff said there was "enough staff to provide the care to people" and one commented, "Sometimes staff will phone in unavailable for work, but there is always someone on the team that will pick up overtime".

Staff told us their workload was manageable and they were able to support people safely. The provider covered absences with personnel from other schemes connected to the branch.

A corporate policy and procedure had been developed by the provider to offer guidance for staff on 'Safeguarding service users from abuse or harm'; and 'Whistleblowing'. A copy of the local authority's adult protection procedure was also available for staff to refer to.

Allied Healthcare used a computer based system called 'CIAMS' to record and monitor incidents. This stands for "complaints, incidents and accidents management system". We checked the safeguarding records on

CIAMS at Allied Healthcare Macclesfield and CIAMS stored a clear audit trail of any safeguarding concerns that had been raised. The branch manager informed the inspection team that there had been one safeguarding incident in the last 12 months. Evidence for this safeguarding incident was provided and confirmed the provider dealt with this issue in a timely manner and notified CQC.

Staff had received up to date safeguarding training and had a good understanding of the procedure to follow if they witnessed abuse or had an allegation reported to them. Staff were able to describe the signs of abuse and what actions to take to ensure people remained safe.

Staff we spoke with demonstrated a good awareness of their duty of care to protect the people in their care and the action they should take in response to suspicion or evidence of abuse.

Risk assessments were centred on the needs of the individual. They included clear measures to reduce the risks to people and appropriate guidance for staff to follow. Risks were scored to alert staff when people were at high risk of particular harm. Risk assessments took account of people's environment, history of falls, levels of pain, balance, cognition, skin integrity and equipment in place.

The CIAMS system was in place to record incidents, accidents and falls and to maintain an overview of incidents. We noted two incidents had been recorded in the last 12 months. The branch manager explained once an incident was logged on the CIAMS system they had a deadline to respond to the issue.

Staff we spoke with confirmed there were systems in place to report any accidents or incidents; they said that these were acted upon very quickly by the management team.

As part of our inspection we looked at how the service managed people's medicines. We found that the service had a medication policy and procedure in place entitled 'Medication Management Policy', dated August 2014. We saw that people's medicines were stored safely in their homes. There were clear policies and procedures for the safe handling and administration of medicines.

Some people required assistance to take prescribed medicines. Where this was the case the support the person required was clearly documented in their care plan, with medication administration records (MARs) maintained and completed. MAR demonstrated people's medicines were being managed safely. Where staff administered medicines to people they had signed to record they had been given. People received their medicines as prescribed. Staff administering medicines had been trained to do so. Staff said that as well as receiving training they were observed administering medicines to ensure they were safe to do so.

We visited two people in their homes who required assistance to take prescribed medicines from the care staff. We viewed the Medicine Administration Records (MAR) sheets alongside the person's medicines and found all to be correct and accurate.

Staff told us they had received training in prompting and administering medicines, we viewed the staff training matrix which confirmed this.

One person who was supported with medicines commented; "Recently I received a call from my doctors informing me I needed to pick up a prescription for antibiotics for my bad chest. It was getting late in the evening and I was unable to pick up the medicines myself because of mobility issues. I contacted the office to explain this and within ten minutes a carer called to my door to collect my prescription and get the antibiotics I needed to help my chest, I was extremely impressed with the service considering this was not in my support time."

The provider ensured that the office premises were secure. All fire protection equipment was regularly serviced and maintained. Office staff were aware of the location of an assembly point and of the evacuation procedures.

Is the service effective?

Our findings

People told us they felt the service was effective. One person told us that they felt their needs were fully met by the staff. Comments included "All the care staff are very nice, they are all punctual and I see them as friends."; "I really couldn't survive without the staff, they are my lifeline." Another person told us, "The service I receive is alright, they will make me a cup of tea whenever I ask."

Staff told us that they were trained and supported to meet the needs of the people who used the service. Comments included "There is always training available and diplomas like the NVQ level 2 or 3 to further your development." The NVQ is a work based qualification which recognises the skills and knowledge a person needs to do a job. The candidate needs to demonstrate and prove their competency in their chosen role or career path.

A training programme was in place for all staff. We looked at the training programme for 2015-2016. Records were kept on the computer system for all staff. Each individual had a programme of training courses to complete. On-site training was accessible.

Records showed that essential training was provided annually. We saw from individual employees' records that they had received induction training in core subjects necessary to their role: fire prevention, food hygiene, health and safety, infection control, moving and handling, safeguarding, basic first aid and management of medication.

