

Nestor Primecare Services Limited

Allied Healthcare Macclesfield

Inspection report

2 Thorp Street
Macclesfield
Greater Manchester
SK10 1LJ

Tel: 01625611112
Website: www.nestor-healthcare.co.uk/

Date of inspection visit:
10 July 2018
11 July 2018

Date of publication:
08 August 2018

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 ●

Summary of findings

Overall summary

The inspection was announced and took place on 10 and 11 July 2018.

Allied Healthcare Macclesfield is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults and younger disabled adults. This inspection looked at people's personal care and support.

At the time of our inspection, the service offered support to 60 people, however only 53 people were in receipt of the regulated activity 'personal care'.

There was a registered manager in post. A registered manager is a person who has registered with the CQC 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 registered manager had been promoted and there was an acting manager in place who was applying to be registered with the CQC. Both people were present during the inspection.

At our last inspection in May 2016, we found two breaches of the regulations in relation to recruitment and governance. The provider sent us an action plan of how they would address these shortfalls. At this inspection, we found that improvements had been made and the provider was no longer in breach of the regulations.

Everyone spoke highly of the support they received from Allied Healthcare, how staff were not rushed, had time to chat as well as do all the tasks they wished. There were sufficient staff to complete the scheduled visits for each person and travel time was built into the staff rotas. They told us that generally staff arrived on time and they were contacted if there were going to be any delays. Visit times were noted on some occasions to be shorter than contracted. The manager looked into this and has confirmed since the inspection that this is now being closely monitored.

Medicines were managed safely and staff received appropriate training and their competency was checked on a regular basis. Medication audits were completed regularly and corrective action taken where any errors were found.

Risk assessments were in place that identified risks to people and what action staff should take to minimise these risks without restricting people unnecessarily.

Arrangements were in place to protect people from the risk of abuse. We spoke to staff about their understanding of safeguarding and they could describe what action to take if they suspected that someone was at risk of abuse or they saw signs of abuse. People using the service reported that they felt safe and their relatives told us that they were confident that their family members were safe and supported by the staff of

Allied Healthcare.

We looked at recruitment files for the most recently appointed staff members to check that effective recruitment procedures had been completed. We found that appropriate checks had been made to ensure that they were suitable to work with vulnerable adults.

People were consulted about their care and consent was recorded in the care files.

Staff received regular training and supervision to support them in their roles.

Care and support was provided by a consistent set of carers who knew the people they worked with well. Everyone we spoke with was positive about the approach of staff members. They spoke of staff being brilliant, professional and respectful.

The care files that we looked at contained the detailed relevant information that staff needed to care for the person including their preferences. It was clear through discussions with staff that they knew the people they were supporting well and they could provide consistent care to people and build up positive relationships.

Discussions with staff members identified that they felt happy and supported in their roles. They told us that the acting manager was supportive and they felt that they could contact them at any time.

Systems were in place to check the quality and safety of the service. Care reviews were completed at least annually with people and, if appropriate, their relatives. Surveys were completed annually to receive feedback about the service. Spot checks and observations were carried out with staff to ensure that the standards of care were maintained.

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 sufficient staff to meet the needs of the people receiving a service. Some visits were noted to be shorter than contracted. The manager took immediate action to look into these instances.

Recruitment records demonstrated there were systems in place to help ensure staff employed at service were suitable to work with vulnerable people.

Staff were aware of their responsibilities to protect people from the risk of abuse. People using the service and their relatives told us that they felt safe and secure when staff visited them in their own home.

Is the service effective?

Good ●

The service was effective.

People told us that they felt well cared for and they had no concerns about staff knowledge and skills.

Records showed that staff had received a comprehensive induction and they were able to access support and training to build upon their knowledge and skills.

Daily records were kept that monitored any changes to people's health and wellbeing. Discussions with other professionals were recorded and information was appropriately shared with the relevant staff.

Is the service caring?

Good ●

The service was caring.

The people that were using the service and their relatives told us that the staff were kind and respectful.

People generally received continuity of care as they had visits carried out by the same group of carers each week. People felt

that staff knew them, their needs and preferences well.

Is the service responsive?

