Allcare Nurses Agency Limited

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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

Allcare Nurses Agency is located in Blackburn Lancashire. The agency is registered to provide nursing care and support to adults and children with complex medical needs in their own home.

The service were last inspected on the 16 August 2014 when they met all the regulations we inspected.

The service did not have a registered manager. The current manager had applied to the Care Quality Commission (CQC) to become registered and was awaiting an interview. A service cannot be judged as good in this domain if there is no manager registered with the CQC. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff were aware of and had been trained in safeguarding procedures to help protect the health and welfare of people who used the service.

Risk assessments for health needs or environmental hazards helped protect the health and welfare of people who used the service but did not restrict their lifestyles.

Plans of care were individual to each person and showed staff had taken account of their wishes. Plans of care were regularly reviewed.

People who used the service had complex needs and staff were trained in how to support each individual. We saw details in the plans of care for how staff should support people to take sufficient food and fluids.

People who used the service had access to a range of activities they enjoyed and included exercise to keep healthy.

The agency asked for people's views around how the service was performing and we saw evidence that the manager responded to their views.

There was a suitable complaints procedure for people to voice their concerns. There had not been any major concerns since the last inspection.

We observed a good rapport between people who used the service and staff. We saw that staff appeared to know people well and understand their needs. This included the complex communication needs of people who used this service.

Staff were recruited using current guidelines to help minimise the risk of abuse to people who used the service.

Staff were trained in medicines administration and supported people to take their medicines if it was a part of their care package. Some staff received training to give medicines for epilepsy when required.

Staff received an induction and were supported when they commenced work to become competent to work with vulnerable people. Staff were well trained and supervised to feel confident within their roles. Staff were encouraged to take further training in health and social care topics.

Management conducted audits to ensure the service was performing well or devised an action plan for any area they found lacking.

The office was suitable for providing a domiciliary care service and was staffed during office hours and there was an on call service for people to contact out of normal working hours.

People who used the service thought managers were accessible and available to talk to.

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. There were systems, policies and procedures in place for staff to protect people. Staff had been trained in safeguarding issues and were aware of their responsibilities to report any possible abuse.

Arrangements were in place to ensure medicines were safely administered. Staff had been trained in medicines administration and had their competency checked regularly.

Staff had been recruited robustly and there were sufficient staff to meet the needs of people who used the service.

Is the service effective?

Good

The service was effective. This was because staff were suitably inducted, trained and supported to provide effective care.

Senior staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

People who used the service were supported to follow a healthy eating lifestyle if this was part of their care package. People were supported by staff who had been trained in food safety.

Is the service caring?

Good

The service was caring. People who used the service and their family members told us staff were trustworthy, flexible and kind.

We saw that people who used the service, family members and other professionals had been involved in developing their plans of care. Their wishes and preferences were taken into account.

We met two people who used the service at a day centre where we observed and talked to two staff members. We saw that staff had a caring and professional attitude.

Is the service responsive?

Good

The service was responsive. There was a suitable complaints

procedure for people to voice their concerns.

People were asked their opinions in surveys, management reviews and spot checks. This gave people the opportunity to say how they wanted their care and support.

People were supported to attend activities suitable to their age and gender.

Is the service well-led?

Requires Improvement

The service was not always well-led. The service did not have a registered manager. The current manager had applied to the Care Quality Commission (CQC) to become registered and was awaiting an interview. A service cannot be judged as good in this domain if there is no manager registered with the CQC.

There were systems in place to monitor the quality of care and service provision at this care agency.

There was a recognised management structure that staff were aware of and on call staff for people to contact out of normal office hours.

Healthwatch Blackburn with Darwen and the local authority contracts and safeguarding team did not have any concerns about this service. The registered manager liaised well with other organisations.

Allcare Nurses Agency Limited

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.

In accordance with our guidance we told the provider we were undertaking this inspection to ensure someone was in the office to meet us. This announced inspection took place on the 08 and 09 March 2016 and was conducted by one inspector.

This service supports people who live in their own homes or provided support in other settings such as a day centre. We looked at the care records for five people who used the service (three at the office and two at a day centre). We also looked at a range of records relating to how the service was managed; these included training records, recruitment, quality assurance audits and policies and procedures. People who used the service had complex needs and could not communicate with us verbally. We spoke with a family member, four members of staff and the manager

Before this inspection we reviewed previous inspection reports and notifications that we had received from the service. We did not request 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.

