

Nestor Primecare Services Limited

Allied Healthcare Telford

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 Telford is registered to provide personal care to people of all ages living in their own homes. At the time of our inspection the agency was supporting 96 people with a range of care and support needs.

The inspection of this service took place on 12 and 13 January 2017 and was announced.

There was a registered manager in post and they were present at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, registered managers 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.

People received a service that was safe and staff were confident they could protect the people they supported from harm. Risks in relation to providing safe support were assessed, documented and well managed.

There were sufficient staff to meet people's assessed needs at times that had been agreed. Staff could offer flexible and responsive support to meet people's changing needs in order to ensure their on-going safety and wellbeing. There were effective systems in place to ensure that people received the support they required. Staff were recruited through safe recruitment practices meaning that only people suitable to work in the role were appointed.

People who required support to take their medicines were protected by safe systems for administering, storing and recording medicines. People were supported by staff who had received training and were competency checked to ensure the safe administration of medicines.

People were supported by staff who had the knowledge and skills to provide effective support. Staff received good training opportunities and training was developed to ensure staff were skilled to meet people's individual health and personal care needs.

Staff had a good understanding of their roles and responsibilities and worked well as a team to ensure people's needs were met. Effective communication meant that information was shared appropriately to ensure people's needs were known. People were supported in ways that they preferred because staff were aware of people's individual needs and preferences.

People's rights were protected as the provider was appropriately applying the principles of the under the Mental Capacity Act. People were supported by staff to make choices in relation to the care and support they received.

Staff worked with healthcare professionals to promote and maintain people's good health. Staff monitored people's wellbeing and offered flexible support to enable people to enjoy a varied and nutritious diet that met their individual dietary needs.

People were supported by staff who were caring, kind and compassionate. People got to know the staff who supported them and this consistency meant they received good care and support. People were supported to remain as independent as they were able whilst receiving support and care. People told us that staff treated them with dignity and respect. Staff respected people as individuals and respected their chosen lifestyles.

People received a responsive service. They received the care and support they required. They told us that any changes were communicated and staff were flexible if people wished to reschedule their calls. Overall care plans reflected people's support needs and were updated as needs changed.

People told us they were satisfied with the service that they received and felt consulted with in how their care and support was delivered. People, and their relatives had opportunities to give feedback on the service and feedback received was positive. The provider had a system to appropriately manage complaints. People were confident that, should they need to make a complaint, they would be listened to and their concerns would be acted upon. There were systems in place to monitor the quality of the service provided. The registered manager learned from incidents, accidents and complaints and made changes to improve the service if possible as a result.

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 were safe because staff knew how to protect them from the risk of potential abuse.

There were sufficient staff employed to flexibly meet people's needs.

People were supported by staff who were suitable to work with them because the provider's recruitment process was robust.

People were supported by staff to take their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who were trained and supported to deliver effective care and support.

People's rights were protected as the provider was applying the principles of the Mental Capacity Act and staff offered individualised support.

People were supported to access on-going health care support. Staff worked effectively with healthcare professionals to promote and maintain people's good health.

Is the service caring?

Good ●

The service was caring.

People received care and support that was delivered in a kind and compassionate way. People's privacy and dignity was respected and promoted.

People were listened to and were supported to make their own decisions and choices.

People's independence was promoted.

Is the service responsive?

The service was responsive.
People and their relatives contributed to the planning of their care and support.

Staff were responsive to people's changing needs and where needs changed they took appropriate action.

Overall care plans reflected changing needs to ensure staff were providing appropriate care.

People and their relatives knew who to contact if they were unhappy about their care and there was a system in place to manage complaints.

Good ●

Is the service well-led?

The service was well-led.

The registered manager was well respected and people considered that the agency was well managed.

People's views were sought in relation to the quality of the service provided.

There were procedures in place to monitor and review the quality of the service.

Good ●

Allied Healthcare Telford

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 12 and 13 January 2017 and was announced. We gave the provider 48 hours' notice of the inspection because it is a domiciliary care service and we needed to be sure that someone would be in the office.

The inspection team consisted 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 service.

As part of the inspection we looked at the information we held about the service. This included statutory notifications, which are notifications the provider must send us to inform us of certain events that affect the wellbeing of people who use the service. The provider had sent us a Provider Information Return (PIR) before the inspection. A PIR is a form that asks the provider to give key information about the agency, what the service does well and improvements they plan to make. This helped us to plan the inspection.