Good ●

The service was responsive.

Care plans were person centred and provided detailed guidance for staff on people's preferences so they could support them to remain independent within their own home.

The provider had a complaints policy and processes were in place to record any complaints received and everyone we spoke to knew how to complain.

Is the service well-led?

Good ●

The service was well-led.

The provider had systems in place to check the quality of the care provided.

Spot checks of staff were regularly carried out to ensure that standards of care were maintained.

Feedback was regularly sought from the people receiving a service and all the comments we received were positive about the service.

Regular team meetings were held and staff were updated through regular communication with the office.

Allied Healthcare Macclesfield

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 10 and 11 July 2018. The provider was given 24 hours' notice because the location provides a domiciliary care service and we wanted to ensure that someone was available. The inspection was carried out by one adult social care inspector and an expert-by-experience on the first day and an adult social care inspector on the second day of the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we checked information that we held about the service and the service provider. We had not asked for the provider information return (PIR). The PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We could gather this information as part of our inspection. We invited the local authority to provide us with any information they held about Allied Healthcare Macclesfield. We used the information they shared with us as part of our planning for this inspection.

The registered manager and acting manager were available throughout the inspection to provide documentation and feedback.

During our inspection we spoke with eight people who used the service and three of their relatives. We spoke with six members of staff including the registered manager, the acting manager and four care staff.

We visited four people separately in their home with their permission. We looked at care records for four people who used the service. Records reviewed included: policies and procedures, three staff files covering

recruitment and training records, medicine administration records (MAR), staff rotas and complaints.

Is the service safe?

Our findings

At our last inspection in March 2016, we found the provider was in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as some of the records in relation to recruitment were not complete. We found improvements at this inspection and the provider was no longer in breach of this regulation.

Safe recruitment processes were in place. We found that the appropriate checks had been made to ensure that they were suitable to work with vulnerable adults. Checks had been completed by the Disclosure and Barring Service (DBS). These checks aim to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. Each file held suitable proof of identity, an application form with full employment history as well as evidence of suitable references.

Discussions with people who used the service identified that they felt safe and well cared for within their own homes. Relatives also felt that the service was safe. Comments included, "I look forward to her coming and sitting down for a chat", "Never rushed or a harsh word, they just get on and do a satisfactory job" and "They let us know of any staff changes or if they are going to be more than 10 minutes late".

We looked at the staffing list and rotas and noted that travel time was built into the rotas in order that staff had time between visits. We spoke to people receiving a service as well as their relatives and they told us that staff were generally on time and stayed the allocated time. If there were problems or staff were going to be late, they were contacted by the office. The service had contingency plans in place for instance in cases of severe weather and many staff could visit people on foot. We noted that a few calls were shorter than the contracted time. We spoke with the acting manager in relation to this. They told us that staff had been reminded at team meetings of the importance of staying the correct amount of time, or recording in the notes, if people were satisfied that everything had been completed. We asked people and everyone confirmed that staff stayed the correct amount of time, were never rushed and completed all the tasks that they wanted to be done. One person told us, "Oh yes, they always have time for a chat with a cup of tea".

We checked the staff runs and could see that travel time was built into each staff member's schedule. We also spoke with staff who told us that they had sufficient time to complete their visits and could carry out all their required tasks. At present, although the carers were recording the times, there was no system in place to check these. The registered manager told us that a new electronic system was being introduced by the provider so this would flag to the office each time someone left a visit earlier and this could be followed up immediately.

Since our inspection, the acting manager has confirmed that all time logs will now be checked in the office each month. They are meeting with all staff individually to remind them of the importance of staying the correct amount of time.

We looked at the risk assessments which identified risks to people's health and wellbeing such as nutrition and health conditions. We saw that they identified the risks and what actions had been put in place to

minimise such risks and to ensure that the people who used the service were safeguarded from unnecessary hazards. The risk assessments also included checks of the premises and the environment to ensure that staff were aware of any associated risks and there were instructions to ensure that they were safe whilst carrying out the care in the person's home.

