Nestor Primecare Services Limited

Allied Healthcare Peterborough

Inspection report

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13 June 2016

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This announced comprehensive inspection was undertaken on 9,10 and 13 June 2016. We gave the service 48 hours' notice of our inspection. Allied Healthcare Peterborough is a domiciliary care agency which provides personal care and support to people living in their home and children in the areas of Peterborough, Whittlesey and Holbeach. There were 76 people being supported with the regulated activity of personal care at the time of our inspection.

There was a registered manager in place during this inspection. 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 Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and report on what we find. The registered manager had an understanding that people being supported by the service who lacked the mental capacity to make day-to-day decisions should have an application to the Court of Protection made on their behalf. Some staff were able to demonstrate a sufficiently robust understanding of MCA. However, not all staff had this knowledge imbedded. This meant that there was a risk that any decisions made on people's behalf by some staff would not be in their best interest and as least restrictive as possible.

Records were in place for staff to monitor people's assessed risks, and support and care needs. Plans were put in place to minimise people's identified risks and to assist people safely whilst supporting their independence.

Arrangements were in place to ensure that people's medicines were administered safely. Records regarding the administration of people's prescribed medicines were kept. These showed that improvements needed by staff around the accurate recording of people's medicine administration were being actioned by senior staff and the registered manager.

People's nutritional and hydration needs were met. People, who required this support, were assisted to contact and access a range of external healthcare professionals to maintain their health and well-being.

The majority of people said that staff respected their choices about how they would like to be supported. However, some people felt that concerns raised around care call times, staff punctuality and preferred staff members were not always listened to or resolved to their satisfaction.

People were supported by staff in a respectful and caring manner. Staff promoted people's privacy and dignity.

Staff where needed, assisted people to maintain their links with the local community to promote social

inclusion and continue with their hobbies and interests.

People's care and support plans gave guidance to staff on any individual assistance a person required. Records included how people wished to be supported, and what was important to them and their identified goals. These records and reviews of these, documented that people and/or their appropriate relatives had been involved in this process.

There was a sufficient number of staff to provide people with safe support and care. However, people did not always receive their staff rota in a timely manner and last minute changes to their rota sometimes made people anxious. Some people experienced care calls that were later than the agreed time and this was not their preference and this, too, made them anxious.

Staff understood their responsibility to report any suspicions of harm or poor care practice. There were pre-employment safety checks in place to ensure that all new staff were deemed safe and suitable to work with the people they supported.

Staff were trained to provide care and support which met people's individual needs. The standard of staff members' work performance was reviewed during supervisions, and appraisals to make sure that staff were confident and competent to provide the required care and support.

The registered manager sought feedback about the quality of the service provided from people who used the service and their relatives. Some people did not feel listened to when raising suggestions or concerns that they had with the registered manager and office staff.

Staff meetings took place and staff were encouraged to raise any concerns or suggestions that they may have had. Quality monitoring processes to identify areas of improvement required within the service were in place.

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 always safe.

People's care and support needs were met by a sufficient number of staff. However, some people experienced care calls that were later than the agreed time.

People's medicines were managed and administered as prescribed and records were kept.

Staff were aware of their responsibility to report any concerns about suspicions of harm that people may experience.

Checks were in place to make sure that only staff who were suitable to provide care for people were recruited.

Is the service effective?

Good

The service was effective.

Some, but not all staff were aware of the key requirements of the Mental Capacity Act 2005 (MCA) although the provider was acting in accordance with the principles of the MCA.

People's health, nutritional and hydration needs were met.

Staff were trained to support people to meet their needs. People were assisted with external healthcare appointments and referrals when needed.

Is the service caring?

Good

The service was caring.

Staff were respectful and caring in the way that they engaged and supported people.

Staff respected and promoted people's right to privacy and dignity when delivering their personal care.

Staff encouraged people to make their own choices about things that were important to them to assist people to maintain their

independence.

Is the service responsive?

Requires Improvement

The service was not always responsive.

