

Nestor Primecare Services Limited

Allied Healthcare Cannock

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

We inspected this service on 26 and 27 April 2016. This was an announced inspection and we telephoned the week prior to our inspection to arrange home visits and telephone interviews with people. This was our first inspection since the new provider registered with us in February 2015. Allied Healthcare Cannock provides support to people who live in their own homes in the Cannock and Rugeley area. At the time of our inspection visit, 306 people were using the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe having support from the provider. Staff were knowledgeable about the different types of abuse that could occur and were aware of the possible signs of abuse. Staff knew how to respond to any concerns and were confident that these would be dealt with by the provider. Risks to individuals were assessed and managed, and people were involved with these decisions. There were enough staff to meet people's needs and they were recruited safely. When needed, medicines were managed safely.

Staff had the knowledge and skills to meet people's needs. Staff received an induction, ongoing training and annual appraisals to ensure they were competent to carry out their roles. People were involved in making decisions about their care, and staff would gain people's consent before they gave them support. Staff supported people to maintain a balanced diet and have their health needs met when this was needed.

Positive caring relationships were developed between the staff and people who used the service. People were treated in a kind and caring manner and their privacy and dignity was respected and promoted. People were listened to and they were encouraged to maintain their independence.

People received care that was individual to them and their support plans reflected how they preferred to receive this care. They were enabled to contribute to the planning of their care, and their needs were reviewed when required. Concerns and complaints were responded to and people were encouraged to raise any issues.

People spoke positively about the management and leadership in place and good practice was recognised and rewarded. There were systems in place that were effective at monitoring the quality of the service, and used to identify trends to drive continuous improvement.

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 felt safe with the staff who visited them and the support made them feel safer in their homes. Staff understood how to protect people from avoidable harm. Risks were managed and staff knew how to work safely. There were sufficient staff to meet people's needs and keep them safe. The provider had safe recruitment practices, and when people needed support with their medicines, this was managed safely.

Is the service effective?

Good ●

The service was effective.

Staff had the skills they needed to carry out their roles. The provider ensured that staff received an induction, regular training and appraisals to ensure they were skilled and knowledgeable to provide support to people. Staff sought people's consent when providing care and support and enabled people to make choices. People were supported to maintain a balanced diet and have their health needs met.

Is the service caring?

Good ●

The service was caring.

Positive caring relationships were developed with people who used the service. People's dignity was promoted and their privacy respected. People were listened to when making decisions about their support and they were encouraged to maintain their independence.

Is the service responsive?

Good ●

The service was responsive.

People received support that was individual to them and were encouraged to contribute to the assessment and planning of their care. People's support needs were reviewed and their care records were up to date and reflected their needs. People knew how to raise any concerns or complaints or the provider and

were encouraged to share their experiences.

Is the service well-led?

Good ●

The service was well led.

A positive culture was promoted and people were aware of who the management team were and how to contact them. Staff felt supported in their roles and were encouraged to contribute to the development of the service. Good practice was recognised and rewarded, and the provider had systems in place to monitor the quality of care and drive continuous improvement.

Allied Healthcare Cannock

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 visit took place on 26 and 27 April 2016 and was announced. We gave the provider four days' notice because the location provides domiciliary care to people living in their own homes, and we needed to be sure that people who used the service and staff were available to speak with us. At the time of our inspection 306 people were using the service.

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 care service. The expert by experience did not attend the office base, but spoke with people who used the service by telephone.

We used a range of different methods to help us understand people's experience of using the service. We visited two people in their own homes and spoke with 20 people by telephone and two relatives. We sent out questionnaires to people who used the service and staff, and used this information to make a judgement about the service. We spoke with seven care staff and one field care supervisor and a care co-ordinator, the registered manager, and the operations support manager.

We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information we had received from the public. We also reviewed the current monitoring information from the local authority and commissioners. We used this information to formulate our inspection plan.

We also had a provider information return (PIR) sent to us. A PIR is a form that asks the provider to give some key information about the service. This includes what the service does well and improvements they plan to make. As part of our planning, we reviewed the information in the PIR.

We looked at the care plans of seven people to see if they were accurate and up to date. We reviewed two staff files to see how staff were recruited and checked the training records to see how staff were trained and supported to deliver care appropriate to meet each person's needs.

We also looked at records that related to the management of the service. This included the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Is the service safe?

Our findings

People told us they felt safe having support from this provider. One person said, "They help me feel safe." Another person told us, "I feel very safe with my carer; she is very careful." People told us that receiving the support had made them feel safer in their homes. One person said, "It gives me reassurance." Another told us, "I really don't know what I'd do if they weren't there."