As part of the inspection we spoke with six people who used the service and five relatives. We spoke with the registered manager, the care delivery manager, the regional training coordinator, the clinical lead and nine support staff, including senior staff. We also spoke with an external training assessor and two social care professionals.

We looked at three people's care records and support plans. We looked at three staff files. We also looked at a range of quality audits and action plans. These showed us how the provider monitored the quality of the service provided.

Is the service safe?

Our findings

People told us that they felt safe while being supported by staff. People trusted the staff to support them safely and valued staff who they had developed a positive working relationship with. Relatives were also confident that people received safe support.

People received safe support because staff knew how to protect them from harm. The staff who spoke with us understood what constituted abuse and were confident they could recognise the signs that abuse was happening. Staff had received training to recognise and report potential abuse and they described the training as 'informative'. One person had been encouraged to raise concerns about suspected abuse. They felt they had been taken seriously and had been well supported throughout the process. Staff were confident the registered manager of the agency would take appropriate action if an allegation of abuse or poor practice was made. The registered manager told us how they had taken action to ensure people's safety when concerns had been raised. They had followed their policy and local guidelines and their actions had been dynamic and appropriate.

Staff promoted health and safety and safe working practices. Staff told us that they were confident to recognise hazards in people's homes. Senior staff told us that they developed plans to reduce risks and remove hazards where possible, without impacting on people's living arrangements. For example, one senior member of staff told us that a person they supported needed identified equipment to move them safely from one place to another. This equipment did not operate well on a large rug that was in the person's room. Staff were directed to roll up the rug at the start of their call and then replace it before they left. A social care professional told us how the agency staff informed them that one person did not have sufficient room to get around without encountering trip hazards. They told us they worked with the agency to move the person's bed into a larger room, reducing the falls risks and enabling the person to remain supported in their own home.

One person made lifestyle choices that placed them, and the staff who supported them, at risk of harm. We saw detailed risk assessments to reduce risks as far as possible. Assessments and plans had been developed with social care professionals who confirmed that the agency worked well to reduce risks while recognising people's rights to make their own decisions about how they lived their lives. This joint working meant that current arrangements were as safe as they could be and the person was living their chosen lifestyle. The social care professional told us, "Risks are managed well at all levels."

People were supported by staff who had sufficient time to carry out tasks required of them safely. People told us that staff had time to meet their needs and that they usually received the same staff to support them meaning they could work more efficiently. People said staff usually arrived on time and that if there were delays they were usually informed. Staff told us that there were procedures in place to inform people when they were delayed. On call arrangements were in place to ensure that there was always support for staff out of office hours. People we spoke with told us they had not experienced a missed call. Records we looked at confirmed this. The provider had a system in place to monitor calls. This system ensured people received the support they needed at the appropriate times.

People were supported by staff who had been recruited safely. We spoke with staff about the recruitment process. They all told us they had been subject to pre-employment checks which included references from previous employers and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with people. The recruitment process included two interviews and completion of the agency's induction (which agency staff refer to as 'section training'). The training coordinator told us that staff were only signed off to work for the agency when they had demonstrated appropriate values and attitudes and completed basic training. Staff were fully aware that this was the arrangement and were happy with it. The registered manager understood the recruitment process and the importance of demonstrating people were fit and suitable to work with the people they were to support.

People required varying levels of support to take their medicines. Some people told us they managed their own medicines. One person told us, "I take my own medicines." Another person told us, "I do it myself". Some people were supported by family members and some people needed help from agency staff to take their medicines. One person told us that staff checked they had taken their tablets as required. They told us, "They make sure I take them because I wasn't taking them before."

Where people were supported by staff to take their medicines they were given to them in a safe way. Staff told us that they received training and a competency assessment before they were able to administer medicines. Senior staff we spoke with and records we reviewed confirmed this. One staff member told us, "The training [in relation to the administration and recording of medicines] was really good."

Other arrangements were in place to ensure medicines were given correctly. Staff told us they had to complete records to demonstrate they had given a named medicine as prescribed. We saw medication administration records (MAR) that demonstrated this. Senior staff showed us how they monitored these records to ensure they were accurate and up to date. They told us that any gaps would be identified and investigated. Medication audits showed there had been no recent medication errors suggesting people received their medicines as prescribed.