There was a system in place to receive and manage people's suggestions or complaints. Some people's concerns were not always acted upon and resolved satisfactorily.

Staff supported people, where needed, to maintain their links with the local community to promote social inclusion.

People's care and support needs were planned and reviewed to make sure they met their current needs.

Is the service well-led?

Requires Improvement

The service was not always well-led.

There was a registered manager in place.

Audits were undertaken as part of the on-going quality monitoring process to identify and make improvement.

People who used the service and their relatives were able to feedback on the quality of the service provided but these were not always responded to their satisfaction.

Allied Healthcare Peterborough

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 9, 10 and 13 June 2016, and was announced. This was because we needed to be sure that the registered manager and staff would be available. The inspection was completed by one inspector and an expert-by experience. An expert by experience is a person who has personal experience of working with or caring for someone who uses this type of care service.

Before the inspection, we asked the provider to complete and return a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. The provider completed and returned the PIR form to us and we used this information as part of our inspection planning. We looked at other information that we held about the service including information received and notifications. Notifications are information on important events that happen in the service that the provider is required to notify us about by law.

We spoke with 14 people who used the service and three relatives of people using the service. We spoke with the registered manager, the service delivery manager, a lead nurse/ clinical services, and two care workers. We also received feedback about the quality of the service provided from a representative of Peterborough City Council contracts monitoring team, a community dietician and a representative from the continuing health care team.

We looked at five people's care records, four staff recruitment files and the systems for monitoring staff training and development. We looked at other documentation such as quality monitoring, feedback surveys, staff meeting minutes, compliments, complaints, and medicine administration records.

Requires Improvement

Is the service safe?

Our findings

Care records we looked at had assessed each person needs and this helped determine how many staff a person required to assist them and the time each care call should be. Documentation we looked at showed that there were enough staff available to work to meet the number of care hours contracted /commissioned. A staff member confirmed to us that the workforce was, "Fairly stable," and the turnover of staff was low.

People using the service and their relatives had mixed opinions about staff punctuality with their care call time. One relative said, "[Staff member] is now really good …on time." One person told us that, "Staff were on time." Another relative said that, "They [staff] are mostly good…and have been okay on times." However, another person told us, "They [staff] are mostly on time but at the weekends they are not as reliable." A third person said, "In the morning they often run late." A third relative told us, "They are not always on time and this is really not good if they are doing a double up (two staff members support required) as one will arrive at 9am but cannot work until the other arrives at 915am which means we (the family) have to cover at this time. Which then means we also do this when one [staff member] leaves earlier…it defeats the object of having such a visit."

We saw that there was an electronic monitoring system in place. This system meant that staff had to 'log in' when they arrived at a care call and 'log out' when they left. The provider told us that they had an automatic 'alert' system which would flag up any staff member who had not logged in more than 15 minutes after the care call start time. They said that this monitoring system made sure that they were aware of any late care calls and could react accordingly. However, some people spoken with were concerned about the punctuality and timing of their /their family members care call.

People using the service and their relatives had mixed opinions about having consistent staff members to assist them and accurate staff rotas. Rotas were issued to inform people and/or their relatives of the named staff member(s) that would be attending the care call. One person said, "At the moment I have had a regular [staff member] and it's been good but at weekends I get some changes, but on the whole they are okay. They send me a rota. They usually write or let me know." However, another person said, "Well they are not good at sending the rotas and then when they have someone [staff member] off [on leave/sick] I don't get told. They are not sticking to the times I wanted and why should I have to chase this on the phone, they should tell me about any changes first…I don't know who is coming round. They should let me know. I'm left wondering who is calling." A third person told us, "They send us a weekly rota and put the earlier time on there. We have mentioned it to them but they still do this. The office [staff] know that one of the carers has to get away and we don't mind that one as much…but it also happens a bit too much and also with other staff. The regular [staff member] is always early. Now we are just having to fit in with them and it's becoming their standard time for this call which we did not agree to." A fourth person told us that if there were changes to their staff rota, these changes were communicated to them late. They said that this made it difficult for them to make other arrangements.

