Nestor Primecare Services Limited

Allied Healthcare Brighton

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?	Good

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

There was a registered manager in place at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Allied Healthcare Brighton was last inspected on 16 December 2013 and there were no concerns in the areas in which we inspected. This was an announced inspection. We told the provider one week before our inspection that we would be coming. This was because we wanted to make sure that the registered manager and other appropriate staff were available to speak with us on the day of our inspection.

Allied Healthcare Brighton & Hove is a domiciliary care agency providing personal care for a range of people living in their own homes. These included people with

Summary of findings

dementia, older people, people with a physical disability or learning disability, and people who have an eating disorder, or misuse drugs and alcohol. At the time of our visit the service supported 100 people.

The service had good systems in place to keep people safe. Assessments of risks to people had been developed and reviewed. The service employed enough, qualified and well trained staff, and ensured safety through appropriate recruitment practices.

People said they always got their care visit, that they were happy with the care and the staff that supported them. One person told us, "I have no worries there; I know who they are and feel quite happy having them here."

People told us they were involved in the planning and review of their care. Where people were unable to do this, the service considered the person's capacity under the Mental Capacity Act 2005. We were given examples that showed they had followed good practice and safe procedures in order to keep people safe.

Staff received an induction, basic training and additional specialist training in areas such as end of life care, mental health and first aid. Staff had group and one to one meetings were held regularly for staff, in order for them to discuss their role and share any information or concerns.

If needed, people were supported with their food and drink and this was monitored regularly.

The needs and choices of people had been clearly documented in their care plans. Where people's needs changed the service acted quickly to ensure the person received the care and treatment they required. One person told us, "My carer said that she had got worried about my mobility, she suggested that we might need to get some attention. I agreed and I ended up having some x-rays. She sorted it all out for me."

People and their family members told us they were supported by kind and caring staff. Staff were able to tell us about the people they supported, for example their personal histories and their interests. A person told us, "The carer comes to help me because my husband is getting on too. She always says hello and passes the time of day with him, then gets on with helping me. She's lovely." Another said "I have to say they are superb. They take their time with me, they are very caring."

People's personal preferences, likes and dislikes were recorded on file and staff encouraged people to be involved in their care. A person told us "They know me well; I think I'd just tell them if I wanted little changes. I'd talk to the people in the office if I wanted to make a bigger change."

People knew how to raise concerns or complaints. People and their relatives were regularly consulted by the provider using surveys and meetings. One staff member told us, "We're a caring company and we listen to the clients."

The registered manager, along with senior staff provided good leadership and support to the staff. They, along with the care delivery director were also involved in day to day monitoring of the standards of care and support that were provided to people that used the service.

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 safe.

Good

People who used the service and relatives told us that they felt safe with the staff that supported them. Detailed risk assessments were in place to ensure people were safe within their home and when they received care and support.

The service had clear policies in place to protect people from abuse, and staff had a clear understanding of what to do if safeguarding concerns were identified.

Staff had an understanding of the Mental Capacity Act 2005, and what they were required to do if someone lacked the capacity to understand a decision that needed to be made about their life.

We saw that there were enough staff to deliver care safely, and ensure that people's care calls were covered when staff were absent. When the service employed new staff they followed safe recruitment practices.

Is the service effective?
The service was effective.

Good

People had up to date care plans which recorded information that was important to them. The service tried to match staff with similar interests to people.

Staff understood people's health needs and acted quickly when those needs changed. Where necessary further support had been requested from the social services and other health care professionals. This ensured that the person's changing needs could be met.

There was a comprehensive training plan in place for staff. The staff we spoke with were complimentary about the support they received from the organisation.

Where required, staff supported people to eat and drink and maintain a healthy diet.

Is the service caring?
The service was caring.

Good

People were pleased with the care and support they received. They felt their individual needs were met and understood by staff. They told us that they felt they were listened to and that they mattered.

Staff were able to give us examples of how they protected people's dignity and treated them with respect. They were also able to explain the importance of confidentiality, so that people's privacy was protected.

The service had clear policies and guidance for staff on how to treat people with dignity and respect and gave us examples about how they did this.

Is the service responsive?
The service was responsive.

Good

People told us they felt listened to and staff responded to their needs.

Summary of findings

People told us that they knew how to make a complaint if they were unhappy with the service. Where complaints or concerns had arisen the manager had completed a detailed investigation, and action had been taken to reduce the risk of the issue from happening again.

Is the service well-led?

Good

The service was well led.

