

Nestor Primecare Services Limited

# Allied Healthcare Winchester

## Inspection Report

50 Stockbridge Road  
Winchester  
Hampshire  
SO22 6RL

Tel: 01962 842670

Website: [www.nestor-healthcare.co.uk](http://www.nestor-healthcare.co.uk)

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# Summary of findings

## Overall summary

Allied Healthcare Winchester provides personal care for people in their own homes, in areas including Winchester, Eastleigh, Alresford and Basingstoke. At the time of the inspection the service provided personal care for 120 people.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service and has the legal responsibility for meeting the requirements of the law like the provider.

We saw that each person's needs were assessed prior to a service being provided so that the care package for each person was tailored to their needs. Each person had a care plan and these were personalised to reflect what people needed help with and how they liked to be supported.

Care plans included risk assessments for care procedures such as moving and handling with associated care plans so staff carried out care procedures safely. Arrangements were recorded in care plans so that staff were able to gain access to see people in their homes. The service had procedures for staff to follow if they were unable to gain access to people in their homes so that people were safe.

Staff were provided with a Staff Handbook which included the service's procedures regarding the safeguarding of children and vulnerable adults. Each of the 11 care staff we contacted said they knew what to do if they suspected people had been abused or were at risk of harm.

Recruitment checks were carried out on newly appointed staff so care was provided by those assessed as safe to work with vulnerable people.

The service had policies and procedures regarding the use of the Mental Capacity Act 2005 and staff had received training in this. The registered manager had not carried out any assessments of the mental capacity of people to consent to care and treatment. The manager recognised this was an area the service needed to develop.

We received mixed feedback from people who used the service and from their relatives. Feedback from people

was obtained by survey questionnaires returned to the commission plus telephone surveys conducted by the inspector. Ninety three per cent of people who returned a survey said they felt safe from abuse or harm by the staff and that the staff always treated them with respect and dignity. Ninety three per cent of people said they were happy with the service they received.

There was a difference in the responses from people given in the surveys compared with those given by people we spoke with regarding the punctuality of care staff. Only 40% of people who returned surveys said care workers arrived on time and stayed the agreed length of time whereas all of the people we spoke to on the telephone said care staff were on time and stayed the agreed length of time with the occasional lateness. Only 38% of staff who returned the survey said their work and travel schedule allowed them to arrive on time and stay for the agreed length of time. People told us they received a roster with details of which staff would be attending to them along with the appointment times. Most people told us care was provided as set out in the roster but two people commented in the surveys that they were not always informed of staff changes or if carers were going to be late. This was in contrast to those we spoke with on the telephone who told us carers called them if they were delayed in getting to people's appointment.

We saw the service had designated staff for arranging duty rosters for care staff and for people who used the service. The service used a system whereby staff logged their arrival times at people's homes. This allowed the registered manager to monitor that appointment times were met.

People and their relatives gave mixed responses when asked if they were introduced to care and support workers before they provided care. Fifty three per cent of people who completed surveys said this occurred. One relative told us changes to the arrangements to the allocated care staff were not always handled well and gave two examples where staff attended to someone with complex needs without any introduction to the person.

People said the staff treated them with kindness and with dignity. A relative said, "All the carers are caring, kind and

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helpful.” Another relative said, “You couldn’t wish for better carers.” People also made positive comments about the attitude and approach of care staff describing them as “kind” and “helpful.”

Staff told us they received induction training when they started work and that this prepared them to provide safe and effective care. We saw records that staff were trained and supervised to provide effective care to people. This included the completion of training in areas, such as moving and handling, as well as ‘spot checks’ on staff providing care to people.

The service had a number of systems for auditing its own performance and the organisation employed a Continuous Quality Improvement Officer to carry out checks on the service’s performance. We saw these audits identified where improvements were needed. Incidents, accidents and complaints were investigated and recorded along with any actions required to address any issues or concerns. People’s views of the service were sought via regular surveys and we saw records that any concerns raised in the surveys were looked into as well as the identification of any themes.