Staff were knowledgeable about the different types of abuse that could occur and they described how they would recognise possible abuse or neglect. One staff member told us, "I would know if something was wrong; there might be a change in the persons appearance or their mood; they might have lost their appetite. But it's important that you get to know people as everyone is different." Another said, "We check to see if people are okay and may pick up if there are changes in them. I would always report anything to the co-ordinator, or ring the on call service if it's out of hours. It's important to raise any issues straight away. I know any issues would be dealt with." We were given an example when a staff member had to report their concerns to the office; they told us, "Social services became involved, and now things have been changed to keep that person safe. I had to report my concerns in the first place, but now that person's life has improved." This demonstrated that staff were able to protect people from harm.

Risks to people's safety had been assessed and staff knew how to support people to reduce any risk of harm. One staff member told us, "There are some people who have to have two carers to support them because of the equipment we need to use." Another staff member said, "If we come across equipment we are unfamiliar with, the field care supervisor will come out and demonstrate it, so we know how to use it safely. It doesn't happen that often as we have the training to use things safely." We saw there were a variety of risk assessments in people's care plans which clearly described to staff how to minimise potential risks for individuals.

People who used the service told us the staff would always wear personal protective equipment when needed. One person said, "They always wear aprons and gloves when they're here." One staff member told us, "All our personal protective equipment is provided; there's no problem getting what we need from the office."

Risks were managed and we saw that people were involved in decisions they made about taking risks. One staff member told us, "We have referred people to the fire service so they could get advice from them to increase their safety." They gave us an example where one person who used the service had been insistent in continuing to smoke cigarettes when in bed. The staff member said, "It was their choice; it wasn't up to us to tell them to stop. But the fire service fitted a sprinkler above the bed to reduce the risks, and that person was happy with that."

We saw that risks were managed not only for the people who used the service, but for the staff as well. The registered manager told us, "The majority of our customers use the call monitoring system, where the carers ring through when they arrive and leave. It was this system that alerted us to the fact that one carer had not arrived as scheduled, and we were able to follow this up immediately." We also saw from the PIR that the

provider was issuing staff with hand held devices that would indicate their whereabouts. This meant the provider understood the possible risks for staff working on their own in the community.

We were told there were sufficient staff to meet people's needs and keep them safe. One person said, "They have never missed my care calls." Another told us, "They will spend time with me and always ask if there is anything else they can do before they leave." One staff member said, "We do have enough time to support people, and we are paid for travel time to get to the next call. If we see a change in a person's needs, we'll speak to the manager and the call times can be increased. I have seen that happen for people." This demonstrated the provider took people's needs into account when scheduling the time they needed. People told us that the staff were usually on time, and most said they were informed if their calls were going to be late.

We saw that the provider checked staff's suitability to support people with personal care before they started their employment. One staff member said, "I couldn't start until my police checks came through clear, and I had to wait for my references as well." We checked the provider's recruitment records and saw that new applicants had a full employment history detailed, as well as references from people's most recent employer. People's identify had been checked and we saw that police checks had been carried out before people were employed. This showed the provider had safe recruitment processes in place.

We looked at how staff supported people to take their medicines. Some people we spoke with managed their medicines themselves. Others needed the staff to support them to have their medicines as prescribed. One person said, "They give me my tablets; they never forget and are always on time with them. They will always write it on the sheet to show I've had them." Another person said, "They will get the tablets out of the dispensing box for me as I can't manage this; but then I will take my medicines myself." One of the field care supervisors had a specialism in medicines. The registered manager told us, "We've learnt from experience and have changed the way we manage medicines to ensure it is safe. By doing things in this way we have been able to provide consistency and that specialist has the knowledge to share with others." We saw the provider assessed staffs competencies to ensure they were able to administer medicines safely.

Is the service effective?

Our findings

People told us the staff had the skills they needed to carry out their roles. One person said, "The carers are skilled and knowledgeable. If I have someone new, they remember things well. They will use their initiative and will recognise when certain things need to be done. So I don't need to keep telling them." Another person told us, "The staff are all very competent and professional." Staff told us how they were given the information they needed to support new people who used the service. One staff member said, "If a new person starts with us, we are always met at the house by a field care supervisor. They run through everything and give us the information we need to support the person for the rest of the time when we are on our own."

We were told that the provider ensured new staff received the support they required. One staff member told us, "I've only recently started, and have only been out on my own for the past week. I spent the first two to three weeks shadowing the more experienced staff. I've now got a 'care coach' who is available to me whenever I need some help." The registered manager said, "After their first shift, we conduct a self-review over the telephone." They explained that this helped them to see how the new member of staff had got on with their first day and also gave the staff member the opportunity to ask any questions.