We saw that the staff promoted a positive and open culture. The staff we spoke with had a clear understanding of what their roles and responsibilities were.

Where investigations had been required, for example in response to accidents, incidents or safeguarding alerts, the service had completed a detailed investigation. This included information such as the results of the investigation, and the actions that had been taken to resolve the issue.

The provider completed a number of checks to ensure they provided a good quality service. Regular audits and checks took place. Where issues had been identified action plans had been generated. These were monitored at follow up visits to ensure they had been completed.

Allied Healthcare Brighton

Detailed findings

Background to this inspection

We carried out this inspection on 15 July 2014. The inspection team consisted of an inspector and an expert by experience who had experience of caring for someone with dementia. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. The expert by experience helped us with the telephone calls to get feedback from people who used the service.

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 improvements they plan to make. We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. This enabled us to ensure we were addressing potential areas of concern. We contacted the Local Authority Contracting Team, who has responsibility for monitoring the quality and safety of the service provided to Local Authority funded people. We used all this information to decide which areas to focus on during our inspection.

On the day of the inspection we spoke with four staff members, these were the registered manager, the care delivery director, a continuous quality improvement assessor and a co-ordinator. After the inspection we contacted ten people that used the service and two relatives. In addition to this we spoke with a further three care staff following the inspection.

Over the course of the day we spent time reviewing the records of the service. We looked at four staff files, complaints recording, accident/incident and safeguarding recording, staff rotas and records of audit, quality control and feedback from people and staff. We also reviewed five care plans and other relevant documentation to support our findings.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Good

Is the service safe?

Our findings

The people we spoke with consistently told us they felt safe and that staff made them feel comfortable.

People we spoke with said they always got their visit from regular staff, and that staff arrived on time. One person said, "I've not had a problem for three and a half years." Another commented, "She rings and lets me know when she's on her way, so I know to expect her." Another person told us "I have had the same carer for years, she's my regular. She has two days off a week and other people come then, but it will only be one of three or four, and I've got to know them all now." A relative told us, "We don't worry when the regular person is off for any reason; they all come out of the same mould."

The provider had a number of policies in place to ensure staff had guidance about how to respect people's rights and keep them safe from harm. This included clear systems on protecting people from abuse. There was an up to date safeguarding policy in place. The policy reminded staff that all employees have a duty to report any concerns of abuse they have. The staff that we spoke with had a good understanding about their role and responsibility for protecting people from abuse. All the staff we spoke with were able to give examples of what abuse was and the signs that it may have happened. There were clear policies around the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The MCA is legislation which provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. DoLS is the process to follow if a person has to be deprived of their liberty in order for them to receive the care and treatment they need.

These policies also linked to the best practice guidance given by the Department of Health. Information around advocacy services was available for people, and also available for staff in the care worker handbook. Staff had access to the most up to date information on how to support and protect someone who lacked capacity to make a decision for themselves. Details of local advocacy services were also given to people in their information pack about the service, so that people knew they could have an advocate to help them with decisions if they wished.

Staff had an understanding of the MCA and their responsibilities in relation to people's decision making. A staff member said, "We covered the Mental Capacity Act in my induction. I'd raise it with the manager if I was concerned about somebody's capacity." Another staff member told us, "It's all about consent isn't it; we've had training on that." The care delivery director gave us an example of a person who received care who was having trouble managing their finances and was at risk of financial abuse. They explained how they had contacted the local authority, as they felt a mental capacity assessment was needed in this case. They wanted to ensure any decision made was in that person's best interest.

There was a system in place to identify risks and protect people from harm. Each person's care plan had a number of risk assessments completed, that had been discussed with them and reviewed. The assessments detailed what the activity was and the associated risk, who could be harmed and guidance for staff to take.

Systems were also in place to assess wider risk and respond to emergencies, such as extreme weather. The care delivery director told us "We have contingency planning in place for summer and winter. When it snows we have several 4x4 vehicles on standby to get care workers to their visits. We use a system to determine which clients are most vulnerable and prioritise their visits".

We asked staff if they felt that the service had enough staff to meet the needs of people. One staff member told us, "I think we have enough staff, but there has been quite a lot of sickness lately, so they want us to cover a lot of calls." Another said, "My rota is fine, so I think there are enough staff. They have been contacting us lately, as a few people have been ringing in sick at the weekends." The care delivery director told us, "The computer system shows us what the busy times and areas are. This means we can add or remove staff to determine the correct staffing numbers." The co-ordinator told us that the service forward planned their staffing arrangements to make sure people were kept safe. They said, "We schedule our care calls about two to three weeks in advance. We have a system where we can specify if calls need to be time critical, for example if somebody has diabetes or needs medication at a certain time."