We also asked Blackburn with Darwen Healthwatch and the local authority safeguarding and contracts departments for their views of the service. No concerns were raised.

Good

Is the service safe?

Our findings

A family member told us, "I think staff are very careful to keep people safe in all they do." Two staff members we spoke with said they had received training in the protection of vulnerable people and they knew what to do to raise any issues. Staff told us, "I am aware of the whistle blowing policy and would not be afraid to report poor practice" and "I am aware of safeguarding issues and would use the whistle blowing policy if I had to."

We saw from the training matrix and staff files that staff had received safeguarding training. Staff had policies and procedures to report safeguarding issues and also used the local social services department's adult abuse procedures to follow a local initiative. This procedure provided staff with the contact details they could report any suspected abuse to. The policies and procedures we looked at told staff about the types of abuse, how to report abuse and what to do to keep people safe. The service also provided a whistle blowing policy. This policy made a commitment by the organisation to protect staff who reported safeguarding incidents in good faith. There was also a copy of the 'No Secrets' document for staff to follow good practice. The service had reported one safeguarding incident which meant the manager knew how to follow the procedures.

A relative told us, "The staff turn up when they are supposed to so they are reliable that way. We usually get the same staff who know him well. The agency are reliable but there can be times when there are issues, but they have always worked things out. The care usually goes very smoothly". There were sufficient numbers of staff to meet people's needs.

We looked at three staff records and found recruitment was robust. The staff files contained a criminal records check called a Disclosure and Barring Service check (DBS). This check also examined if prospective staff had at any time been regarded as unsuitable to work with vulnerable adults. The files also contained two written references, an application form (where any gaps in employment could be investigated) and proof of address and identity. The checks should ensure staff were safe to work with vulnerable people. A member of staff said, "They did all the checks and got references before I started work."

We looked at three plans of care in the office and two when we visited staff and people who used the service in the centre where they spent their day. Plans of care contained risk assessments for personal risks such as any equipment used, medical emergencies or communication issues. There were also risk assessments for the environment, for example, any possible hazards in people's homes, at the day centre or when they used the hydrotherapy pool. Staff signed the documents to show they were aware of the risks. People who used the service were risk assessed to keep them safe not to restrict the things they did. There was guidance in care plans for any specific conditions such as the use of drugs for epilepsy or feeding needs. This also helped to keep people safe.

We saw from the plans of care that families had signed their consent to care and treatment for people under the age of eighteen and also following meetings with staff, families and professionals for people over the age of eighteen.

Equipment in the office had been tested to ensure it was safe. This included a Portable Appliance Test (PAT) for computers and other electrical equipment. There was a fire alarm and extinguishers to use in the event of a fire and the alarms were tested frequently to ensure they were in good working order. Extinguishers were serviced regularly by a suitable company. The building was owned by a property company. The manager told us any faults or repairs were quickly attended to.

From looking at the training matrix and staff files we saw staff had been trained in the safe administration of medicines. Most staff had been trained to the higher level three training which meant they should be able to safely administer medicines. Dependent upon the care package staff may or may not have to administer medicines. Plans of care clearly showed what involvement staff had and any medicines staff did give were recorded in a Medicines Administration Record (MAR). We looked at two plans of care in which the MAR records were stored. We saw there were no gaps or omissions and staff administered the medicines in the prescribed way and at the correct times. Staff had access to the British National Formulary and a pharmacist for any advice they needed about medicines. Managers also undertook competency checks to make sure staff were following the correct procedures.

We saw that for the two people we visited families were responsible for the ordering, storage and disposal of medicines. People lived in their own homes with family support and usually relied on them to keep a stock of their medicines.

Some people had complex needs and not able to verbally communicate. We saw very clear guidance for staff around pain relief by known body language characteristics or the sounds people may make. This meant they were able to have any pain controlled. People may also require their medication to be given via a tube. There was also good guidance for any medicines administered in this way.

People who used the service lived in their homes with family support. Family members were responsible for infection control. However, part of the staff's training package included infection prevention and control. Staff were also issued with personal protective equipment (PPE) such as gloves and aprons. We saw one member of staff used gloves when undertaking a necessary procedure on a person which showed us staff were aware of the importance of protecting themselves and others from possible cross infection.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

People in their own homes are not usually subject to DoL'S. However staff were trained in the MCA and DoL'S to ensure they were aware of the principles. The manager told us they would report any suspected deprivation of liberties to social services as a safeguarding concern.