We checked the medicine arrangements and we saw that systems were in place that ensured staff consistently managed medicines in a safe way. Only staff who had received medicines training could support people with their medicines. Records confirmed that designated staff had received up to date medicines training. Records showed that training and direct observations were completed regularly. We saw that clear records were kept of what level of medication support staff had provided. We checked Medical Administration Records (MARs) in people's homes as well as in the office and saw that people were given their medication as prescribed. There were clear body maps to assist staff members with the application of topical creams. Regular audits of MARs were completed and where any omissions were found, action was taken and staff would undergo training and observations prior to being allowed to administer medication again.

Staff told us that they had received training in protecting vulnerable adults and had read the provider's safeguarding policy. We viewed training records and could see that all the staff had received safeguarding training. All staff spoken with demonstrated their understanding of what to look out for and the process they would follow if a safeguarding incident occurred or they had any concerns about one of the people they provided care to. Staff were clear about the meaning of the term 'whistleblowing' and they were clear about escalating any concerns regarding poor practice both within the organisation and externally. Services which are registered are required to notify the CQC of any safeguarding incidents that arise. Allied Healthcare had submitted the necessary notifications to the CQC when required.

Accidents and incidents were recorded by care staff in the community, then transferred onto the provider's system. These were monitored by the customer care team, who would follow up with the manager any outstanding actions, or would make recommendations. This system also meant that there was an overview of accidents and incidents on a regular basis and there was a regular panel of senior managers who reviewed all the incidents for the organisation. Any issues identified by the panel would be flagged with the manager and the manager responded with what action had been taken. Lessons learnt from any incidents were shared from the panel meetings via the manager to all staff.

Staff and the people receiving the service told us that staff used protective equipment such as gloves and aprons. This was to try to reduce the risk of infection.

Fire safety risk assessments had been completed at the offices in order that office staff were aware of what action to take in an emergency and all staff had received fire safety training.

Is the service effective?

Our findings

People we spoke with told us that they were well cared for by staff who had the skills and knowledge to look after them. Comments included, "The staff provide great help with my daily needs and asking how I am doing", "I am offered a drink and a choice of what to eat on each visit" and "[Family members] needs are met, both have dementia but they [staff] do a good job".

The service had a comprehensive induction process. Each new staff member was assigned a care coach who was a more experienced member of staff. They were responsible for signing off whether the new staff member was competent at specific tasks. The provider also enrolled any staff new to care on the Care Certificate, which is a nationally recognised and accredited system for inducting new staff. New staff received a phone call with the registered manager following their first solo visit to check how this had gone, they also had a meeting after four weeks and eight weeks to review their progress as well as having spot checks within the community. Documentation viewed confirmed that staff were receiving induction in line with these policies and procedures. Staff were also encouraged to enrol on further courses following their induction and had access to a wide range of eLearning resources. Staff confirmed that their training was up to date. The provider used a combination of face to face and eLearning. Training records confirmed that staff had received regular training in key areas such as infection control, health and safety, safeguarding, and moving and handling and that this was up to date.

All the staff members we spoke with told us that they received on-going support and supervision on a regular basis. We viewed the supervision records and saw all staff received regular supervisions. Staff also received regular direct observations of their practice as well as an annual appraisal.

We asked staff how they made sure that they sought permission from people before providing care. Staff told us in all cases, they could ask the person directly and gain consent and there was also information contained within the care plan to guide them about their needs and preferences. People we spoke to using the service confirmed that carers always gained their consent prior to carrying out any tasks. Care plans were signed to indicate that people gave their consent to receiving the care. Where relatives held Lasting Power of Attorney for their family member, copies of this were held on file.

Discussions with staff showed that they understood their role in identifying and referring people who had experienced a change in their mental capacity. 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. The Deprivation of Liberty Safeguards (DoLS) do not currently apply in settings such as domiciliary care where people are resident in their own homes and so any deprivation of liberty may only be undertaken with the authorisation of the Court of Protection. Staff told us that if they noticed any change in the capacity of a person using the service, they would contact the office. The registered manager confirmed that if they had any concerns about someone's capacity, they would involve the local authority or GP in order that they could assess the situation and take

appropriate action in the person's best interests.

