

Nestor Primecare Services Limited

# Allied Healthcare Luton

## 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 ●

# Summary of findings

## Overall summary

Allied Healthcare Luton is a domiciliary care service providing personal care and support for people in their own homes. At the time of our inspection they were providing a service to approximately 130 people.

This inspection took place on 22, 23 and 24 August 2016, and it was announced.

The service has 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. At the time of our inspection the registered manager was unavailable to participate in the inspection process because they were on annual leave. The care delivery manager was however overseeing the service in their absence.

People told us that they felt safe and were supported by consistent staff who were knowledgeable and skilled. Staff understood their responsibilities with regards to safeguarding people and they had received effective training. There were systems in place to safeguard people from the risk of possible harm.

The service had robust recruitment procedures in place. Staff were competent in their roles and were supported by way of spot checks, supervisions and appraisals. These were consistently completed for all staff and used to improve and give feedback on performance.

People's needs had been assessed and they had been involved in planning their care and deciding in which way their care was provided. Each person had a detailed care plan which included personalised risk assessments that gave guidance to staff on how individual risks to people could be minimised.

Staff were caring and respectful. They provided care in a courteous manner and maintained people's dignity.

There was a clear management structure at the service and people, their relatives and staff knew who to raise concerns to. There was an open culture and senior members of staff were approachable. The provider had an effective process for handling complaints and concerns. These were recorded, investigated, responded to and included actions to prevent recurrence.

Feedback on the service provided was encouraged and action plans had been developed to address any issues raised within audit processes and surveys, with a view to continuously improve the service.

## 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.

People told us that they felt safe.

There were systems in place to safeguard people from the risk of harm and staff had an understanding of these processes.

The provider had robust recruitment processes in place.

### Is the service effective?

Good ●

The service was effective.

Staff had the skills and knowledge to provide the care and support required by people.

People received care and support from consistent members of staff.

People were asked to give consent to the care and support they received.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff that were caring and respectful.

Staff were aware of people's preferences and knew the people to whom they provided care.

Staff protected people's privacy and dignity.

### Is the service responsive?

Good ●

The service was responsive.

People were involved in the planning of their care and received a personalised service.

Detailed care plans were in place which reflected individual

needs.

The provider had an effective system to manage complaints.

**Is the service well-led?**

**Good** ●

The service was well-led.

People were encouraged to give feedback on the service provided and this was used to develop the service.

Staff told us they felt supported and that management were approachable.

Senior staff completed regular audits to monitor the quality of the service provided and took action where it was identified as required.

# Allied Healthcare Luton

## 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 22, 23 and 24 August 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that staff would be available on the day of the inspection, and that records would be accessible.

The inspection team was made up of one inspector and an 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. The expert by experience used for this inspection had experience of a family member using this type of 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 also reviewed information available to us about the service such as information from the local authority, information received about the service and notifications. A notification is information about important events which the provider is required to send us by law.

We spoke with 11 people and eight relatives of people who used the service and reviewed written comments and feedback received from a further 13 people who completed a questionnaire. We also spoke with three care workers, two care quality supervisors and the care delivery manager.

We looked at eight people's care records to see if they were reflective of their current needs. We reviewed six staff recruitment files, reviewed the staff duty rota and care call scheduling systems and staff training records. We also looked at further records relating to the management of the service, including complaints management and quality audits, in order to review how the quality of the service was monitored and managed to drive future improvement.

# Is the service safe?

## Our findings

Everyone we spoke with told us that the service and the staff that visited made them feel safe. They had no concerns about the conduct of staff or their ability to provide care safely. When asked if they felt safe a person told us, "Yes, we are just fine with them. I trust my carer." Another person told us, "I feel very safe. My carer never rushes me."

Staff we spoke with had a good understanding of safeguarding procedures. They told us they had received training on safeguarding procedures and were able to explain these to us, as well as explain the types of concerns they would raise. One member of staff told us, "I would raise any concerns with my senior or by calling in to the office." Another member of staff told us, "There is always someone available to report concerns to. Either the office or on call." We looked at staff records which confirmed that they had undergone training in safeguarding people from the possible risk of harm. There was a current safeguarding policy and information about safeguarding people was displayed in the office. This included guidance for staff on how to report concerns and the contact details for local agencies. Records showed that the registered manager, and care delivery manager in their absence, had notified the Care Quality Commission (CQC) about safeguarding referrals that had been made to the local authority.

A computerised record of all incidents and accidents was held, with evidence that appropriate action had been taken to reduce the risk of recurrence. Records showed that incidents had been reported by staff in a timely manner. Where required, people's care plans and risk assessments were updated to reflect any changes to their care as a result of these, so that they continued to have care that was appropriate for them.