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## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

The service was safe because people were protected from avoidable physical, psychological and emotional harm. There were policies and procedures regarding the safeguarding of vulnerable people. Staff had attended training in the safeguarding of vulnerable adults and had a good awareness of how to report any concerns they might have. Ninety three per cent of people who returned a survey said they felt safe from abuse or possible harm from staff. Each of the eight people or relatives we spoke with said they felt safe with the service's staff.

Accidents, incident and concerns were investigated and action taken so that people were safely cared for.

Risks to people and staff were assessed regarding the provision of safe care in people's homes and when using equipment such as for moving and handling. Risk assessments were carried out and recorded regarding the safe moving and handling of people and for dealing with behaviour which challenged. There were corresponding care plans with guidance for staff to follow so that risks were reduced.

People were safe as there were arrangements for staff to gain access to see people in their own homes. There were procedures for staff to follow if they could not gain access to people and this included staff being able to contact out of hours management support.

People were safe as staffing levels were sufficient to meet people's needs. Checks were made on the suitability of newly recruited staff so that people were safely cared for.

The registered manager had not assessed the mental capacity of people to consent to their care and treatment and recognised this was an area of development for the service.

### **Are services effective?**

The service was effective as people's individual care needs were met and staff were provided with guidance on meeting people's care needs.

Each person had a care plan outlining how they needed support and how they liked to be helped. These were personalised to reflect each person's preferences, choices and lifestyle. People and their relatives told us they were involved in the initial assessment of care needs and in devising the care plan. People and relatives said care

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was arranged to reflect people's individual routines and preferences. Relatives said care was provided as set out in the care plan. Where people received care at the end of their life we saw this was effective as there were care plans which reflected people's choices.

People, their relatives, and, care staff said the people who used the service were treated with respect and dignity. One relative told us, "The carers give 110%. They treat us with respect and will stay longer if they need to." Another person said, "The staff are fine, They're very good. They ask me what I want."

The 15 survey questionnaires completed by people showed just 40% of people reported that staff arrived on time and stayed for the agreed length of time. However, each of the eight people we spoke with said care staff were punctual and stayed for the agreed length of time although comment was made that there was occasional lateness but that staff usually telephoned to say they had been delayed. One person said there were two occasions when care staff were late over a nine month period but did not see this as a problem as it rarely happened. Two people we spoke with said care staff sometimes stayed longer than the allocated time so that people received the right care. Thirty eight per cent of staff who returned the surveys said their work and travel schedule allowed them to arrive on time and stay for the agreed period. The two staff we spoke with also said there were times when they did not have sufficient travel time to get to people on time. One staff member said their duty roster was adjusted when they raised the fact of travel times being inadequate.

Newly recruited staff were supported to understand people's care needs and preferences. We spoke with newly recruited staff who told us they received an induction which prepared them for the job. One staff member said how a member of the service's management team discussed each person's needs with them before they went out to provide care to the people in question. We received some negative comments from people and their relatives that new staff were not always introduced to people before providing care. One person said they did not see this as an issue whereas another person we spoke to considered this was important for the continuity of care.

People and their relatives told us the care staff were skilled and good at their job. Comments included, "The carer is absolutely fantastic," and, "All the care routines are followed and staff are attentive to recording anything that needs to be."

The service had a comprehensive programme of induction, training and supervision for staff so they were supported to provide effective care.

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## Are services caring?

The service was caring as people and their relatives told us the care staff were kind and caring. One relative told us, "All the carers are caring, kind and helpful." Another person said, "The care staff are very good in every respect. Very kind. Very caring." Survey responses also showed people considered care staff to be caring and kind. Staff told us the service promoted the staff team to have a caring attitude which staff in turn were committed to.

The Staff Handbook included the service's confidentiality policy and staff told us they were aware of the importance of promoting privacy and confidentiality. People and their relatives told us they were treated with respect and with dignity.