The people who used this service had very complex needs and had support from other agencies and specialists to ensure any care they received was in their best interests. Family support was key to their well-being and provided information to all the organisations involved in the support of their child or young adult. Care was also monitored at day centres and though multi-disciplinary meetings. The manager told us they had attended a best interest meeting, which meant she understood the process.

People who used the service also had access to a wide range of professionals for their health and social needs. This included specialists in learning disability, dieticians and social services staff.

Each person had a weekly schedule of their activities or where they were going and the service audited visits to make sure staff were punctual and stayed for their allocated times.

A relative told us, "On the whole staff know what they are doing. New staff are brought in from time to time but if they are not ideal they will change them." New staff were given an induction when they commenced working at the agency. Part of the induction process was to match staff with the people they were to look after. All new staff were enrolled on the care certificate, which is considered best practice training for people new to care and once completed would be encouraged to undertake further training in health and social care. The induction included the completion of a work book so managers were aware of the capabilities of staff. A staff member told us, "The induction was very useful. It gave me the confidence to care for the people I look after."

Staff received training regularly to keep them up to date in caring for people with a learning disability and complex health needs. Training included infection control, safeguarding, medicines administration, fire

safety, food safety, moving and handling, first aid, basic life support and health and safety. Further training was given to some staff around communication, nutrition in health, managing diabetes, epilepsy, the prevention of pressure sores, peg feeding, Autism and end of life care. One staff member said, "I feel I have enough training to do the job. Some of what we do can only be learned on the job. It took me two weeks to understand the communication needs of one person I look after."
Two staff members said, "We are very well supported" and "I had supervision last week. It was a two way process and I brought up what training I thought I needed." Staff were appraised once a year and formally supervised regularly. Staff were able to talk about their careers and training needs.

Trained staff were clinically supervised by the provider, manager and care co-ordinator and given assistance to complete the necessary training to maintain their registration with the Nursing and Midwifery Council.

The office was located on the outskirts of Blackburn. The office was equipped to deal with day to day office management, for example, computers with email access, telephones and other office equipment such as a photocopier. There was a room available for private meetings or to hold staff training sessions. There was at least one staff member always available to take calls and co-ordinate care during office hours and an on call service out of hours.

Staff were trained in safe food hygiene and nutrition. People lived in their own homes with family support and could eat what they wanted. The manager told us staff would contact the office or a social worker if a person's nutrition was poor but if they had mental capacity it was each individual's choice what they ate. Likewise staff could only advise people about safe food hygiene. The people we visited were in a day centre and their intake was monitored by staff whilst they were there.

We saw there was good guidance for any person who required enteral feeding, including the amount of fluids they needed to supplement their diet. There was also guidance on how to use any equipment and how to care for it. This included the cleaning and flushing of any tubes. Staff recorded people's weights so they could report any weight loss or gain to family members or other professionals.

Good

Is the service caring?

Our findings

One relative told us, "Staff are very kind with [my relative] and I communicate well with them too. The good staff know how to communicate with him by sounds and body language and make sounds back which he likes."

We observed how staff interacted with people who used the service when we visited them in a day centre. We were given the use of a private room where we could talk to staff and unobtrusively watch how they responded to people's needs. Both people who used the service did not respond verbally in the usual manner. The experienced staff who were supporting each individual could tell what the person wanted either by sounds or body language. Both staff members knew the person they were looking after very well. They were kind yet professional in the way they looked after each person.

We saw one person needed necessary care whilst we were talking and saw the care staff member gave the care in a way which protected the person's dignity.

We saw that plans of care detailed people's personal choices and routines. There was a document called 'This is Me'. This gave staff detailed information about people's likes and dislikes, what made them happy or sad, who they liked to have contact with and what hobbies or activities they wanted to do. Staff signed to say they had read the care plans. This meant that the support given was what the person wanted and staff protected them from the things they did not like such as loud noises.

We noted all care files and other documents were stored securely to help keep all information confidential.

Good

Is the service responsive?

Our findings

A relative said, "If you have any concerns they will listen to you. They take notice of what you say and act on it. We have always reached a satisfactory conclusion. Nothing is ever perfect but we have always been able to work things out." We saw that each person had a copy of the complaints procedure within their documentation. This told people who to complain to, how to complain and the time it would take for any response. The procedure also gave people the contact details of other organisations they could take any concerns further if they wished including the Care Quality Commission (CQC). No complaints had been made to the CQC or to the service.