Care and support was planned and delivered in a way that ensured people's safety and welfare. An environmental risk assessment had been completed to help staff identify and reduce any potential risks in the person's home. This included assessments of possible risks from the premises, access requirements, security, utilities, specialist equipment and infection control hazards.

Detailed personalised risk assessments were in place for each person to monitor and give guidance to staff on any specific areas where people were at risk. These included risks in relation to specific health issues and well-being, medicines, nutrition and hydration and mobility. The risk assessments provided information about the risk and the measures that needed to be put in place and had been reviewed and updated regularly to reflect any changes in people's needs. Staff were able to give us examples of how they kept people safe such as checking the environment for any issues prior to providing care, storing medicines securely and maintaining security by closing doors and windows and using people's key-safes appropriately.

There was enough staff employed by the service to provide the required care and support for people. The people that we spoke with told us that they had consistent members of staff who completed their care calls and that they assisted them with all the tasks required. One person told us, "I have the same carer. She comes in the morning and at tea time." Another person told us, "They are all ok, the carers that visit me." The questionnaires responses received as part of the inspection process showed that all respondents were happy with the consistency of their care and that staff stayed for the allocated length of time.

The staff we spoke with told us that they thought there was sufficient staff to provide the care required. One member of staff told us, "The scheduling and coordination of calls has really improved. We have consistent calls and runs that we complete and only occasionally will I get a call to cover someone else." Another member of staff told us, "We work together across the team to complete the calls needed. We can have some changes when someone is off sick or there are holidays but we get our rota and know if we have extra calls in advance." We saw that there was an effective system to manage the rotas and schedule people's care visits.

There were effective recruitment procedures in place. We reviewed the recruitment files for six staff and found the provider had an effective procedure in place to complete all the relevant pre-employment checks including obtaining references from previous employers, checking the applicants' previous experience, and Disclosure and Barring Service (DBS) reports for all the staff. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed. This robust procedure ensured that the applicant was suitable for the role to which they had been appointed before they were allowed to start work with the service. The care delivery manager confirmed that staffing levels were monitored and the numbers depended on the assessed needs of each person being supported and the demands of their service. There was an ongoing recruitment process to ensure that adequate members of staff were employed to meet the needs of the people who required support.

There were effective systems in place to administer medicines to people safely. The service had a current medicine policy and, when assessed as required, people received appropriate support to assist them to take their medicines safely. Medicines were only administered by staff who had been trained and assessed as competent to do so. This was supported by our discussions with staff who described the processes involved in the safe administration of medicines and the training they had received. One member of staff told us, "The medicine training is really good and we are always kept up to date. The competency check is also good as it makes sure we don't get complacent."

A review of the daily records and MAR, showed that staff were recording when medicines had been given. Where issues with medicines had been identified by staff or gaps noted within the MAR they had been reported and appropriate action taken. We found that monthly quality audits were completed to check the accuracy of the administration and documentation of all medicines and action taken to rectify any discrepancies.

## Is the service effective?

### Our findings

People we spoke with and their relatives told us they were satisfied with the care provided and thought that staff were knowledgeable and trained. One person told us, "My carer is very good, helps me with everything and is very good at what she does." Another person told us, "My carers certainly know what they are doing." A relative said, "I rely on the carers with [name of relative] and they do it well." A written comment from the questionnaires sent as part of the inspection process was, "We are happy with the service we receive and have a team of well-trained carers to support the needs."

A comprehensive induction was completed by all staff when they commenced employment with the service. Staff told us that they completed mandatory training courses followed by a period of shadowing another member of staff during which their competency was assessed. One member of staff said, "The induction is really thorough for everyone, whether you've worked in care before or not." They went on to explain how they completed a week long training programme before completing 'care coaching' with a more experienced member of staff. Records confirmed the training programme followed by each member of staff and the assessment of competency during this period through observations of task completion, assessment of manual handling practice and medicine administration and by spot checks.

Staff also told us that they kept up to date with skills relating to their roles and responsibilities through regular training. One member of staff told us, "The training that we get with Allied is excellent." Another member of staff told us, "We get all the training we need and there are lots of resources available to us." Staff training records showed that staff had completed the required training identified by the agency and had further courses planned to develop their skills and knowledge. The registered manager monitored the training needs of the staff team and when refresher courses were required.