We saw that people were supported with their nutritional needs. Care plans were very detailed in relation to people's preferences for food, for instance one care plan stated that the person liked 'tea with hardly any milk and sugar', another care plan specified the brand of cakes that someone preferred. People confirmed that staff knew their preferences well. One person said, "Staff are brilliant, they know exactly how I like things".

We saw that the service regularly made referrals and sought advice from other health and social care professionals. We saw that these conversations were logged on an electronic system held in the office and any changes or issues were cascaded to staff via secure text messages, that did not contain any personal information. The provider had an admission checklist IPASS (Introduce, Patient, Assessment, Situation, Safety). This was used when people were admitted and discharged from hospital to help with communication between the two organisations and assist for the service to plan for when people were returning home.

Is the service caring?

Our findings

Everyone that we spoke with was very positive about the care and attitudes of the staff. Comments included, "[Staff] are absolutely brilliant, no problems and very kind", "Excellent service, good people and they have a respectful approach" and "Nice and friendly. Professional, always helpful and willing".

We could view how staff communicated with people during two home visits and observed their interactions. They were respectful, patient, explained what they were doing and checked that the person was happy with everything that had been done.

We viewed recent thank you cards that had been sent into the service. One person wrote, "I would just like to say thank you all for the care and support given to my [family member]. In particular [staff member] and [staff member] who went the extra mile. The care they gave my [family member] went far beyond the norm". Another person wrote, "Thank everyone for the care they gave enabling [family member] to stay at home. Special thanks to [staff member]. I can never thank them enough for the support they gave me".

The staff members we spoke with showed they had a good understanding of the people that they were supporting and could meet their various needs. The staff we spoke with told us that they mainly worked with the same people all the time so had built up good relationships with people. They told us that they enjoyed working for Allied Healthcare and were positive about their job and echoed the ethos of the provider that they were providing care in people's homes and enabling them to be as independent as possible. One person told us, "I enjoy it and I bend over backwards to help people".

People using the service and their relatives told us that the staff respected their dignity and always explained what they were going to do prior to carrying out any actions. They spoke of the carers taking their time and always having time to have a chat with them and not rushing.

Personal information about the people using the service was securely stored in the offices of Allied Healthcare to ensure that confidentiality was maintained and the electronic systems were secure.

Each person also had a paper file in their own homes which they had access to. People we spoke with were aware of the file and felt that staff consulted them and kept them up to date with any changes in the care file. Relatives also shared this view that they were consulted and staff communicated well with them about any changes.

Allied Healthcare was not delivering a service to anyone at present with 'protected characteristics', however they had policies on equality and diversity and staff received training in relation to this. There were currently staff working for the service with 'protected characteristics', therefore they were an equal opportunities employer and could match carers to people with similar characteristics if necessary.

Is the service responsive?

Our findings

People we spoke to felt that the service was responsive. Comments included, "The girls are great and I am satisfied with my care needs being met", "The staff always seem to be happy in the work they do for me" and "There are no issues or complaints, the staff do a good job".

We looked at care plans to see what support people needed and how this was recorded. We saw that each plan had detailed personalised information and included the person's interests, likes, dislikes as well as some background history. There were risk assessments and associated care plans. Care plans detailed how people wanted tasks to be carried out and what tasks they could continue to do themselves. Staff and people told us that they discussed their care plans and people felt listened to when they expressed their opinions or raised any issues. Staff advised that they were briefed before delivering care to anyone new to the service or who they had not visited before. Any changes to people's care plan were communicated to staff via phone calls, or secure text messages with no personal information being shared via text. Staff told us that if they had not been in for a few days, they could read back through the calls log kept in people's houses to see what had been happening since they had last been in work.

People we spoke with confirmed that their choices and preferences were respected and that they mainly had the same staff so they knew them well. We asked staff members about several people's choices, likes and dislikes within the care plans and the staff we spoke to were knowledgeable about the people they cared for. The registered manager told us that they tried to promote consistency of staff by keeping the same staff with the same people and people confirmed this. Staff told us that they recorded details of the care provided at the end of every visit, this ensured that there was a record of any issues or areas of concern for the next carer to monitor. We viewed copies of these records and could see that these provided a good level of information. Any changes to care were communicated to the relevant staff via encrypted text messages.

