

Nestor Primecare Services Limited

Allied Healthcare Beccles

Inspection report

Hipperson Mews, 53a Station Road, Beccles, Suffolk
NR34 9QH
Tel: 01502 714405
Website: www.alliedhealthcare.com

Date of inspection visit: 8 December 2015 and 6
January 2016
Date of publication: 22/02/2016

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

This inspection took place on 8 December 2015 and 6 January 2016. The first day of the inspection was unannounced.

The service provides care and support to people in their own home and at the time of our inspection was supporting approximately 420 people.

There was a registered manager in place. 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.

Care staff received training in keeping people safe and there clear procedures for staff to follow if they had concerns about a person's safety or welfare. The supervision of care staff was inconsistent which meant that the management team did not have a full understanding of the attitudes, values and behaviours of staff providing care. There was lack of oversight to ensure the structure and systems were working effectively.

Care, and support plans reflected people's needs. However, due to the service allocating some care visits one directly after another with time not always allowed for travel and punctuality of care staff was a concern for people.

Summary of findings

Where the service was responsible for administering people's medicines this was not always carried out as prescribed.

The quality of the service was monitored by quality assurance surveys and audits. However, actions taken to address identified issues were not always effective or sustained.

Risks associated with the provision of care experienced by people receiving care or those providing the care were assessed and reviewed regularly.

People told us they had developed good relationships with their carers. They were supported to receive adequate food and drink.

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 consistently safe.

People did not always receive their medicines as prescribed.

There were arrangements to protect people from the risk of abuse.

There were sufficient staff to meet the needs of people using the service, with appropriate recruitment procedures in place to ensure that they were suitable.

Assessments were undertaken of risks to people who used the service and staff. Written plans were in place to manage these risks.

Requires improvement



Is the service effective?

The service was not consistently effective.

Staff received training but supervision and appraisal was not consistent and did not drive improvement.

The service complied with the Mental Capacity Act.

Where required people were supported to eat and drink and maintain a balanced diet.

The service had a system for encouraging staff to notice changes in people's health and made appropriate referrals.

Requires improvement



Is the service caring?

The service was caring.

There was a consistency of staff which allowed caring relationships to develop.

People were supported to express their views through regular reviews of their care.

People's privacy and dignity was respected in the majority of cases.

Good



Is the service responsive?

The service was not consistently responsive.

Care staff were not always punctual.

Concerns and complaints were not used to drive improvement.

People's needs were assessed and a care plan written but this was not always referred to by staff before providing care.

Requires improvement



Is the service well-led?

The service was not consistently well-led.

Requires improvement



Summary of findings

The management team were not fully aware of the attitudes, values and behaviours of staff.

Quality assurance surveys were in place but measures to address shortfalls were not effective and improvement were not sustained.

Allied Healthcare Beccles

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 8 December 2015 and was unannounced. Subsequent visits to people in their homes on 6 January 2016 were carried out in the company of a member of staff.

The inspection team consisted of two inspectors and 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. Our expert had experience of caring for older people.

Before the inspection, the provider completed 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 improvement they plan to make. We sent out questionnaires to people about their experience of the service, and received 14 replies. We also reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people the service supported. We also checked to see if any information concerning the care and welfare of people being supported had been received.

During our inspection we visited the offices of Allied Healthcare Beccles where we looked at the care records of five people, training and recruitment records of staff members and records relating

to the management of the service. We visited four people in their own home accompanied by a member of Allied Healthcare Beccles staff. We spoke with 11 people receiving care and support from the service and six family members on the telephone. We also spoke with the registered manager, the quality and community engagement manager, the operations manager and seven members of care staff.

Is the service safe?

Our findings

People told us they felt safe whilst receiving care in their home. All of people who replied to our questionnaire said they felt safe from abuse and or harm from their care and support workers.

Staff told us they had safeguarding training. A safeguarding policy was available and staff were able to describe signs of potential abuse and were clear about the relevant reporting procedures. They were also aware of the service's whistleblowing policy, and told us that they would be confident to report any concerns to the registered manager. There were clear guidelines on professional boundaries that staff were expected to follow. Discussion with staff and a review of records showed that safeguarding incidents were addressed appropriately with referrals and investigations being carried out.

The service's risk assessment and care planning procedures assessed any risks to a person's safety or wellbeing for example in areas such as falling, nutrition or pressures ulcers. Where appropriate, actions to mitigate risks were put in place for example the provision of appropriate moving and handling equipment. As part of the service's assessment process an environmental risk assessment was completed. This helped identify any potential hazards in a person's home both to the person and to staff providing care. Records showed that risk assessments were reviewed each year or more frequently if circumstances changed.

Recruitment processes were followed that meant staff were checked for suitability before being employed by the service. Staff records included an application form, two written references and a check with the disclosure and barring service (DBS). The DBS helps employers make safer

recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff confirmed this process was followed before they started working for the service.

The service used a computer system to manage the staff rota and allocate visits. This system was used to ensure that, as far as possible, people received care and support from a regular team of care staff. One person told us that they received their care from regular carers who knew their needs. People received a list of who would be visiting them the following week to provide their care. This provided people with reassurance that they knew who would be coming to their home. However, some people told us that the list sometimes contained gaps and that they were not told who to expect to visit or if the gaps had been filled and this caused them concern.