The provider used a system of real time telephone monitoring. This system required care workers to log in and out of their visits via the person's telephone when they arrived and left. This system created data to reflect the time taken with each person and the time to travel in between

Good

Is the service safe?

visits. A staff member told us, “There has been a bit of sickness lately, but it is the travel time on my rota that could be improved. I’m a walker, and sometimes the five minutes I get to walk between calls is not enough because of the distance. I’ve raised it with the office.” The care delivery director told us that the telephone monitoring system is used to monitor if calls are running late and where changes to rotas and travel time are required. The co-ordinator who had responsibility for allocating travel time told us, “Travel time is included on all calls. We use carers with a good local knowledge, who know the distances and best ways to walk. The rotas are fair and reflective of a working day.”

Systems were in place to recruit staff, cover sickness and ensure that care calls went ahead as planned. The care delivery director told us “We have an ongoing recruitment programme, as we can always fill capacity. We have a pipeline for recruitment, but we would say no to new work if we couldn’t take it on. We have analytics around hours we’ve accepted or rejected and the reasons why. We use a system to reallocate calls when there are unforeseen absences like sickness. We also have a system of reward for care workers to take on extra work.”

Safe recruitment practices were followed when they employed new staff. All records we checked held the required documentation. Checks had been carried out by the provider to ensure that potential new staff had no record of offences that could affect their suitability to work with vulnerable adults.

Is the service effective?

Our findings

We asked people if they felt that staff understood them and their needs. One person said, "If my glass is empty for instance, she'll offer to get me another drink before she goes. Or she'll notice if I'm running out of something that I like. She's very good at spotting what I might need before I do, she does that bit extra all the time." Another person said, "She's fantastic, keen as mustard. She often does things without me having to ask." A relative said, "They're very understanding of my family member and their care needs."

People told us that they were matched with care workers they were compatible with. If they felt a staff member was not suited to them they were able to change them. One person told us, "I have only had one problem, when I felt that a carer did not wash me properly. I phoned the office and they apologised and said that they would arrange for someone else. I haven't had that person come to my home since." A staff member told us, "One of the best things here is how we match care workers to people, so that not only are they getting the care they need, they get on with us as well." Records showed where a person had requested a change in staff this was agreed.

People were supported by staff that had the knowledge and skill to carry out their roles. Staff received essential training, which included moving and handling, medication, safeguarding, health and safety, food hygiene, equality and diversity, and infection control. In addition staff were able to develop by completing further training. One staff member said, "The training is pretty good. If there is any extra training we want or need, then they always listen to us." Another said "I think my training needs are met." The care delivery director explained that as well as formal training, all staff completed an induction before they supported people. The induction process consisted of a period of shadowing a more experienced staff member. The length of time a new staff member shadowed was based on their experience, whether they felt they were ready, and a review of their performance. Information about their performance was obtained from the people they had supported and the staff they shadowed. The service also used a system called 'Care Coaching' whereby senior care workers received formal training around supporting and mentoring new staff. All the people we spoke with said they felt that staff had received a good standard of training.

Staff had ongoing one to one meetings with a senior member of staff, which were used to discuss issues they had and to talk about any training they may want. The care delivery director explained that each person should have an appraisal, along with three one to one meetings, and attendance at quarterly team meetings each year. The staff we spoke with also confirmed that they received regular support from their manager or supervisor. One staff member told us, "Supervision is every three months. It's a useful part of the job and gives us an opportunity to discuss things." Another said, "I get regular supervision. We talk about how I'm doing and if I need any training." Staff files confirmed that these meetings and appraisals had taken place.

Where required, staff supported people to eat and drink and maintain a healthy diet. A person told us, "My carer does my shopping. I don't need to give her a list, she can check the cupboards and then she knows what to get. She knows I like my chocolate bars and there's always one to have with my tea." Another person said, "We'll talk about my shopping, she'll have a look at what I've got in and make suggestions, but usually I have a list ready for her of what I'd like to eat for my meals. I think she likes that as it gives her more time to do other things, and I don't mind doing it"

Care plans provided information about people's food and nutrition. The care delivery director told us "We always get details of people's food and drink needs and risk assess where appropriate. Anything specific will be flagged up to the care workers and recorded in the care plans". A member of staff told us, "We encourage people to eat healthily and make recommendations. I always involve people and ask them what they want." Another said, "I talk about what people like and am always mindful of people on special diets."