Is the service effective?

Our findings

People who used the service told us that the support they received was effective and met their needs and requirements.

People felt supported by staff who were well trained. One person told us "The way they carry out the duties, you can tell they have been trained." Another person told us, "Yes they are trained enough for me." Staff told us they received 'excellent' training opportunities and the training they received was relevant to the type of work they were employed to do. One staff member told us, "Training opportunities are good. It provides good guidance which is relevant to the needs of the people we support."

Some staff supported people with complex needs. They told us they were trained to understand and carry out their roles safely and effectively. They also worked with health care professionals to ensure health conditions were monitored and managed safely. For example, one person had fragile skin. Staff knew that they had to turn them regularly to ensure their skin stayed intact. One person had a health condition that required regular intervention following an episode of ill health. Staff had been trained to respond to this potential medical emergency and knew when to seek professional support. This effective support meant that the people could remain at home.

The provider's training coordinator said that the agency had the resources to arrange and deliver training in relation to staff's special interests. Staff told us they would like to attend Makaton training. This is a form of communication that uses symbols. They told us that some people they supported used this form of communication and so it would mean they could better communicate with them. The training coordinator was sourcing this training. Staff told us they were regularly observed in practice to check their on-going competence. Feedback enabled them to improve their practice. Staff also told us they had opportunities to meet with senior staff to discuss their personal and professional development.

We spoke with staff who were currently completing their induction to the service. They told us they had been very satisfied with the information they had been given and the support they had received to date. All staff confirmed they were working towards achieving the Care Certificate. The Certificate has been developed by a recognised workforce development body for adult social care in England. It is a set of standards that health and social care workers are expected to adhere to in their daily working life. This will mean people will be supported by staff who have the right values and competences to support them effectively. The training coordinator told us that if people did not demonstrate these values they would not be deemed as competent to work 'in the field'.

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. We checked whether the agency was working within the principles of the MCA. The registered manager had a good understanding of the legislation and made sure staff received training to enhance their

understanding. Most staff recalled attending this training.

People told us that they were involved and consulted in making decisions in relation to their care. People shared examples of how they chose clothing and meals. This enabled them to stay in control of their lives. Staff confirmed people were involved in decision making. One staff member told us, "It's their life. It's about how they chose to live it. We respect people's lifestyle choices and support them how they want to be supported." The registered manager told us that currently everyone who received personal care was able to consent to the care and support that they provided.

People were supported to have their nutritional needs met. Some people told us they did not need support in this area. Others required minimal assistance. One person received intensive support to ensure their needs were met. This person was supported by a team of staff who had all received training in relation to supporting them to receive food, drink and medicines. We saw that their practice had been supported by a health care professional who had worked with them to develop a detailed plan, delivered training and assessed staffs competence.

Staff were aware of people's dietary preferences and needs and felt they met them effectively. They told us they offered people choices. One person told us, "They help me to make dinner and ask me what I would like in my sandwiches. They also ask me if I would like tea or orange to drink." A relative told us, "They offer a choice; they make sure [my family member] has a variety to choose from." Staff received training in relation to nutrition and wellbeing. They said the training was helpful because it informed them of the importance of supporting people to maintain and enjoy a balanced and nutritious diet.

People were supported to have their health needs met as required. Some people managed their own health appointments, others were supported by staff. Staff had received training to manage identified health conditions effectively. They also told us that they worked with healthcare professionals by following up on their advice to keep people fit and mobile. For example one person needed support in relation to swallowing and this was arranged. Staff followed guidance from the speech and language team to ensure the person ate foods that were easier for them to manage.

Staff told us they monitored changes in people's health and referred concerns to the office, the GP or a relative. One relative told us, "They always tell me. They are very vigilant." People's changing health needs were managed effectively.

Is the service caring?

Our findings

People were supported by staff who were kind and caring. One person told us, "They are always gentle and kind." Another person told us staff were, "Very caring and compassionate." A relative described staff as being, "Genuinely caring." A visiting training assessor who worked with staff at the agency told us that staff were very caring and held strong values. They said, "They employ people with the right attitude." A social care professional said, "Staff are caring and very supportive." Staff told us, "It is important we treat people well."