People and their relatives told us that they or their family member felt safe using the service. This was because of the care and support that was provided. One person said, "I feel safe and at ease with the staff

and they are very considerate in the house." Another person told us, "I feel at ease and they [staff] are good company."

Staff said that they had undertaken safeguarding training and records we looked at confirmed this. Where appropriate, we also saw that staff had also received training in safeguarding children. Staff demonstrated to us their knowledge on how to identify the different types of harm and report any suspicions of this or poor care practice. One person confirmed to us that, "The staff never get nasty and they know the boundaries." One relative told us, "They [staff] are generally okay and there's no safety issues or anything like that." Staff told us what action they would take in protecting people and reporting such incidents. This included external agencies they could contact to report poor care practice. We saw information, on how to report suspicions of harm, was available for staff on a communal notice board to refer to if needed. This showed us that there were procedures in place at the service to reduce people's risk of harm.

Staff demonstrated to us their knowledge and understanding of the whistle-blowing procedure. They knew the lines of management to follow if they had any concerns to raise and said that they were confident to do so. This meant that staff understood their roles and responsibility in protecting the people they supported.

People had individual risk assessments undertaken and care plans in relation to identified support and care needs. Individual risks identified included, but were not limited to; infection control; moving and handling; environmental risks; slips, trips and falls; poor skin integrity; and nutrition. The risk assessments detailed how much support staff should give to a person whilst maintaining and encouraging their independence. Care plans had documented prompts and guidance for staff about any risks identified. They also provided staff guidance regarding the assistance and monitoring people needed in respect of these. Staff we spoke with demonstrated knowledge of the people they supported who were assessed to have risks, and the actions to take to make sure that these risks were minimised. We found that people had environmental risk assessment of their home and utilities in place as a prompt for staff. There was also a business contingency plan in the event of a foreseeable emergency. This showed that there was information for staff in place to assist people to be evacuated safely in the event of an emergency. However, we noted that people's food and fluid charts did not record the exact amount eaten. This meant that detailed monitoring records were not always kept in response to the person's assessed risk.

The majority of people we spoke managed their medicines themselves. People who were supported by staff with their medicines told us that they had no concerns. One person said, "They [staff] do some of my tablets and they do them right…they make a note to make sure they get taken." Staff who administered medicines told us, and records confirmed that they received training and that their competency was checked. We saw records of administration were kept and where improvements in this record keeping had been identified, this was being addressed with the staff member involved. This meant that the provider had put in place checks to ensure the safe management of people's prescribed medicines.

During this inspection staff said and records confirmed that pre-employment safety checks were carried out prior to them starting work and providing care. Checks included references from previous employments. A criminal record check that had been undertaken with the disclosure and barring service, photographic identification, proof of current address, and any gaps in a staff members previous employment history had been explained. These checks were in place to make sure that staff were of a good character and that they were deemed suitable to work with people who used the service.

Good

Is the service effective?

Our findings

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. We spoke with the registered manager about the MCA and Court of Protection. We found that they were aware that they needed to safeguard the rights of people who were assessed as being unable to make their own decisions and choices. The registered manager told us that during this inspection no one being supported by the service lacked the mental capacity to make day-to-day decisions. This meant that there had been no requirements to make applications to the Court of Protection.

Staff and records showed that staff had training on the MCA. One staff member said, "It is about assessing the person, assessing their abilities and understanding that they do have abilities. People can still make choices. It is about looking and assessing the needs of the individual…don't just put restrictions on a person." However, on speaking to some staff we noted that their knowledge about the MCA was not always embedded as they were unable to tell us how people could be supported in their best interest and with the least restrictions. The lack of understanding from some staff increased the risk that any decisions made on people's behalf by staff would not be in their best interest and as least restrictive as possible.