People had been supported to maintain good health and have ongoing healthcare support. A person told us, "My carer said that she had got worried about my mobility, she suggested that I might need to get some attention. I agreed and I ended up having some x-rays. She sorted it all out for me." We spoke with staff about how they would react if someone's health or support needs changed. One told us,

Is the service effective?

“That happened to me quite recently actually. I raised it with the office immediately.” Another staff member said, “We’re always listened to by the office and we can approach them with any concerns about the clients.” The registered manager told us, “We use what is called the ‘early warning signs’ system. Staff are trained to recognise changes with clients health needs and report it immediately. We can then deal with it accordingly.”

Good

Is the service caring?

Our findings

Caring and positive relationships were developed with people. One person told us, “They’re lovely, very respectful. We’ve known each other a while now and her visits are always nice.” Another person said, “I have a lot of help with my personal care, not something you want to ask for help with. They don’t make a fuss, they talk to me and make sure I am ok. I’ve got used to it and it doesn’t bother me now.”

Staff were able to describe how they met or understood people’s individual needs. One staff member said, “I always talk about what I’m doing and explain things. I’m always checking if everything is alright and how they like it.” Another staff member told us, “We get to know our clients and know how they like things done, but we would always check the care plan.” One person told us, “She’s fantastic, keen as mustard. She often does things without me having to ask.” Another person told us, “I wouldn’t have carers from anywhere else.”

We asked staff how they ensured that they knew the person they were supporting and what support they needed. All of them said the information was contained in the person’s care plan, including their personal histories. One staff member told us, “I look in the care plan every time I do a visit. It’s all in there.” Staff were able to describe the individual needs of the people they supported, and how they went about meeting those needs.

All the people we spoke with said they felt staff treated them with dignity and respect. One person told us, “They help me have a shower and its fine, I have no complaints. My carer is always very nice to me, I feel quite happy about what she does for me.” Another said, “She knocks and shouts “hello” when she arrives, so I know it’s her.”

The staff we spoke with were able to give us examples of how they protected people’s dignity and treated them with respect. One member of staff said, “We always give people choice, if they don’t want something done then it’s up to them. We respect people and how they want things done.” Another told us, “I involve people in everything I do, so that they know what is going on and what we are going to do next.” A further staff member told us, “I just treat people how I would want to be treated.” A relative told us, “I am usually here when they bath mum, and I think they are very respectful. I’m lucky in that I see and hear what goes on, and it’s very good. Mum is happy.”

People and their relatives told us that they had been involved in the planning and review of their care. One person said, “They came and sat with me, had a chat with me and they wrote it all in the care plan. I know I’ve got a copy of it but I haven’t read it.” Another person told us, “The care planning was done in a face to face meeting.” The care plans showed who had been involved in the assessment, for example the person or a relative. The care plans also covered a number of areas of a person’s support needs. For example, health and wellbeing, eating and drinking, likes and dislikes, bathing and dressing, mobility, communication, social contact and activities, and preferred or desired outcomes they wanted from the support.

The service had a confidentiality policy which was accessible to all staff and was also included in the care worker handbook. People using the service received information around confidentiality as well. One staff member told us, “It’s all confidential; we don’t speak about other clients or anything personal.”

Good

Is the service responsive?

Our findings

People had up to date care plans which recorded information that was important to them, and the staff we spoke with said they felt the care plans were detailed enough so that they could provide good quality care. One staff member told us, "I think the care plans are good. There is everything in there that we need to know." When we reviewed the care files we saw that people's personal histories, likes, dislikes and hobbies and interests had been recorded. For example, one care plan showed that a person did not wish to discuss religion or politics, and that care workers should not discuss these topics. Another showed that a person specifically wanted to go out for a coffee with their care worker each week.

We looked to see if people received personalised care that was responsive to their needs. All of the people were happy with the standard of care provided. They also told us that the care met their individual needs. One person said, "When we set things up we told them what time in the morning we would like them to call. We wanted something about eight o'clock, but in the end agreed to 7.40am as the time of the call. It wasn't perfect but it was ok. After a while it started to get earlier and earlier, too early. I had to call the office and ask them to put the call back to the time we had agreed and it worked out alright. The visits are back to the time they are supposed to be at."

We asked how the service reacted in response to people's changing needs, and staff gave us examples. One told us, "That happened to me quite recently actually. When one of my clients looked poorly, I raised it with the office immediately." The care delivery director told us, "The 'early warning signs' system has taught care workers to look out for issues and liaise with their supervisor. We then raise anything with the appropriate people like GP's and social services."