People told us the care staff responded to people's changing needs. This had involved staying longer than the agreed time in the care plan so care needs were met. The service was caring as staff told us how they raised issues about people's changing needs with the care coordinators and that care packages were adjusted to meet those needs. People and their relatives told us they were fully consulted about care needs and the care package.

## Are services responsive to people's needs?

We found the service was responsive to people because people got the individual support, care and treatment they needed.

People and their relatives told us they were given an information pack when they first used the service. They told us this included details about how they could contact the service, a copy of the complaints procedure and a copy of the person's care plan.

Care was personalised to reflect people's needs, routines and preferences. We saw people's needs were assessed before a care package was devised. Relatives and people told us they were fully consulted about the care being provided and that care arrangements took account of people's choices and preferences.

Staff, people and relatives said there were reviews of care and the staff were responsive to adjusting care plans to reflect people's needs and preferences. A staff member gave examples where care packages and staff duty rosters were adjusted so that staff had sufficient time to travel to people so that care appointments were punctual. A relative and a person who used the service told us how their care package was reviewed and updated to reflect changing needs. Relatives also told us staff would spend additional time with people so that care needs were met.

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The service was responsive as people and their relatives told us they felt able to raise any issues or concerns and that these were resolved by the service. We saw where the service received complaints that these were investigated and responded to.

## **Are services well-led?**

We found the service was well led because it was effectively managed with an open and fair culture.

There were systems for staff to discuss people's needs and for expressing their views about how the service was run to the home's management. Staff said they felt able to approach the registered manager for advice, or if they had any concerns. Sixty two per cent of staff who completed the surveys said their managers were accessible, approachable and dealt effectively with any concerns they raised. Staff also said they felt able to raise any concerns they had about people's care or about the service. A staff member commented, "I have no doubt this organisation has the best interests in the professional care and well-being of all the people we attend. I know I can be open and communicate any concerns that I might have to Allied Healthcare." However, two staff made reference to not feeling supported by senior staff who supervised their work referring to problems in allocating work to care staff. In contrast to this, two staff we spoke with said they felt supported in their work with one staff member describing one of the care coordinators as "brilliant" in the support and guidance given.

We spoke to social services commissioning team members who told us they considered the service was well managed and that there had been productive joint working regarding future plans for the service.

The service was well led as staff expressed values which reflected compassion and respect to people. Staff told us they took pride in their work and worked well together. A staff member also referred to the service as being "caring."

We saw there was a system for reviewing any complaints, accidents or incidents and for taking any action to minimise any possible reoccurrences. Records showed these were investigated and that the service's senior management monitored complaints.

There were systems for auditing and checking the standard of care and that the service supported staff to have the right skills to care for people. These included the use of surveys to check the views of people who used the service and the use of performance indicators to check the quality of the service provision.

# Summary of findings

## What people who use the service and those that matter to them say

People gave us mixed views about the standard of the service they received. People we spoke with were satisfied with the care they received, said they were treated with respect and dignity and felt safe with the staff. However, only 40% of people who returned a survey said care staff arrived on time and stayed for the agreed length of time. The survey did not tell us how late care staff were or how often this occurred. It is worth noting that the service worked with an allowance that staff could be 15 minutes late or early before it was considered staff had not arrived on time. Social services' commissioners did not consider a call as being late if it was within 30 minutes of the agreed time. Each of the eight people and their relatives we spoke with said the service was reliable and any lateness was usually due to a specific unavoidable reason.

Relatives and people said they were satisfied with the care provided by the service. One relative said, "The carers give 100%." Relatives also told us care staff were flexible and would stay longer than the agreed time if this was needed to meet people's needs.

Each of the people we spoke with said they were treated with kindness and respect. One person said, "They treat me very well. I have no complaints. Extremely kind. Very helpful." Another person described the staff as, "Brilliant. So caring and nice."

People and their relatives said they were fully consulted about their care. The service was also said by people and their relatives to be responsive to people's changing needs by adjusting care arrangements to meet people's needs and preferences. People said they had a copy of their care plan and that care was provided as set out in the care plan.