Staff told us they received ongoing training from the provider. One staff member said, "We have regular training; some of which is repeated on an annual basis. This makes sure that we are doing our jobs as we should be. Some of it is on line, or in work books. Other times we come into the office to the training room." Another staff member told us, "The dementia training we've had was really good. It's made me re-think how I support one person in particular. I make sure I've explained everything clearly so they know what's happening. I'll repeat the information to give them reassurance." We saw the provider had a room available within the office base where staff could attend training sessions. Within this room, equipment was available for teaching sessions, to enable staff to learn how to use equipment safely.

Staff told us they had regular supervision sessions, and one said, "My supervisions give me the opportunity to raise any issues or concerns." The registered manager told us, "The staff have ongoing field supervisions and observations. Each year they have an annual appraisal." In the staff records we checked, we saw that this had happened. This demonstrated the provider ensured staff were supported and continuously assessed to ensure they had the competencies to carry out their roles.

The Mental Capacity Act 2005 (MCA) provides the 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 capacity to make particular decisions, any made on their behalf must be in their best interests and least restrictive as possible. The registered manager told us that people who received support from them were able to make their own decisions about the care they received.

We checked whether the provider was working within the principles of the MCA and if staff understood the implications of this. One person told us, "They will always ask me before they do anything, and they will check that I've understood as I am hard of hearing." Another person said, "I'm always offered choices, and

decide what clothes I want to wear. The carers will help me by showing me options to choose out of from the wardrobe." One member of staff told us, "Some people can be forgetful and a bit confused; but they can still make their own decisions. We have to ask them in ways they understand." Another staff member said, "I will always ask the customers how they want things done." We saw that people had signed their care plans to show their agreement to receiving their care and support.

Some people needed support to prepare their meals. One person told us, "They don't do the shopping as my relative does that; but they will tell me what there is and I choose what I want to have. They will then help me get what I want to eat for that meal." This showed that the staff encouraged people to make choices and decisions about what they had to eat. People were encouraged to maintain a balanced diet. One person said, "I make sure I have plenty of fruit every day." One staff member told us, "We have referred people to their doctors if there have been concerns about people losing weight. And where people are at risk, we will monitor what they eat and drink. We were then able to report back to the doctor." Some people were at risk of choking and needed to have their food prepared in a certain way. Staff told us about this and we saw that their care plans reflected the recommendations that had been made for people to have their food safely.

People were supported to maintain their health when needed. One staff member said, "We work closely with the community teams and make referrals to them if the person wants us to. We will meet the health professionals at people's homes so we know how to put any recommendations into practice. The carers can then observe how things should be done to ensure they do things correctly." We observed the co-ordinators contact one person's doctor as there were concerns about their health. We saw people's health care needs were recorded in their care plans and any changes were documented so that staff had up to date information available.

Is the service caring?

Our findings

People told us that positive caring relationships had been developed with the staff. One person said, "I can't speak highly enough of the carers; they become your friends and boost your confidence. They are all very caring. They will be sympathetic if I'm having a bad morning." Another person told us, "I'm treated with kindness all the time; they are very caring." We observed staff talking with people who used the service by telephone, and saw they were patient and helpful in their manner.

People told us staff were courteous towards them. One person said, "They definitely treat me with respect; they take pride in what they do." Another person told us, "They treat me with great dignity; they'll bring a towel for me to wrap round when I get changed. They are all very conscious of this." One staff member said, "If I'm supporting someone with their personal care, I will make sure the blind is down and the door is shut." This demonstrated how people's privacy was respected.

We saw that people listened to and were encouraged to express their views. One person told us, "I decided what I needed help with and they listened to what I said." One member of staff told us, "We will always listen to what the person is telling us; it's their choice. Sometimes there may be some conflict if another family member thinks things should be done differently. But we will explain that it's the person we have to listen to."

People told us their independence was promoted. One person said, "I'm very independent and like to do as much as I can on my own." Another person told us, "I don't need them to give me my medicines; I do that for myself." One staff member said, "Some people are on a re-ablement package, so we support them when they come out of hospital to regain their independence. This meant that people were encouraged to be in control of their lives."

Is the service responsive?

Our findings

People told us they received care that was individual to them and responsive to their needs. One person said, "I have my own way of doing things and the carers will leave me to get on with it. But they are there when I need them. They respect my wishes and how I choose to do things." Another person told us, "If I have a new carer, they will look at my care plan which tells them what they need to do. And I will offer to talk them through it." One staff member said, "We will go with what the customer wants and likes."