The computerised plan of training had a 'traffic light' system. This highlighted training courses that required completion or updating. For example if a person had a green light it meant their training schedule was up to date. Amber showed training was due. The red light indicated training was overdue and should be completed. The management team told us the system worked well and they were able to keep up to date with staff training.

Staff told us they received the necessary training to meet people's needs such as moving and handling, medication awareness and infection control.

All staff received regular one to one supervision and were scheduled to receive an annual appraisal. All the staff we spoke with told us they felt well supported to carry out their role. They told us, "I have my supervisions every three months, if I have a problem I can always contact the manager."; "We can speak to the manager in the office when we need assistance, they are always helpful."

The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests.

The registered manager told us that if they had any concerns regarding a person's ability to make a decision they worked with the local authority to ensure appropriate capacity assessments were undertaken. This was done to ensure a person was not deprived of their liberty.

All of the staff we spoke with demonstrated an understanding of the MCA and its principles. They were able to describe such areas as 'best interests', not restraining people and ensuring that people had a say in the care they received. Comments from staff included, "We understand the importance of gaining consent from the people who use the service, where someone lacks capacity we would ensure a mental capacity assessment is undertaken."

People had access to their own GP and appointments were arranged privately by the people who used the service or their relatives. People said they were confident that staff would support them if needed. One person we spoke with said, "My daughter deals with my health appointments, the staff are great at keeping my family informed if I am unwell at any time."

Is the service caring?

Our findings

People told us they were satisfied with the way staff supported them. When asked how they found the support, people's comments included, "The staff always take time out to chat after they have provided the care, for me this is lovely and caring."; "The care staff are fantastic, they are very helpful."; "It's nice to have the same carers coming day in and day out, they are all very caring."

Comments received from people's relatives were also found to be complimentary about the service. Comments included; "The care my brother receives is excellent, he has two designated carers and they are always punctual and understand his care needs."

Positive caring relationships were developed with people. Staff told us they valued the people who they supported and spent time talking with the people while they provided support. Two members of staff said, "We understand the needs of the people, we tend to provide care to the same people and that helps build positive relationships with the people." Another person said; "I have been working for the service for many years, I know we provide a caring service to people."

The support plans we saw demonstrated that people were involved in making decisions about the support they received. People we spoke with explained they felt involved in the support of their care and how they wanted it delivered by the service. For example one person said; "I have the same carers coming to assist me and that is how I like it."

People's preferences regarding their daily care and support were recorded and reviewed. Staff demonstrated a good understanding of what was important to people and how they liked their care to be provided, for example people's preferences about the way their personal care should be provided and how they liked to spend their time.

Without exception, everyone we spoke with said staff maintained their dignity and privacy. Staff described how they would ensure people were given privacy and how their modesty was protected when providing personal care, for example ensuring doors were closed, and not discussing personal details in front of other people.

Is the service responsive?

Our findings

Everyone we spoke with said the staff had enough time to meet their needs in the way they wanted them met. Comments from people included; "The staff will always ask how I am feeling and offer to carry out additional tasks when they finish."; "I have been with previous care agencies, but Allied has to be the best so far, they understand your needs."

The care delivery manager assessed people's needs before the support was provided. These assessments identified what people wanted their care package to achieve. Two people told us, "The management team discussed my needs and the times they would be visiting me"; "One of the managers visited me to make sure everything was in place before the care began." As soon as support began, people's assessments of their needs were developed into individualised care plans.

These plans provided the information needed by staff to ensure people's individual routines and practical needs were met. A new detailed care plan and associated documents had been introduced. This included an assessment of needs with multiple sections, with mandatory assessments and questions to be completed with the person or their representative. The new-style care plans had not yet been fully implemented for some of the people using the service. The management team explained they were in the process of implementing the new care planning system to all of the people who were receiving the service.

The service provided was person centred and based on care plans agreed with people. Care records were held at the office with a copy available in people's homes. We viewed the care records of the people we visited. People's needs were assessed and care plans completed to meet their needs. Care records were person centred and included information on people's likes, dislikes, hobbies and interests.

Record showed us that staff supported and encouraged people to express their views so they received care and support which met their individual needs and personal preferences. Care and support plans also held signed agreements from people who used the service. For example, details of how people preferred to be helped with moving around, the food they preferred to eat and specific routines regarding housework and outings. Staff followed these instructions to deliver care and support in a way that was personalised.

