

Nestor Primecare Services Limited

Allied Healthcare High Wycombe

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 High Wycombe is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older people and younger adults. The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care', which is help with tasks related to personal hygiene and eating. Where they do receive the regulated activity 'personal care', we also take into account any wider social care provided. At the time of the inspection the service was providing personal care and support to 69 people.

The service had a registered manager as required. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. The registered manager and office manager were present and assisted us during the inspection.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People told us they felt safe with the care staff. Relatives felt their family members received support that was safe. Staff were trained and knowledgeable in how to safeguard people and understood their responsibilities. People were supported safely with their medicines and received them at the required times. Risks to people and their well-being were assessed and measures put in place to minimise them without restricting people's freedom. A robust recruitment procedure was followed to ensure as far as possible only suitable staff were employed. Appropriate personal protective equipment was supplied and used to help control the spread of infection.

People continued to receive effective support from staff who were trained and had the necessary skills to fulfil their role. Staff were well supported through regular supervision meetings and appraisals of their work. People were supported with maintaining their diet and hydration. People's healthcare needs were monitored; staff had been trained to identify early warning signs of deterioration and sought advice promptly from healthcare professionals when necessary. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, the policies and systems in the service supported this practice.

The service remained caring. People and their relatives told us staff were kind and patient. It was evident staff had formed trusting relationships with them. People told us they looked forward to their visits. Staff understood how to protect people's privacy and relatives told us staff treated people with respect. People and when appropriate relatives were fully involved in making decisions about their care. Staff encouraged people to maintain as much independence as possible.

The service remained responsive to people's individual needs and took account of their personal preferences in relation to culture, beliefs and protected characteristics. Staff knew people very well and paid attention to finding out about their preferred routines. Individual care plans were person-centred and considered the diverse needs of each person. The service provided flexible support which was appreciated by people and their relatives. Complaints were taken seriously and managed in accordance with the provider's policy; people were aware of how to raise concerns and who to speak to. Although the managers were not fully aware of the accessible information standard we saw they were meeting its requirements.

The service was well-led, people benefitted from a stable and longstanding management and staff team. The management team provided strong leadership and staff felt supported in their roles. Records were relevant, complete and reviewed regularly to reflect current information. There was an open, empowering, person centred culture in the service and the values of the service were embedded in the way the service was led. Feedback was sought and used to monitor the quality of the service. Audits were conducted and used to make improvements.

Further information is in the detailed findings below.

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Allied Healthcare High Wycombe

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 was a comprehensive inspection which took place on 14 and 19 November 2018. The inspection was announced and carried out by 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 who supported this inspection had expertise in physical and sensory disabilities and being a family carer. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available in the office to assist with the inspection.

Before the inspection we reviewed the information, we held about the service which included notifications they had sent us. Notifications are sent to the Care Quality Commission (CQC) to inform us of events relating to the service which they must inform us of by law. We also looked at previous inspection reports and reviewed the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local safeguarding authority and three community health and social care professionals for feedback. We received positive feedback from one professional and the safeguarding authority raised no concerns.

During the inspection we spoke with nine people who used the service and six relatives. With their permission we also visited two people in their homes and spoke with them and one of their relatives. We interviewed eight members of staff including the registered manager, the office manager, compliance co-ordinator and five care staff.

We looked at records relating to the management of the service. We reviewed seven people's care plans including medicine records and other associated records. We inspected six staff files including recruitment records and reviewed records of accidents, incidents and complaints. We looked at a selection of handover and communication documentation, minutes of meetings, service audits and health and safety records.

Is the service safe?

Our findings

People felt safe with the carers who visited them. When asked about their safety, comments were consistent and included, "Yes, we have no problem, we trust them one hundred percent," "I trust them completely," "Safe, Good Lord yes, I trust (him) totally, he goes upstairs to get my clothes and anything else I ask of him" and "I feel comfortable with them all and feel particularly safe when they are with me". Relatives echoed these views, one told us, "I have no qualms leaving them with [name] in the house" and another said, "I know that she feels comfortable with them and that she looks forward to their visits".

People received their medicines safely and at the time they required them. Staff had been trained to manage medicines safely and senior staff had been provided with additional training to enable them to monitor and assess the competence of staff in administering medicines. Records confirmed staff competency was checked annually as a minimum. One person who was supported to take their medicines told us, "They come and make me a cup of tea, get my breakfast, heat up lunch and check the dosset box. They check my capsules in the box and make sure the correct ones are in there and that I have taken them all."

Staff knew their responsibilities regarding reporting concerns to safeguard the people they supported. They were able to describe different types of abuse and told us about the signs which may indicate a person had been abused. We noted the management team had reported concerns to the local safeguarding authority when necessary and saw examples of how they had taken steps to protect people. For example, they had called the police when they were concerned about the safety of one person and worked with another to resolve a potentially concerning situation with neighbours.

Risks relating to people and the care they required were assessed. These included risks associated with people's health, nutrition, mobility and medicines. Plans to manage and mitigate identified risks were in place and reviewed regularly. People's care plans contained guidance for staff to help minimise risk without restricting people or their independence. The home environment was also assessed to identify safety risks to both people and the staff visiting them.