Prior to using the service each person had a needs assessment completed by a member of staff from the agency. Social services also supplied details about a person's needs. The assessment covered all aspects of a person's health and social care and had been developed to help form the plans of care. The assessment process ensured agency staff could meet people's needs and that people who used the service benefitted from the placement.

We looked at three plans of care in the office and two plans of care in the day centre. Plans of care had been developed with family members who knew best what people liked, staff from their experience of looking after people and allied professionals such as day centre staff. This ensured each person's care was tailored to meet individual expectations.

Plans of care were divided into headings, for example personal care, communication, pain relief and medication. Each section had what the need was, what the gaol was and a lot of details around how staff could support them to reach the desired outcome. The plans were regularly reviewed and updated. The two staff we spoke with understood their responsibility in informing management and other staff of any changes and updating the information into the plan of care. There were detailed descriptions of any equipment a person may use. One person required oxygen and a full section of the plan explained to staff the safe usage and risks involved. There were photographs of a profiling bed and the positional changes needed for one person to keep them comfortable. Plans of care contained sufficient health and personal details for staff to deliver effective care.

There was a weekly schedule of the activities people liked to do. We saw people attended hydrotherapy sessions, sensory therapy and had pamper sessions. Other activities included arts and crafts, bakery, electronic games, relaxation and attending a social club. We saw from plans of care that activities were individual to each person. One person liked being read to, having a foot massage, using flash cards, riding a trike and bicycle and exercise based activities. The service were looking at more age related community based activities for this person.

The service had a business continuity plan to ensure people could be cared for if there was an emergency at the service. This included how the service would respond if the office could not operate for emergencies such as electricity failure or bad weather.

We saw the service liaised well with other organisations such as social services. We contacted the local authority and Healthwatch. Neither responded with any concerns.

Requires Improvement

Is the service well-led?

Our findings

The service did not have a registered manager. The current manager had applied to the Care Quality Commission (CQC) to become registered and was awaiting an interview. A service cannot be judged as good in this domain if there is no manager registered with the CQC. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

A family member said, "We have very good communication with the staff and managers. You can always get hold of someone. There are on call staff and you can contact the office. I would hate for them to pull out. They are like my right arm. They are a good service, better than the last one we had." Two staff members said, "The service is really good. You can get hold of the managers whenever you need to. I would be happy for a relative of mine to use the service. I like working for this company, they are good to work for" and "I feel we are well supported and supervised. I would feel all right with Allcare looking after a family member. We have a good staff team." People who used the service and staff thought managers were approachable and available to support them. All the staff we spoke with said they supported and complimented each other. There was a recognised management structure staff could understand and were aware of.

We saw that staff had access to policies and procedures to help them with their practice. The policies we looked at included complaints, confidentiality, equality and diversity, health and safety, safeguarding, lone working, medicines administration, the Mental Capacity Act, recruitment and infection control. The policies had been regularly reviewed to keep staff up to date with any guidance.

The manager, provider and senior staff member undertook quality assurance checks such as spot checks for staff competency, medicines competency, auditing staff had been to visit at the right time and spent the right number of hours at people's homes, supervision, training and care plans. The care agency undertook sufficient audits to ensure the service was working well. The care co-ordinator undertook spot checks on staff to check they were following safe practices or wearing the correct uniform but also to spend time in people's homes to discuss their care package and update plans of care.

Staff meetings were held regularly. Staff were invited to bring up topics they wished to and we could see from the agenda of the last two staff meetings that discussion was held around the care people who used the service needed, training, induction, holidays, the correct use of timesheets and the on call rota. We saw from one meeting a member of staff received extra training on the care of an individual. Staff were able to be involved in the running of the agency.

The service had achieved accreditation with investors in people, a company involved in the quality of first aid provision and the City and Guilds Centre. The service were also members of industry organisations to keep abreast of current trends and best practice.

Each person received a statement of purpose (SOP) when they commenced using the service. This told

people the aims and objectives of the service, the qualifications and experience of staff, quality assurance procedures and the contact details to use for the office and out of hours service. The service user guide contained within the SOP told people all about the services and facilities they could expect from the care agency.

The service sent out quality assurance questionnaires to families and people who used the service and seven people returned them. We could see that from the results of the last survey people were satisfied with staff following the care plan and it was regularly updated, staff treated people with dignity, respect and privacy and care was good. One person said, "New staff should learn to interact more but this comes with knowing the person" and "After talking things over with staff they responded and the care was better." The manager analysed the results and formulated a plan to improve the service such as further training around communication.