People told us that where appropriate, they were supported by staff with the preparation of meals and drinks. One person said, "They [staff] do some meals for me and I have [brand name] meals so they just get them ready." Another person told us that staff, helped them with their meals and this was," Mainly done okay." A third person said, "They [staff] do me some meals and they set them out nicely and tidy up."

Staff said that when they first joined the team they had an induction period which included mandatory training and shadowing a more experienced member of staff. Staff also had a supervision meeting after their first shift to review how they got on. This was until they were deemed confident and competent by the registered manager to deliver effective and safe care and support. On relative told us that, "Sometimes we have a trainee with the other carers and they watch and it's very good to be introduced that way."

Staff told us about the training they had completed to make sure that they had the skills to provide the individual care and support people needed. This was confirmed by the record of staff training undertaken to date. Training included, but was not limited to; moving and handling; safeguarding adults; safeguarding children; management of medicine; emergency aid; equality and inclusion; and fire safety. Specialist training was also undertaken for staff supporting people with specific health care conditions and needs. One person told us that, "One of the regulars [staff] told us last week she was on a course refresher and she said it was to make sure that they have the latest information." An external health care representative confirmed to us that the service was proactive at sourcing training and ensuring that all staff members completed their training. This meant that staff were supported to develop the necessary skills to perform their work effectively.

Staff members told us they enjoyed their work and were supported. Staff said they attended staff meetings and received formal supervision, competency checks and appraisals to review their skills and develop their knowledge. This showed us that staff were supported to develop and maintain their skills.

People told us and records showed that staff supported them to contact or visit external healthcare professionals if needed. The provider had an early warning alert system in place which staff used to identify people who required this type assistance. One person confirmed to us that staff had alerted them to any need for medical support. Another person said, "They [staff] will alert me if the doctor is needed." This meant that staff supported people to contact external healthcare professionals when required.

Good

Is the service caring?

Our findings

People and their relatives had positive comments about the care provided. One person said, "They [staff] are very good and I'm quite satisfied." Another person told us, "It's a good service." A third person said, "Oh, I'm very happy with the help they give me."

Staff told us how they respected people's choice about how they wished to be assisted. This was confirmed by the majority of people we spoke with. However, one person said, "I told them [office staff] I would not have men [staff members] except if it is very exceptional, but men [staff members] call too often and though they are good it is not what I want. Nothing gets said by them [office staff] when it happens as and when. It's just not respecting my choice."

People's care records showed that staff had taken time to gather the outcomes and goals that people wanted to achieve; for example to maintain their independence as appropriate. These were then taken into consideration when planning all aspects of their care. Care reviews took place to make sure that people's care and support plans were up-to-date and met people's current needs. One person said, "I discussed it [their care needs] at the start with the lead nurse and they did the care plan and it's got my needs [recorded] and I was agreeable to it. They have pretty much kept to it." Another person told us, "They came out and spoke with me (to write the care plan) and I was quite agreeable to it. They [staff] generally keep to it." One relative said, "They do a review each year." Records we looked at documented that people, and/or their appropriate relatives were involved in these reviews of their care.

We were told that staff supported people in a caring and respectful manner. One relative said, "I get on well with them [staff] and we can have a laugh and a joke." One person told us, "They [staff] are pleasant and it [support] is done right and they take the time to do it right." Another person said, "The care staff are polite and respectful and we have a laugh and a joke." A third person confirmed to us that staff were, "polite and respectful."

Staff told us how they promoted people's privacy and dignity when supporting them. Staff were able to demonstrate their knowledge of the different ways they would support a person with their personal care whilst maintaining their privacy and dignity. This was confirmed by the people we spoke with. One person said, "My wash is done with dignity…they tell me at each stage what they are doing if it's needed, but if there is anything untoward they alert me of anything." Another person told us that their personal care was, "done with dignity." This meant that staff were aware that they needed to promote the dignity and privacy of people they assisted.

Advocacy services information was available for people and their relatives should they wish to access this information. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Requires Improvement

Is the service responsive?