Staff told us they were kept up to date with information regarding the people they supported. They said communication was very good and explained how they rang into the office with anything important so that all care staff working with a particular person could be updated. We saw records were kept of such information and were told this ensured all concerns could be followed up effectively.

People told us they were visited by consistent care staff who generally arrived punctually and stayed for the allocated time. One said, "They come in the evening, to wash, help get my night stuff on and have a cup of tea too; they are very efficient and are always on time," Another commented, "Thirty minutes are allocated and that is what I get".

Safe recruitment practices were followed when new staff were employed. Relevant checks were completed to help ensure as far as possible only staff of good character were employed. Staff confirmed they were

provided with and used personal protective equipment to prevent the spread of infection.

Accidents and incidents were recorded on the computerised system. These records were monitored by the provider's compliance team to identify trends and if necessary flagged to the management team to be addressed.

Is the service effective?

Our findings

People confirmed their needs were assessed before they received support and they had been involved in this process. The information obtained was detailed and included people's personal likes and preferences. Their interests as well as their cultural and spiritual wishes were noted. Medical, physical and emotional needs were also assessed. The outcomes people wished to achieve from having support was discussed with them and a care plan was developed to meet their wishes. Care plans provided sufficiently detailed guidance and information to enable staff to provide effective support for people in the way they preferred.

Staff told us they felt well supported by the management team, they praised them for their willingness to listen and those we spoke with told us they were confident their concerns were heard and acted on. One said, "They do listen and every single thing is acted on." Another commented, "If there's ever a problem, I just call and it will be dealt with." All staff had regular one to one supervisory meetings and observation of work practice as well as an annual appraisal.

New staff were provided with induction to the service and systems were in place to ensure training for staff followed the care certificate standards. Staff told us this training had made them feel prepared and confident in their role. They also felt able to seek advice when necessary. One said, "Yes, it was thorough and I felt happy. I can pop in anytime if I need to ask anything." Staff told us they received refresher training regularly and records confirmed staff were up to date with the provider's mandatory training. They also told us how they received training to upskill them in specialised areas required to support people. For example, using specialist equipment, dealing with and monitoring particular conditions such as diabetes and awareness of particular risks associated with medical conditions. People were confident in the skills staff demonstrated and told us, "They are good and you sense that they are very well trained" and "I think they know their jobs inside out; they don't rush and they are well organised".

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. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA and found they were. Staff had been trained to understand the requirements of the MCA and could tell us how it related to their work. They acknowledged people's rights to make their own decisions and sought people's consent before supporting them. Managers were aware that any applications to deprive a person of their liberty would need to be made to the court of protection and told us this had not been required for the people they currently supported.

Staff provided support with eating and drinking if this was part of people's planned care. If there were concerns regarding people's nutritional intake, this was monitored and advice sought. People were supported with their health and well-being needs. Staff had been trained to recognise potential early signs and symptoms, which may indicate a person's condition was deteriorating in some way. This was known as

an early warning system (EWS) and involved staff making an assessment at each visit of areas including speech and breathing, skin and behaviour. If they noted changes these were immediately reported to the office for action to be taken. We saw how this had resulted in prompt referral to appropriate medical professionals and in some cases averted the need for hospital admission. We were also made aware of examples of staff noting issues with equipment used to monitor people's well-being, reporting these to ensure safe replacements were sourced swiftly. People were also assisted to contact health professionals such as dentists. In one example, staff had contacted a community dentist and organised a home visit for a person who needed additional support.

Is the service caring?

Our findings

People were consistently, complimentary and positive about the care staff who visited them. We received comments such as, "They are always polite and I am very grateful," "I generally have a regular carer; she is chatty and cheerful and I get on well with her on a personal level," "Most of the carers are lovely and we get on well with them all" and "I think they (carers) are absolutely outstanding". A health professional also commented on the kindness shown by staff and gave an example of one staff member going above the call of duty by shopping for food for a person in their own time when their relative who usually did their shopping had been taken to hospital.

People said they were treated with kindness, dignity and respect. One person said, "The carers show respect (and) dignity and all of them know exactly what they are doing for me." A relative commented, "Every carer has been friendly and we are pleased with them all. They are caring and we are very impressed, they are compassionate and professional always. Our experience is that Allied Healthcare is very good at what they do; in addition, our own lives have been much more bearable by their support and it has been very helpful all round." Other comments indicated people were comfortable with the care staff, such as, "It is nice to hear them laughing together sometimes" and "I know that she feels comfortable with them and that she looks forward to their visits".

People were supported to be as independent as possible and staff told us they encouraged people to do what they could for themselves. One person reported their condition had improved since receiving support and said, "I am improving rapidly and we have cut back to one visit a day now".

Staff were sensitive and compassionate in the way they spoke about people. They showed respect in the way they wrote the daily records and were clear in how they maintained people's confidentiality. People's spiritual and cultural needs were considered and staff had taken time to understand people's needs in relation to these. For example, some people were supported to attend church services if they wished while others were assisted to maintain appropriate cultural diets. Whenever possible staff were matched to the people they supported in relation to interests, personality and skills.