We discussed complaints with the branch manager. As part of the service introduction the complaints policy and procedures were explained to people and their relatives and they were encouraged to speak to the branch manager at any time. The provider had a complaints procedure entitled 'Complaints Policy', this was last updated in February 2016. The complaints policy clearly detailed the process to go through should people wish to complain. The document included expected timescales, what action was taken and contact details of the organisation. The provider also produced an easy read 'Making a Complaint' brochure for people who used the service. We noted one complaint was recorded in the last 12 months at Allied Healthcare Macclesfield. This one complaint had been addressed in accordance with the provider's procedure.

Is the service well-led?

Our findings

We asked people who used the service or their relatives if they found the service provided by Allied Healthcare Macclesfield to be well-led. Mixed feedback was received in regards to whether the service was well-led.

For example, comments received included: "The people in the office are friendly. I can always phone them when I have any problems or need to change my support time"; "I have no idea who's managing the service"; "I feel the service would benefit from keeping us up to date with what changes are going on."

Staff told us that the management was open and transparent and the management team were most approachable with an open door policy. Comments included "The change in manager has been positive, she is approachable."; "I feel confident picking up the phone when I need to discuss any problems I may have".

The previous registered manager for the service had left back in 2015. The new branch manager started her role in October 2015, and was in the process of becoming the registered manager at Allied Healthcare Macclesfield.

We asked to see the latest internal audits of the branch, however this was not provided during or after the inspection. Speaking with the branch manager she was not sure whether any internal audits had been completed.

During our inspection we found Allied Healthcare Macclesfield did not have quality assurance systems available to assess the quality of the service it was providing to people. There were no audits in place for care files or other systems of safety such as health and safety, and medication management. Allied Healthcare Macclesfield did not have systems in place to seek feedback from people using the service, their relatives and stakeholders. However we did find evidence that the field care supervisors carried out observational spot checks frequently to monitor the performance of staff employed by the service.

The provider had guidance in place for customer quality and care reviews. Annual reviews were completed by the care delivery manager and field care supervisors; it was confirmed if people's needs changed a full review of their support would be completed. The guidance stated; 'prior to arranging the visit it should be considered whether any third parties should be involved in the assessment' and 'all mandatory assessments should be fully assessed again to ascertain if the customer's risks have changed'. We found the provider did not always follow their own guidance in relation to customer quality and care reviews.

We viewed four customer quality and care reviews, three of the four reviews we viewed were partially completed. For example we found one review did not review the person's risk assessments or care plan. The review did not explore whether third parties should be involved in this person's review. We noted from this person's care records that a relative has been granted lasting power of attorney for health and welfare (LPOA) decisions, due to the person lacking mental capacity. A lasting power of attorney (LPOA) is a way of

giving someone you trust the legal authority to make decisions on your behalf if you lack mental capacity at some time in the future or no longer wish to make decisions for yourself. There are two types of LPA: for financial decisions and health and care decisions or both.

We found another review was extremely brief; and again the person's relative / representative had not been involved in the review and the field care supervisor had not explored the person's current risk assessments and care plan. The third review did not capture the date the review had taken place and many of the mandatory fields on the review were incomplete. We could not be certain that the views and needs of the people receiving a service from Allied Healthcare Macclesfield had been taken into account due to the inaccuracies of the reviews.

We discussed the annual reviews process with the management team, who were not aware of the shortfalls because of the recent changes in management. The customer quality and care review guidance stated; the branch manager was responsible for signing off the care plan; but it did not require the branch manager to review the person's annual review.

This was a breach of regulation 17 (c) of the Health and Social Care Act (Regulation Activities) 2014 Regulations). The registered provider did not have adequate systems in place to monitor the quality of the service.

There was no call monitoring system in place that made sure staff turned up to support people or stayed for the allotted time to provide care. The branch manager told us they contacted people using the service on a regular basis to make sure that staff were turning up on time and carrying out their duties, however this information was not recorded. We observed the field care supervisor and the administrator contacting people using the service and staff throughout the course of our two day inspection, making sure people received care when they were supposed to. The operations support manager told us the provider was in the process of introducing a system that will capture the times when care is being provided to people in their homes. We will assess this at our next inspection of the service.

We checked a number of test and / maintenance records at the office relating to: the fire alarm; fire extinguishers; gas installation; electrical wiring; portable appliance tests; water quality checks and hoisting equipment. All records were found to be in satisfactory order.

A statement of purpose and service user guide had also been developed. Both documents were accessible to people who used the service and their representatives.

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 17 HSCA RA Regulations 2014 Good governance The registered provider did not have adequate systems in place to monitor the quality of the service.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered provider had not ensured that recruitment procedures were established and operated effectively.