People told us staff promoted their independence by encouraging them to do whatever they could for themselves. One staff member told us, "We see what people can do for themselves and then offer assistance." The training assessor told us, "They [the staff] always promote independence. I cannot fault what I have seen so far." Care plans identified what people could do for themselves. They also identified what people wanted to do for themselves. For example one plan said, "It is important to me that I am able to prepare my own food."

People who used the service told us staff listened to them, and involved them in making decisions about their care. One person told us, "They spend time talking to me and include me in everything they are doing." A staff member told us, "We get to know people. These little things are the big things."

People's support needs were met in ways that they preferred. For example one person was very specific about how they liked to be dried after a wash. They said that staff did this. People's likes and preferences were well documented and staff told us that they referred to plans and spoke with people to establish, "The little details that made the difference."

One staff member told us how they supported one person to live their chosen lifestyle. They said that staff offered sensitive support but were not judgemental about their lifestyle choice. Staff told us that they got to know people and this meant they could gain a better understanding of the person they supported. They told us that they could then show empathy and better understand the person. A social care professional confirmed this. They said, "They look beyond people's living conditions and care for the person."

People told us that they were always treated with respect. They also said that their dignity was maintained. They gave us examples of how staff did this. One family member told us, "Whatever room [my family member] is in they draw the curtains. At times [my family member's] dignity is low. So they don't get embarrassed they cover [my family member] with towels." Staff understood the importance of treating people with dignity and respect. One staff member told us how they recognised one person was embarrassed while having their personal care needs met. They told us that they spoke to the person and engaged in 'friendly banter' to help them overcome their embarrassment. Staff said that they treated people how they would like to be treated themselves.

People told us that staff respected their privacy. They told us how they had time alone when appropriate and all personal care tasks were carried out behind closed doors or curtains. One person told us, "They

dress me in the bathroom, keeps it private." Staff respected people's privacy in relation to personal care but also in relation to sharing information. They only shared information with people who needed to know and only with the person's agreement.

Is the service responsive?

Our findings

People told us that they received a service that met their individual needs. People's needs were assessed prior to them receiving a service. Information shared by people who used the service enabled staff to put together a plan to identify how they could meet people's individual needs. Some people told us they had been involved in the assessment process. Some people were supported by their relatives to share information about their needs and wishes. People told us they told staff what they wanted from them and the support they received was reflected in their care plan.

People also told us that, on a daily basis staff accommodated their individual requests. One person said, "They always ask if there is anything I need." A relative confirmed this and said, "They do everything [my family member] asks them to do." Staff knew the individual needs of the people they supported and gave examples of individual needs and preferences to reflect this. People told us that they had time to sit with staff and discuss their support as required. They also said that they could be responsive when needs changed. A social care professional told us that the agency was flexible to meet people's needs and responsive to accommodating changing needs. They said, "They do their best in challenging times. We would struggle to replace them."

Not everyone we spoke with felt that they had been involved in the planning of their care. But everyone was happy with the care they received. They said that staff knew how to support them and that they met their needs in ways that they preferred. People told us staff knew how to meet their needs because they had asked them or referred to their plans of care. One person told us, "They always ask if there is anything I need." A relative confirmed this and told us, "They do everything [my family member] asks them to do." Staff were confident that they could meet people's needs. They told us they received detailed plans of care and always asked people what they could do for them. We saw that care plans were person centred. This meant they focussed on providing care and support in ways which people preferred.

Overall care plans identified when people's needs changed. We looked at three plans. For one person, we saw reviews that included the person, the agency and health and social care professionals. This person received a complex support package supported by professionals who worked together to ensure they could respond to the person's changing needs. On one plan however the person's needs had increased and the current plan did not reflect these changes. Staff were aware of the changes but there was uncertainty about how the person should be supported. Prior to the end of the inspection this plan was identified to be reviewed without delay to identify the person's current support needs. We saw that people were referred for professional assessments after it was noted that there had been an increase in accidents. We spoke with a social care professional about this who told us that reviews looked at changes to plans to keep people safe and the registered manager had requested reviews to enable this to happen.