Everyone told us they had been asked to give feedback about their care or support. One person said, "They have asked me for my views quite regularly." Another said, "I think it's about every six months that someone comes from the office and sits with me and talks about what I need and how I am." A third person said, "Oh yes, they came to see me and reviewed it all."

We looked at how people's concerns and complaints were responded to, and asked people what they would do if they were unhappy with the service. One person told us, "I would ring their office and tell them, I'm a Londoner and I'm not frightened to speak up for myself. I think they'd listen, I think they'd do something." Another person said, "I'd be on the phone to their office. I'm not frightened to make a complaint, and I'm confident that something would be done. Fortunately I've had nothing to worry about, I trust the carers. I know them." Staff told us they would encourage people to raise any issues that they may have. One said, "I would help a client to complain, definitely." Another staff member said, "I'd talk about any issues with the client and if they wanted to complain, I'd let them know how to."

The complaints policy gave information to people and staff on how to make a complaint, and how the service would respond. The policy was included in the information pack given to people, and was also included in the employee handbook. The policy set out the timescales that the organisation would respond in, as well as contact details for outside agencies that people could contact if they were unhappy with the response. The information provided to people encouraged them to raise any concerns that they may have.

A complaints log gave a clear record of each complaint received. Copies of the original complaint letters or emails had been kept, along with any replies that had been sent. The service had recorded the investigation into the complaints and identified any trends, patterns and contributory factors. People had been responded to in good time. The service had learnt from its mistakes and had taken action to minimise them happening again. For example, one complaint resulted in a memo being sent to all staff to remind them of the importance of recording information correctly and ensuring that the correct information was given to clients.

Good

Is the service well-led?

Our findings

People who used the service thought the service was well led. For example, one person said, "I have had these carers for over six years. That should tell you something about how happy I am with them." Another person said, "I have raised issues and seen them put right." We saw that the service had procedures around personalised care planning. This provided guidance to staff on how to support people in a compassionate and dignified way. All of the people we spoke with were complimentary about the standard of care they received.

The service had a clear set of values in place. These were displayed on posters in the office and covered in the staff induction. There was also a dedicated employee website where staff could gain further information about Allied Healthcare. The care delivery director told us that Allied Healthcare – Brighton & Hove had values that included "Fighting to keep people in their own homes" and "The care you deserve in the home that you love". We asked staff about the culture within the organisation. One said, "I really like working here. They are always really understanding, both personally and professionally." Another staff member said, "This is a very caring organisation, both for the staff and the clients that we care for."

We asked the care delivery director about how people where given the opportunity to give feedback about the service. They told us that telephone reviews were carried out regularly, and that questionnaires about the service were sent out every eight weeks. A person told us, "I've had forms to fill in to say whether I'm happy with them and so on." An annual survey was also completed. We looked at the records and saw that this was the case. The care delivery director reviewed the results to look for any trends or concerns and made changes and improvement to the service where required.

There was a whistle blowing policy in place. Whistle blowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. Allied Healthcare had also put in place a dedicated anonymous whistle blowing service, whereby staff can raise concerns easily through a central point of contact. The staff we spoke with had a clear understanding of their responsibility around reporting poor practice, for example where abuse was suspected. They also knew about the service's whistle blowing process and that they could contact senior managers or outside agencies if they had any concerns. A staff member told us, "I would approach the manager if I had any concerns." Another staff member told us, "I know about the whistle blowing service here, I have the number in my phone in case I ever need it."

The service had systems in place to drive improvement and ensure senior managers promoted the culture of the organisation. For example, audits of annual staff surveys were completed by independent agency audit and quality improvement staff. The results of these surveys were analysed and reviewed by senior managers. We saw that actions from the staff survey were sent to the branch to act upon. These actions included providing extra memos to care workers to improve communication and introducing telephone training for office staff.

The organisation regularly undertook audits on a number of aspects of the service, for example completion of care records, medication records, complaints and infection prevention. There was a clear system to analyse the results found, and ensure that action was taken. Following an audit, the care delivery director would review the action plan to ensure that actions were completed.

We looked to see if the registered manager learnt from mistakes, incidents and complaints. Where investigations had been required, for example in response to accidents, incidents or safeguarding alerts, the service had completed a detailed investigation. This included information such as what had caused the issues and the actions that had been taken to resolve them. A care delivery director reviewed progress on any action plans to ensure they were completed in good time, and that opportunities to improve the service would not be missed.