People said they received a weekly roster with the times of care for the following week and the names of care staff they would be seeing.

Two people commented that the service could be improved if they were introduced to any new care worker. A third person said there were changes of care staff but that this was not an issue for them.

People said they had a copy of the complaints procedure and they felt able to raise any issues with the service's management. Relatives told us any issues they raised were resolved to their satisfaction.

People and their relatives told us they were asked to give their views on the service by way of a customer satisfaction survey.



# Allied Healthcare WinchesterAllied Healthcare Winchester

## 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 regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process under Wave 1.

We visited the service's office on 12 May 2014. The inspection team consisted of a lead Inspector.

Before our inspection, we reviewed the information we held about the home. We asked the provider to complete an information return and we used this to help us decide what areas to focus on during our inspection.

We sent questionnaires to 50 people to ask for their views on the service. Fifteen questionnaires were returned. We spoke to a further eight people, or their relatives, to ask their views on the service.

We sent questionnaires to 70 staff to ask for their views on the working for the service. Eight questionnaires were returned. We spoke to a further three staff. We also spoke to the registered manager and two of the office management staff when we visited the office.

We also spent time looking at records, which included people's care records, and records relating to the management of the home.

Following our visit we spoke with two members of social services commissioning team who have responsibility for monitoring the local authority's purchasing of the services for people. We asked them for their views on the quality of the service provided to people.

# Are services safe?

## Our findings

People and their relatives said they felt safe with the service's staff. Ninety three per cent of the people who returned a survey questionnaire to us said they felt safe from any possible abuse or harm from the service's staff. Relatives of people who used the service and people told us they felt safe when they received care and support from the service's staff. One relative said, "Yes, we feel absolutely safe with the staff."

People felt safe as the service's staff treated people with respect and with dignity. Ninety three per cent of people who returned a survey to us said the care staff always treated them with dignity and respect. Each of the eight people and their relatives we spoke with said the service's staff treated them with respect and dignity. The service had a policy whereby people who used the service could choose whether they wished to have male or female care staff providing care to them. People and their relatives confirmed this and said this made them feel safe.

The service had policies and procedures regarding the safeguarding of vulnerable adults and children. These were included in the Staff Handbook which was issued to each staff member who signed to acknowledge they received it. Staff had an awareness of the principles of the safeguarding of vulnerable adults and told us any concerns would be reported to their line manager. Staff confirmed they received training in the safeguarding of vulnerable adults, which was also covered in their induction training when they first started work. All of the staff who returned a survey said they knew what to do if they suspected one of the people who received a service was at risk of harm or was being abused. The service also had a whistleblowing policy which staff knew they could use to raise any concerns about people's safety and welfare. Staff were aware of the service's policy that they must not accept gifts or make any financial gain from people. The registered manager told us how the service operated a system called 'Safeline,' whereby staff could access support at evenings and weekends when the office was closed if they had any issues about people's safety. Each of the staff we spoke with said they considered people were safe when receiving care from Allied Healthcare Winchester. Eighty eight per cent of staff who returned a survey said people who used

the service were safe from abuse or harm from the service's staff. This meant the service had taken steps to protect people from possible abuse and that staff knew what to do if they had any concerns about people's safety.

We spoke with the registered manager and the staff about the requirements of the Mental Capacity Act 2005. Seventy five per cent of staff told us they had training and understood their responsibilities under the Mental Capacity Act 2005 and we saw records that staff were trained in this. From discussions with the registered manager we were aware that no assessments of people's capacity to consent to care and treatment had been carried out. We could not ascertain whether or not there were instances where people's capacity to consent to care and treatment should have been assessed or not. Care records included details about how people and their relatives had consented to their care and treatment by the completion of a consent form. People and their relatives told us they were consulted about their arrangements for care.