People were mostly satisfied with the support they received with their medicines. The relatives of one person explained how the service had responded to ensure their relative was safe when they had found it increasingly difficult to manage their medicine independently. However, another person told us their medicines should be given at regular times but because of the poor time keeping by care staff this was not always the case. The relatives of another person told us that their relative had missed the medicine that they took once a week for the past two weeks. This meant that we were not assured that people were receiving their medicines as prescribed. We asked the quality and community engagement manager how the service's quality assurance systems would identify this problem in a timely manner. They could not provide us with confirmation that this would be identified and addressed promptly.

Staff had received training in administering medicines. The service had a policy and procedure for the administration of medicines. Staff providing support in this area had received training on the administration of medicines and evidence of this was found in the staff records.

Is the service effective?

Our findings

People's views about the skills and experience of those providing their care varied. For example one person said, "I think they are trained to a satisfactory level for my needs." Another person said, "I have no issues at all about their skills, they do a good job." However, another person said, "They are not all good. Some are. When I get a good one I try to keep them [carer] but that's not always possible." Another said, "Some of the workers are great at what they do but others seem to have their eyes on the clock."

It was not clear how the service ensured that staff were supervised adequately to ensure that their competency and application of their learning was effective. The service had a performance management policy which addressed staff supervision and appraisal. There was also a staff handbook. The timescales for supervisions and appraisals were different in the policy to that in the handbook. Records we looked at showed that some staff had not received supervisions in accordance with either timescale. One person had received one supervision in 2014 and one in 2015, another one supervision in 2015 and two in 2014. The performance management policy also detailed how the appraisal should be used to develop and improve performance. The appraisals we looked at did not do this. In one appraisal under the section entitled 'My commitment to improve' the care worker had recorded, 'None at the moment', another care worker's supervisor had recorded, 'Doesn't feel that [carer] needs to improve.' This did not demonstrate a commitment to achieving best practice and a drive for improvement and may account for the variations in the quality of the service.

This was a breach of Regulation 18(2)(a) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Despite shortfalls in monitoring staff work, we found they did have access to training relevant to the needs of the people they cared for. Staff felt they received the support and training they required to carry out their role. One care worker said, "We do a lot of training. Whatever I am interested in I can get training in." Before providing care new staff underwent training which included medicines, safeguarding, emergency aid, supporting people to eat and

drink well, dementia, health and safety including security and lone working. Care staff then undertook a 12 week probation period supported by a designated care coach. The probation period also included regular spot checks and reviews of performance. This ensured that new staff had the skills required to meet people's care needs.

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. We checked whether the service was working within the principles of the MCA and found that they were.

Staff had completed training in the MCA. They understood the importance of gaining people's consent to the care and treatment. Care planning considered people's capacity to make decisions about their care and treatment and their ability to give informed consent.

People were supported to access food and drink of their choice and were satisfied with the support they received in this area. One family member said, "There always seems to be a drink handy when we've called to see my relative." Staff were aware of safe food handling practices, and assisted people to ensure that they had access to enough food and drink. They were aware of people's food preferences. They supported people to prepare meals of their choice. They were aware people's dietary requirements for example in relation to diabetes.

Most people told us that they arranged their own appointments with care professionals such as GP's, dentist and chiropractor. However, the service operated a system called the 'early warning system' which encouraged care staff to report any changes in the health or abilities of the person they were supporting to the office. Appropriate referrals were then made and followed through to ensure the person received the required support.

Is the service caring?

Our findings

Positive, caring relationships had been developed with people. People we spoke with said that they were treated with kindness and compassion by the staff that supported them. One person said, “They are lovely people who come here. I have no problem with any of them.” One relative said, “My [person] has particular favourites but in all honesty, they have all been very good.”

There were examples where people told us that when they had a regular group of people they provided care to this enabled them to build up good relationships with them. One person told us, “One regular care worker]even came in on their way home to see that someone had turned up.” (They had been swopped around.) “They would have rolled up their sleeves if no one had.”

People and their relatives told us that they and their family members were involved in making decisions and planning their own care as much as they were able. The quality assurance manager

said that people receiving a service and their relatives made decisions jointly wherever possible. People had care plans in place which recorded their individual needs, wishes and preferences. These had been produced with

each individual and their relatives so that the information within them focussed on them and their wishes. This meant that staff respected people’s choice, autonomy and allowed them to maintain control about their care and support. We saw that people were given the opportunity and were supported to express their views about their care through regular reviews.

People told us that care was provided with respect and to preserve their dignity. One relative said, “Oh yes, my [person’s] dignity is always maintained by the workers, as there is a fair amount of personal care involved.” Another relative said, “They help my [person] maintain [person’s] dignity as [person] is a very shy person. They promote [person’s] independence so that [person] can do [person] own private bits and they do the rest where [person] cannot reach. [Person] is happy how things are working out.” However, the relative of one person we visited in their home gave us an example of how care was provided daily which did not respect that person’s dignity and a further example of how their relative’s dignity could have been compromised that morning. This demonstrated that staff did not consistently respect people’s dignity. We discussed this with the quality assurance manager who immediately took action to address the concern.