Staff received supervision on a regular basis. They told us that they had regular contact with senior staff and supervision meetings and received additional support through team meetings and spot checks. All of the staff we spoke with expressed they could speak to the registered manager or a senior member of staff if they needed support. One member of staff told us, "We are well supported. I have regular supervision with my senior and have had spot checks on my calls. We always get feedback on how we are doing and the chance to talk through any concerns we may have." We saw evidence of these meetings in the records we looked at and that they were used as opportunities to discuss wellbeing, performance, training and any other support measures that the member of staff may require. Senior staff undertook spot checks to ensure that staff were competent in their roles and that they met the needs of people appropriately. These 'spot checks' included an evaluation of the care workers' performance, skills, attitude and timeliness at care visits. We noted that these records were discussed with members of staff and an action plan completed to address any issues found in the assessment.

People we spoke with confirmed that staff would always ask them for consent before they provided them with care or support. One person said, "My carer asks me for my permission and explains what she needs to do before doing it." We saw that consent forms were present in people's care records which they or a relative had signed on their behalf.



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.

Staff told us that they had received training on the requirements of the Act and understood their roles and responsibilities in ensuring that people consented to their care and how to provide support to people in making choices and decisions. Staff told us they would always seek consent from people prior to providing care and support.

People's needs in relation to food and fluids were documented in their care plan. People told us they were supported with preparing meals and to eat and drink sufficient amounts by the care staff, where they needed help. One person told us, "My carer always makes me what I like for breakfast and makes me a cup of tea." A relative told us, "They don't make any meals but they always make sure [name of relative] has plenty to drink." Staff we spoke with told us that they would always leave the person with a drink, when required by their care plan to ensure that they had enough to drink and were aware of the people assessed as high risk. Staff confirmed they would report any concerns with regards to a person's nutrition or hydration to the office.

People were supported to maintain good health because staff were able to identify health concerns and report them appropriately. One member of staff told us, "We are provided with the relevant medical history of people and get to know people well through visiting them frequently. We can spot when someone isn't themselves." Staff told us that they sought advice from the office if they had concerns over a person's well-being or called the person's GP. We also noted from the care records that people had accessed other health care professionals, such as dietitians or physiotherapists, either during their assessment or when required in managing an ongoing health concern.

## Is the service caring?

### Our findings

People we spoke with were positive about the staff and were very complimentary. One person said, "My carer is just marvellous. Very caring." A relative told us, "The care my [relative] gets is very good, very caring and respectful." A written comment received from the questionnaires sent as part of the inspection process was, "They are excellent. We would recommend them to others and have done."

Staff spoke positively about working at the service and the relationships that they had developed with people. One member of staff told us, "I've worked here for a number of years now and your relationships build with people and you look forward to visiting them." Another member of staff said, "You get to know people well when you visit them regularly. Them and their families, you become part of it."

Staff knew the care preferences of people they supported. All the staff we spoke to were able to explain the care needs of the people they visited and how they preferred to be supported. Through the care plans, and visiting people frequently, staff were aware of people's life histories and backgrounds and used this information to build relationships with people.

People said that they were asked their views and were involved in making decisions about their care and support. People told us that staff listened to them and acted on their wishes. One person told us "I am very happy with the service. My carer helps me with everything I need and will ask if there is anything else I would like her to do before she leaves. It's all very good." Another person expressed how the staff were flexible to their needs during their visits and would always try to accommodate any additional requests or tasks. One member of staff said, "I always ask, 'Is there anything else I can get you?' and check they have everything to hand that they may need before the next call."

People confirmed that they had copies of their care plans in their homes and knew what they were for. We saw a copy of the files held in people's homes which showed that a range of information had been included for use by people and the members of staff providing care. This included details of people's care needs, information about the service, the complaints procedure and emergency protocols. Members of staff spoke about how they used the care plan as a guide in providing care to people and ensuring that they met their needs.

Care plans were regularly reviewed and updated whenever there was an identified change. We looked at eight care plans and saw they were individualised to meet people's specific needs. There was evidence of people's, and their relative, involvement in the assessment and planning of their care and signatures of people to confirm that they agreed with the content.

People told us that care workers were respectful and treated them with dignity and took care not to rush when helping them. One person said, "I rely on her and she definitely respects me." A relative said, "I have no concerns with the respect shown by staff to my [name of relative]." Staff we spoke with gave examples of how they promoted privacy and dignity when supporting people which included ensuring doors and curtains were closed and that people were covered when undertaking personal care. One member of staff

said, "I always remember the fact that I am entering someone's home to provide care. We must be respectful of that."

Staff were aware of the need to maintain confidentiality. They described the importance of not sharing information with anyone else without permission, safe storage of their rotas, keeping key-safe numbers confidential and the safe transporting of records when returning them to the office.

## Is the service responsive?

### Our findings

People we spoke with confirmed that they or their relatives were involved in planning their care. One person said, "They've asked me everything about what I need and want from the service." A relative told us, "The service doesn't provide a huge amount of care at the moment for my [name of relative] but they have involved us all in arranging the service to be provided during the visits."