We noted that the daily logs in each care plan gave an overview of what services had been provided at each visit. The carers also received training on 'Early Warning Signs' (EWS), which was to identify any changes or deterioration to people's mobility, pain levels, speech, appetite, breathing and skin integrity. Carers had to record on each visit that EWS had been observed and what action had been taken if any issues were noted. This meant that issues could be flagged at an early stage. The carers commented that any changes were reported to the office and prompt action taken. They felt supported by the office and on-call staff and if they noted any changes or required longer with calls that their opinions were considered. Discussions with other professionals such as district nurses or GP were recorded on the secure electronic files within the office and these were communicated to the relevant staff. Care reviews were completed annually with people and their relatives; however, we saw where there were changes, they were carried out more frequently.

Communication needs were clearly documented in people's care plans, for instance where people had communication difficulties, care plans advised how best to speak with people. No-one currently receiving a service needed any amendments to printed documentation, however the provider had access to pictorial format or large print versions of documents if these were required.

The provider had a complaints policy and processes were in place to record any complaints received and to address them in accordance with their policy. The service had received two complaints in 2017 and one verbal complaint in 2018. We could see that these had been dealt with appropriately. People we spoke with told us that they knew how to complain, however all commented that they did not need to. Two people we spoke to had complained in the past and told us that they had raised their concerns with the office and they felt listened to, their issues were dealt with promptly and to their satisfaction.

We found that appropriate 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) forms were in place on some care files. We saw that the person, their relative or health professional had been involved in the decision making. A DNACPR form is used if cardiac or respiratory arrest is an expected part of the dying process and where CPR would not be successful. Making and recording an advance decision not to attempt CPR will help to ensure that the person's advance decisions about their end of life care are respected.

Is the service well-led?

Our findings

At our last inspection, we found that the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider did not have adequate systems in place to monitor the quality of the service. At this inspection, we found that improvements had been made and the provider was no longer in breach of this regulation.

The provider had a comprehensive quality assurance system. We saw that there were regular checks on care files, medications as well as monitoring staff training and incidents and accidents. All activities were logged on an electronic system, therefore if any audits or checks were not completed, this would be flagged by the provider's quality team or more senior staff. The acting manager completed a self-audit which was submitted to the provider each month. This covered a variety of areas such as staff files, care files, complaints as well as accidents and incidents. This was to ensure consistency across all the areas. The care delivery director completed similar audits every three months and the provider's quality team completed a 'mock inspection/visit' each year to check on the quality of the service. We could see where any issues were raised, action plans were put in place and these were dealt with promptly.

Spot checks and direct observations were carried out with staff on a regular basis to ensure that standards of care were maintained. We viewed a sample of these and could see that they were carried out regularly and where issues were noted, staff attended additional training or action was taken in relation to their performance.

The provider completed an annual survey and we viewed the most recent one completed in July 2017 where most of the responses were positive with 100% of people rating the service overall between fair and excellent. The areas for improvement had been noted and the provider had sent a response in the form of 'You said, we did' to feedback to people. This was also displayed in the offices to remind staff of what areas needed to be improved upon.

There was a registered manager who had been registered with CQC since 2017, however they had been promoted to care delivery director and there was a new manager in place who was in the process of registering with the Care Quality Commission. Both people were present for both days of the inspection. They were open and approachable throughout the inspection and acted upon any feedback given promptly.

People and their relatives were happy with how Allied Healthcare was run. Comments included, "My experience is that the company is very good and well organised, no problems", "I am happy with my care and would certainly recommend this service" and "Professional and I would recommend them to anyone".

Staff members we spoke with had a good understanding of their roles and responsibilities and were positive about how the service was being managed and the quality of care being provided. We asked staff how they would report any issues they were concerned about and they told us that they would have no hesitation in reporting any concerns that they had. Comments from the staff members included, "The manager is

supportive and you can ring if there is any issue, the door is always open", "The manager is good and will help out if needed – you just need to talk to them" and "The management support is very good".

Since 1 April 2015 providers are required to conspicuously display their CQC rating in both the premises and on their website. We saw that Allied Healthcare were displaying their ratings as required.