Our findings

People had mixed comments about the way that concerns raised with the service were dealt with. One person said, "I would tell them if I am not happy. They respect me and we are on good terms. I can get in touch okay. The office staff are nice enough." Another person told us, "I've no complaints." However, some people and their relatives said that concerns raised around staff punctuality, preferred care call times, and preferred staff members was not always listened to, responded to, and resolved. One person told us that a staff member they had asked not to call, was selected to cover their care call at short notice. They said that they had made a complaint about this but felt that provider had not respected how this made them feel. This issue was discussed with the registered manager during the visit. A third person said, "I've not managed to sort things out with the problems when we have met up." One relative said, "I have complained about some things but they are a very close group and it gets back to us if they do think we have complained…and the office staff often are care staff as well so we feel a bit wary of complaining…they are just a bit too close knit as a team to accept criticism."

People's care and support needs were assessed and planned by the provider to make sure that they could meet people's individual needs. This was assessed by a member of staff and in conjunction with the person. A support and care plan was then put in place to provide prompts for staff on the support and care the person needed. Reviews were carried out to ensure that people's care and support needs remained up to date and provided guidance for the staff that supported them. This was confirmed by people we spoke with. Records showed that these reviews took place with the person and/or their appropriate relative. Staff confirmed to us that if they felt that the care and support plans needed updating to reflect people's current needs, they would contact the office based staff and said that this would be actioned.

People's support and care plans detailed how many care workers should attend each care call and they guided staff about how people wished to be supported during the care call. This helped care staff to be clear about the support and care that was to be provided. Daily notes were completed by care staff detailing the care and support that they had provided during each care visit. We saw samples of detailed notes which were held in the service's office.

People, where needed, were supported by staff with their links to the local community. One relative told us, "They [family member and staff member] go out and may go to the gym, sailing, even now adapted cycling, and the shops. They take in a meal on [named day]." This meant that staff supported people, where needed, with their links with the local community and promoted social inclusion.

Requires Improvement

Is the service well-led?

Our findings

People and their relatives had mixed opinions about the quality of communications. Some people did not feel listened to when raising suggestions or concerns that they had with the registered manager and office staff. One person said, "They have been good if I have rung them to change them or for more carers to come more often." However, another person told us that, "The office [staff] seem to get muddled but the care is good." A third person told us that, "They [staff] are generally very good but their communication is not good…between me and them, and between their staff or back to me."

We saw that the registered manager sought feedback about the quality of the service provided from people using the service and their relatives. Improvements noted included people being informed of changes to their staff members and times of calls, including when staff were running late. However, some people we spoke with told us that they were still experiencing these concerns.

There was a registered manager in place. They were currently being supported by care and office staff.

Arrangements were in place to monitor and audit the quality of the service provided. These audits included, but were not limited to; people's daily notes and medicine administration records. An organisational audit had also been undertaken to look at the service overall. Where improvements required had been found on audits undertaken, we saw that actions to be taken were recorded and being worked on.

All staff spoken with confirmed that their role was to give people the best care they could. They told us when asked, that the registered manager promoted a culture that looked to improve the service provided. One staff member said, "Our values are to be caring, accurate, report problems and be a culture that listens." Another staff member told us, "It is about getting it right for the [person] so that they can stay in their own home."

Staff said how they could make a suggestion to the registered manager and feel listened to. They gave us examples of this and how their suggestions had been implemented. This, they said, helped make them feel supported. Records we looked and staff confirmed that staff meetings were held. We saw that these meetings were also used as opportunities to update staff on the service provided, service development, and people's care and support needs. We also saw that there was an organisational award that staff could be nominated for in recognition of their work called 'shining star'. We noted that some staff at Allied Healthcare Peterborough had achieved this award.

The registered manager had an understanding of their role and responsibilities. They were aware that they were legally obliged to notify the CQC of incidents that occurred while a service was being provided. Records we looked at showed that notifications were being submitted to the CQC in a timely manner.