We saw that people were encouraged to contribute to the assessment and planning of their care. One person told us, "I had lots of input into my care plan." One relative said, "All the family were involved in drawing up the care plan." One staff member told us, "All the information we need is on people's support plans." Another staff member said, "There are some people who can become anxious and may get upset with us. But it always says in their care records that it's not the person's fault, it's to do with their condition, and it gives us guidance for how we should help the person."

The records we looked at were individual to each person and were detailed, clearly explaining what type of support people needed and how this should be carried out.

We saw that people's support needs were reviewed. One person told us, "They have been in to review my support with me." One staff member said, "If anything changes, we'll contact the office and they will come out and update things straight away." We saw that other professionals had been involved with reviews when needed. One staff member told us, "We meet up with the physiotherapists and will discuss the therapy plans the staff need to follow; we also review people with the occupational therapists who may make suggestions to change the person's home environment." We saw people's records had been updated and amended to reflect any changes to their care and support. Staff told us this enabled them to have clear, relevant information to ensure people received the support they needed.

People told us that they usually received support from the same staff members. One person said, "I usually have the same carers in the morning and at night time. The office sends me a rota so I know who to expect each week. They're not always able to keep to it, but I will be told if there are changes; they're pretty good at letting me know." Another person told us, "Most of the carers have been coming to me for a while; they know me well." This meant that people did have continuity of care with the staff that supported them.

People knew how to raise any concerns or complaints with the provider. One person told us, "I was having a particular problem with the Sunday morning call. It's important to me to be ready to go to church, but they were often late. I rang the office to complain and it seems to be sorted out now." Another person said, "I have complained before, and they have always sorted it out for me." The registered manager told us, "At staff meetings we will discuss any issues that the customers have raised, and use that to learn for the future." We saw that when complaints had been made, the provider had acted promptly and followed this up in writing.

People told us how they were encouraged to give feedback about the support they received. One person said, "The manager and the co-ordinator keep in touch and see if everything is alright for me, and they will

ask if there is anything I don't like. I've got their names and phone numbers if I need them. I can usually get through okay, and after hours I get through to another office. If I'm not happy about something, they will change things if they can." We saw that one relative had asked for a change to the time of a call; the registered manager then had a discussion with them and had arranged for the call to be altered from the following week. This demonstrated how the provider listened and learnt from people's experiences of the service.

Is the service well-led?

Our findings

People spoke positively about the support they received. Comments from people included, "It's very good help; I don't know what I'd do without them," and "I think they are a very good service." Staff told us they enjoyed working for the provider. One staff member said, "I really like my work; you couldn't ask for a better team." We were told that a positive open culture was promoted. One staff member told us, "I wouldn't have a problem raising any issues; when I have brought things up, changes have happened. I would always do this as it would be for the clients; what's the best for them. They deserve the best quality of care we can give them." Staff we spoke with were aware of the whistle blowing policy in place. This is a policy that protects staff if they wanted to raise concerns about the service, anonymously if preferred. One staff member said, "I know that if there are any issues, I can report my concerns. There is a specific phone number we can use. If I thought this was necessary to do, I would use it."

People we spoke with knew how to contact the registered manager or part of the management team and said that they were approachable. One person said, "The manager has been to visit me at home." Another told us, "I know the manager and how to get in touch with her." People also told us they knew who the care co-ordinator was for their area and one said, "If I've got any problems then I can just get in touch." People told us they were sent postal surveys annually so they could give feedback about the quality of the service.

Staff also spoke positively about the management within the service. One staff member told us, "My care co-ordinator is brilliant; the whole team are very supportive." Another said, "I do think there is good consistent leadership, and there is always cover if someone is on holiday. It's good that the manager has actually worked in all the different roles; she understands the whole picture. We are a good team; in fact more of a family than a team. I couldn't ask for anything better."

We saw the provider had a 'Shining Star' award where people who used the service or other staff could nominate someone in recognition of their good practice. We were told how the winner would receive a certificate and vouchers to spend. One staff member told us how it made the carers feel valued and appreciated, as well as giving staff the motivation to improve their practice and offer good support to people.

We saw how the provider encouraged best practice to be shared between the various branches. The registered manager said, "We all learn from each other; and now the medicines administration records have been changed, and we have worked closely with the pharmacy and local authority to get it right."

There was an online audit system in place that monitored the quality of the service. We saw how the process was then followed through to update people's assessments and support plans. The operations support manager told us, "It's a really good way of case tracking and helps highlight any issues and trends. We can quickly identify if there is a problem relating to one specific geographical area; is there an issue with our policy, training or the information that is in people's support plans? Then we can look at the learning actions that are needed to improve things in the future."

The registered manager had informed us and the local authority about any significant events that needed to be reported. They maintained detailed accurate records that were kept securely, and they demonstrated a clear understanding about their responsibilities as a registered person.