Is the service responsive?

Our findings

We received mixed views as to whether people received personalised care that was responsive to their needs. One person could not praise care staff, and the service they received, highly enough giving us examples of care which was centred on them, as an individual, and provided to them how they wanted it. However, another person gave us examples of how their relatives care was not centred on them, did not always meet their needs and was not delivered when they wanted it. We spoke with the quality assurance manager about these issues and they were immediately addressed.

Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. These were reviewed yearly or when a person's needs changed. Records showed that changes to care plans were made when the review showed that people's needs had changed. Care staff we spoke with told us that the care plans gave them sufficient information to provide the care people required how they liked it. Care staff also told us that they read people's care plans before providing care to ensure that they were up to date with the care to be provided. However, while some people we spoke with told us that the carers always read the care plan in their home other people told us that care staff did not read the care plans and relied on the person to tell them what to do. This could mean that care staff were not providing appropriate or consistent care.

People expressed concerns about the punctuality of care staff. They told us that care staff arrived within a very broad

time frame and there were occasions when people had to telephone the office to tell them that a carer had not turned up. When we visited one person in their home we found that a person's relative had provided care for them that morning as their carer had not arrived. Staff rota's we looked at showed that it was not unusual for care staff to be scheduled to provide care with no gap in between visits to allow them to leave one person's home and get to the next. Care staff we spoke with told us that they compensated for this by starting early and finishing late. The quality assurance manager and the operations manager told us that this did happen but that they tried to schedule visits in close proximity so that time required to travel between visits was minimal. This is contrary to NICE guidelines which state sufficient travel time should be scheduled between visits.

People and their relatives did not always feel that the service listened to them. For example, one person said, "They knew for months that my [relative's] carer was leaving. I repeatedly asked them if they had someone else lined up and they said they were aware about it. Months after, we are still getting a different one each time. They don't seem able to respond." Another person said, "We feel sometimes we are like on a roundabout with this company as nothing seems co-ordinated."

The service told us in their PIR that they had a system that recorded complaints, incidents and accidents and that these were monitored by the Beccles branch and by the provider. Whilst visiting the office we saw this system and that anything recorded on the system was tracked until a resolution was achieved.

Is the service well-led?

Our findings

We found that the supervision of care staff was inconsistent and that the management did not have a full understanding of the attitudes, values and behaviours of staff providing care. The culture was reactive rather than pro-active which meant that the quality of the service was inconsistent and effected how people experienced care. For example feedback we received was varied widely ranging from very positive to very poor. The service's performance management policy, set out regular timescales for staff supervision and appraisal, the care worker handbook provided by the service on the day of our visit, stated different time scales for supervision and appraisals. Staff records did not meet the timescales from either document and were not used to enable staff to develop their skills. Lack of awareness by the management team of staff behaviour when providing care had resulted in poor practice, two incidents of which we witnessed when visiting people in their home.

There was lack of oversight to ensure the structure and systems were working effectively. For example staff received annual appraisals but comments in these by staff and supervisors did not demonstrate that staff understood what was expected of them.

Staff told us that one problem was not being telephoned back by the office when they had called regarding rotas or support. This had also been identified by the registered manager as the result of a staff engagement survey in August 2015 and action had been taken to address this. However, from feedback we received this action had not effectively dealt with the issue and it was still occurring.

There was an ongoing quality assurance system in place to measure customer satisfaction but actions taken to address some identified problems had not been completely effective. For example, the survey had shown only 48 percent of new care staff had shown people their identification badge; this had been addressed at the quarterly team meetings. However, the survey also showed

that people did not feel that they were consistently informed of changes to their care worker. People we spoke with described this as an on-going problem particularly when the list they received showing who would be providing their care the following week had a space they were not advised who would be providing their care. One person said that they felt quite uncomfortable when, "complete strangers" turned up to provide their care. The management team told us that they had addressed this problem with 'templating' care rounds. However, our feedback demonstrated this had not effectively dealt with the issue.

We found that the service was failing to sustain learning and improvements in respect of the information they gathered. For example, one person told us, "They listen but they don't do anything about it. Things work for a while, then it starts all over again. Another person said, "I can't tell you the number of times I have had to complain. I've been put through to so many different people."

This was a breach of Regulation 17(2)(a), (e) and (f) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service operated over a wide area with only a small number of care staff attending the office regularly. To ensure that staff felt supported the registered manager held quarterly team meetings at various locations across the area to ensure care staff were able to attend and that they felt involved. Minutes from these meetings demonstrated that staff were able to participate in discussions and action was taken to address issues raised. Staff we spoke with told us that they valued having a meeting local to them and made them feel involved in the larger service.

The registered manager and the management team were aware of CQC requirements, including the submission of notifications. Records demonstrated that where necessary safeguarding and other notifications regarding the service had been submitted.

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

Personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Processes did not effectively assess and monitor the quality of the service and were not improved in response to quality assurance processes.

Regulated activity

Personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Staff were not receiving appropriate supervision and appraisal.