People and their relatives told us how a member of staff from the service visited them to complete an assessment prior to them receiving a service. The care delivery manager told us that comprehensive assessments were completed prior to a care package being provided to a person. Information from the assessments was used to ensure that the service could meet the needs of the person and, once a package was agreed, used to develop the care plan. A copy of the care plan was held in the office and at the person's home.

Staff were knowledgeable about people they supported. They were aware of people's hobbies and interests and their family backgrounds and had gained this knowledge from the care plans and time spent talking to them. One member of staff told us, "The care plans are really good with lots of detail. So if you do ever need to provide care to someone who is new or who you've not met before you can get a really good picture of who they are and the support they will need from you." Staff told us that they were kept informed of changes in people's needs by telephone calls from the office, at team meetings or by reading updated care plans. Staff confirmed they would call or visit the office to ask for clarification if they were unclear about anything written in people's care plans.

People using the service and their relatives were aware of the complaints procedure or who to contact in the office if they had concerns. One person told us, "I have no complaints but I would ring the office if I had any." Another person told us, "I have made the odd grumble about things and I've always been listened to." A copy of the complaints procedure was kept within the file in their homes and was issued in the information pack when a person began using the service.

There was an effective system for managing complaints. We saw that where complaints had been made they were logged and an investigation completed. For all recorded complaints, there was also a response to the complainant and the action that had been taken to prevent the concern occurring again or the learning achieved from the investigation. This demonstrated how the registered manager used complaints as opportunities to make improvements to the service.

People were also asked about their views on the service through telephone interviews and an annual questionnaire. The care delivery manager explained how calls from the office were made to people by senior staff to ensure they were happy with the service they received and to give an opportunity to provide feedback on the service they received.

The annual questionnaire was completed by the provider organisation and the result sent through to the office for analysis. The survey results had very recently been received by the branch and had not yet been

analysed but the care delivery manager was able to explain how the results would be used in the formation of an action plan and would contribute to the overall service development plan.

## Is the service well-led?

### Our findings

There was a registered manager at the time of this inspection and, whilst they were not based in the office, staff told us that the registered manager, care delivery manager and senior staff provided them with consistent support and guidance and were actively involved in the running of the service.

The registered manager, who is registered at two other locations run by the provider in the local area, explained via the Provider Information Return (PIR) how they managed each location with the support of the care delivery manager and care quality supervisors.

We found that the registered manager was also supported by a regional manager from the provider organisation. Staff told us that they were clear of the management structure of the service and understood their roles and responsibilities.

People and staff felt the registered manager and office staff were available if they had any concerns and felt well supported. One person told us, "I only have to ring, that's it." Another person told us, "I am very happy with the service I get. The office staff are good." A member of staff said, "It's a really supportive team and the changes that have been made in the branch have been really positive." Another member of staff said, "I'm very happy working at Allied. They are very supportive and caring towards the needs of people and its staff."

Staff told us that they were provided with the opportunity to discuss their work and share information within the workplace. This was completed formally, in team meetings and supervision, and informally through discussions on the phone or in person when they visited the office. Staff told us that regular staff meetings were held where they were able to discuss issues relating to their work and the running of the service and confirmed that they were given the opportunity to discuss any concerns at these meetings. Recent meeting minutes showed that topics discussed included worker incentives and bonuses, documentation, manual handling, training, call monitoring and uniform. A newsletter was sent to all staff employed by the service to give them information on news within the team, updates from the provider organisation and the training and support available to them. Information was also available to support staff through the provider organisations internal systems and the online learning forum.

There were effective quality assurance processes in place. Senior staff undertook spot checks to review the quality of the service provided and these were consistently completed for all staff. The provider also carried out regular audits of care records to ensure that all relevant documentation had been completed and kept up to date. This included the review of medicine administration records (MAR) and daily visit records. Where gaps were found in records, an explanation was given and the actions taken recorded. We also saw action plans that had been completed by the registered manager and care delivery manager following comprehensive internal audits and external audits completed by the local authority. This demonstrated how the registered manager used feedback and information from a variety of sources to drive future improvement in the service.

During our inspection we saw that staff were relaxed. There were frequent telephone calls and visits to the

office throughout the day by care staff and these opportunities were used to actively share information about people and their care. The care delivery manager encouraged staff to share information, asked questions about their work and responded to any concerns that were raised positively. We observed positive communication amongst the staff present on the day of inspection and saw the office team members working together to meet the needs of people and the staff on duty. We saw that records were held securely in the office and that computers were password protected. This meant that people's information was protected from unauthorised access.