The registered manager and management team felt strongly that flexibility and continuity of support were essential to providing the best possible service to people. They strove to maintain continuity of care staff and people told us, "I always have the same carer and that helps my husband in a way as well" and "As long as they keep the same carers it works perfectly." The flexibility of the service was also appreciated by people and their relatives. For example, a relative told us they were often called away and therefore could not provide support for their parent. At these times Allied Healthcare High Wycombe stepped in and extended the visits to fill the gap.

People and where appropriate their relatives were involved in making decisions about the care they received. People's personal information was stored securely in the office in order to maintain confidentiality and computer records were password protected. People's records kept in their own homes were stored in accordance to their individual wishes.

Is the service responsive?

Our findings

People benefitted from individualised and responsive care provided by staff who recognised the importance of lifestyle preferences. Staff had a good knowledge of people's needs and could clearly explain how they provided support that was individual to each person. They were enthusiastic and demonstrated a clear understanding of people's needs and what was important to them. For example, staff had spent time getting to know about the condition one person lived with and worked hard to understand what they enjoyed and what made a difference to their lives. Using this information, they had sought appropriate activities and encouraged the person to take part and enjoy these activities to the full.

People's care plans contained detailed information which enabled staff to deliver the care and support required. They were kept under regular review to ensure they continued to meet people's required support and care needs. We saw how any changes in a person were noted and necessary amendments made to the care plan. Staff made records at each visit which provided evidence to show people had received care and support in line with their care plan.

People told us that they had no concerns about their care and one person said, "Allied Healthcare have very good frontline staff." Another told us, "They arrive promptly, they are always on time, they are efficient and capable and I have had no problems" while a third person who had used the service for a significant number of years commented, "I have never had a problem at all."

People told us they felt able to speak with a member of staff if they were worried or concerned about anything. Staff confirmed they knew what action to take should someone in their care want to make a complaint and were confident the management team would deal with concerns in an appropriate manner. We saw complaints were recorded and found they had been investigated and responded to appropriately. We saw numerous compliments had been received from people and their families thanking the staff for the care they provided.

The office manager was not fully aware of the Accessible Information Standard (AIS). AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information. However, we found people's communication needs were assessed and recorded in detail. Care plans included guidance on how to provide information and communicate with people. For example, one person's care plan noted they used a memory board to remind them of daily activities. Another noted the person was visually impaired and gave detailed instructions to staff on how they should approach and communicate with this person. The office manager assured us they would review the AIS and ensure they were meeting the requirements of the standard.

People had the opportunity to say how they wished to be cared for at the end of their lives. The office manager told us this was considered in a sensitive manner at the initial assessment. They told us they worked collaboratively with relevant health professionals to provide the care and support the person wished to receive when this became necessary. Where people had made advanced decisions, this was recorded and staff made aware.

Is the service well-led?

Our findings

There was a registered manager in post at the time of the inspection. They were supported by an office manager who oversaw the day to day management of the service, a compliance co-ordinator and an assessor who worked with people to assess and review their needs as well as assessing staff skills. Notifications had been sent to CQC as required by the regulations and the provider had a clear duty of candour policy.

We received positive comments about the management team, they included, "[Names of managers] I think, they are efficient, capable and no problems," "Yes, all the people in the office are good and have been wonderful with me," "They are very flexible by email and phone" and "They phone me up from time to time, [name] is good".

We found the culture to be open and empowering. The values and ethos were very person-centred and staff were able to tell us how they worked toward maintaining the expectations of the managers to fulfil these values. One said, "The care is all about them [people who use the service]." Another commented, "The first priority is always the client." All the staff we spoke with felt supported and encouraged in their role. One said, "I will never leave" and another told us, "Everything is happy. Great team working."

The registered manager and the office manager were extremely knowledgeable about the people who used the service, their families and the staff. They had worked hard to build relationships that were based on trust and attributed this as the reason they were achieving positive outcomes for people. It was evident that the whole staff team were enthusiastic and committed to providing care that reflected people's individual and diverse needs.

The views of people, their relatives and staff were obtained through questionnaires or through telephone monitoring calls and meetings. The information was then collated and a summary of the findings made available. The survey results from the October 2018 report showed a high overall satisfaction rate. The office manager provided us with the most recent contract monitoring report from the local authority which rated the service green in all areas audited.

The registered manager, the office manager and other members of the management team sought up to date information on best practice by attending provider forums, membership of appropriate organisations and using relevant internet resources. They had developed good working relationships with professionals and worked closely with other teams to gain positive outcomes for the people they cared for.

The quality of the service was monitored and audits identified shortfalls or areas for development. Examples included checks on care files, daily records, equipment and medicines. Observations of practice were carried out to monitor the quality of care being delivered by staff. Staff told us additional checks were carried out to assess their competency and identify any gaps in knowledge. Action was taken following these visits if necessary, such as additional training, guidance and support to improve performance.