On the day of the inspection we heard office staff liaising with individuals, relatives and social care professionals to ensure that people received the support and resources they needed. They were able to increase support packages as people's needs increased and reduce them when support was not required. Staff told us how they worked flexibly with the rotas to ensure staff were deployed where and when they

were needed. They told us that some packages were consistent but some had to be flexible to respond to people's constantly changing needs. Staff told us that they were deployed where needed and were given notice of changes to their rota. They also said they received information about new clients if they were going in at short notice without the opportunity of meeting them first. Staff knew when people did not like changes and so considered this when planning.

People told us were confident to raise a concern or a complaint about the service they received and were confident that their concerns would be listened to. Some people valued the informal approach to raising complaints and chose to speak with staff who supported them. People who had made complaints were satisfied with responses they received. One relative told us, "We've made very few [complaints]. Yes we were satisfied with the outcome." Another relative told us they had complained four times and their concerns had, "Always been dealt with quickly." The provider monitored complaint outcomes and actions taken. When appropriate social care professionals were also made aware of complaints. They told us that complaints were well managed by the agency.

Staff told us that they would always try to address issues quickly and informally. Staff had confidence that the registered manager would listen to people and take prompt action if they shared concerns on behalf of people. We saw that the current complaints procedure needed some details updating and the registered manager completed this task before the end of the inspection.

Is the service well-led?

Our findings

People who spoke with us said they were satisfied with the service provided by Allied Healthcare. One person told us, "I am quite happy with the company and the carers." Another person said, "Ten out of ten." Most people said that their service was well run. One person told us, "The level of care is exceptional." Relatives were equally as satisfied with the standard of care although some thought that communication could be improved. This was an area that the registered manager had also identified as needing improvement. In response they were working with the provider to make out of hours on call arrangements more efficient.

People told us that they had regular contact with either the registered manager or the senior staff team. We met with the care delivery director. They were responsible for overseeing all branches of the agency in the West Midlands. They told us that they were regularly at the office working with the registered manager in overseeing the quality of the service provided. The registered manager told us that they provided them with good support and were always available for consultation and guidance.

Staff told us that they felt well supported by the registered manager and everyone who worked for the agency. They said that they always felt welcomed at the office and would be confident to approach office staff for advice and support. They told us how meetings took place to discuss the running of the service. They felt that their ideas were listened to and valued. The registered manager was described as 'super organised'. The training coordinator told us, "The attitude of the manager is brilliant. This is a brilliant little branch."

Staff told us how effective communication meant they knew what was expected of them. They said if they had any concerns about the support they were delivering, or any questions about expectations, they got in touch with a member of the senior staff team or the registered manager. They shared examples with us of how effective information sharing had meant that people's needs could be met. For example staff identified that one person's health was deteriorating. The registered manager liaised with health and social care professionals to get the person reassessed for more support. This had had a positive impact on the person. A social care professional told us, "They work effectively with us to make sure people's needs are met."

Social care professionals spoke very positively of their experiences working with the agency and in particular with the registered manager who they considered to be approachable, supportive and professional.

Staff knew about the whistle blowing policy and procedure and said they would be confident to use it if necessary. The whistle blowing policy enables staff to feel that they can share concerns formally about poor or abusive practice without fear of reprisal.

People told us they valued the fact they were supported by the same staff, some of whom had supported them for years. Staff told us that they felt valued by the agency and gave us examples of how they were given incentives to stay with them. These incentives proved successful and meant people who used the service were supported consistently.

People told us that they had received questionnaires about the running of the service and we saw some completed ones. Feedback had been overall very positive and the registered manager could evidence that people were satisfied with the service they received. One person told us that a member of the office staff had contacted them by telephone to ask their views. One relative told us that they were asked in a review if they were satisfied with the quality of the service provided to their family member.

Registered persons are required to notify CQC of certain changes, events or incidents at the service. The registered manager was aware of their responsibilities in relation to this. They had notified us of incidents appropriately.

The registered manager completed a range of audits and checks to monitor the quality of the service. We saw that the agency had scored 100% compliance in all recent audits suggesting that it was performing well. We saw that accidents and incidents were analysed and reviewed to ensure they could not have been prevented. We saw that updates to care plans had been made following incidents that could have been avoided to protect people in the future. The registered manager regularly met with other branch managers to review accidents and incidents. This was to see if they could learn from each other and be proactive in making changes to improve the service provided.