Staff told us they considered the service took steps to ensure people were safe. We saw risk assessments were carried out using a checklist, which included the identification of any risks such as the risk of falls, the risk of pressure areas developing and any risks to the staff and people from the person's home environment. In addition, we saw risk assessments regarding the risk of falls, the use of bed rails to keep people safe, for people's mobility and behaviour which was perceived as challenging to staff, as well as for continence needs. There were corresponding care plans for reducing risks such as when helping people mobilise and for dealing with behaviours which staff found challenging.

Care plans included details about how staff safely visited people in their homes, for example, by specific arrangements for using house keys. The service had a procedure for staff to follow if they were unable to gain access to someone and staff told us they knew what to do in these circumstances. The service had management support for staff to obtain advice and help in an emergency and staff confirmed this was available to them. We saw the service had a 'lone working' policy with details about staff safety when visiting people and for getting emergency support. Seventy five per cent of staff said they were aware of the lone working policy, which gave guidance for staff safety when working alone in the community. We saw this policy was included in the staff handbook.

# Are services safe?

People were safe as the service had a system for dealing with any accidents or events where there was a 'near miss.' We saw records of how this worked whereby each complaint, incident or accident was investigated including an analysis of any root causes plus any learning so the likelihood of any reoccurrence was reduced. We saw individual's care plans included details of any marks or injuries on a body chart so that the staff could monitor and take any action regarding people's safety.

The service had a staff team to organise and allocate care staff to match each person's care plan. We saw how each staff member had work allocated to them which was recorded on a separate staff roster for each individual staff member. Travel time was incorporated into the staff rosters. Each person had a roster with details of which staff would be attending for each appointment for the week ahead. Staff and people told us they received a copy of these rosters. We received mixed feedback from both staff and people about the appointment system. Only 40% of people who returned the survey said care staff arrived on time and stayed for the agreed time whereas each of the people, or their relative, we spoke with said staff arrived on time with the exception of occasional lateness. Only 38% of staff who returned a survey said their work and travel schedule meant they were able to arrive on time and stay for the agreed time. Of the three staff we spoke with each said there had been issues with insufficient time to travel to each person. One staff member said their roster allowed

them five minutes to complete a journey they described as taking 24 minutes. The staff member said this was rectified when it was raised with the relevant staff at the service's office. The service also had a designated staff member to monitor whether staff arrived on time and showed us how this was followed up if staff arrived late. The service had a system whereby staff notified the office staff of their arrival at people's homes. Three people who returned the survey questionnaire commented they were not always told if staff were going to be late.

People were safe as checks were made on the suitability of new staff to work with vulnerable people. We looked at the recruitment of three recently appointed staff and saw the home had obtained Disclosure and Barring Service (DBS) checks on each person. These identify if prospective staff had any criminal record or were barred from working with vulnerable people. Written references were obtained for each person including a reference from the person's most recent previous employer. This allowed the registered manager to check on applicant's performance in their last job. We also saw records that each person was interviewed to check their suitability for the post.

The service had systems to check on staff performance including 'spot' checks when they were providing care. One staff member told us how they made an error in their work and how the management of the service took action to retrain them so they practiced safe procedures with people.

# Are services effective?

(for example, treatment is effective)

## Our findings

We found the service was effective as people's needs and wishes were respected, which was reflected in people's care plans and the way they received care.

The majority of people (73%) who completed a survey stated care workers completed all of the care and support they needed at each visit. All of the people, or their relatives, we spoke with said they were satisfied with the care and support they received. A relative commented, "The carers give 110%." Relatives said care staff sometimes stayed longer than the agreed time so that care tasks were completed. People and their relatives said they were fully consulted about the care arrangements and they were involved in the initial assessment of people's needs. We saw the service obtained assessments of people's needs from referring social services staff. This provided the service with information on people so that care was effectively organised. People said they had the opportunity to sign and agree to their care plan. People and their relatives said they had a copy of their care plan at their home and said the care staff followed the guidance agreed in the care plan as well asking people how they liked to be supported. One person said, "The care staff follow the care plan. My carers are absolutely fantastic."

The service was effective as people were provided with a weekly roster of the times care was to be provided and the names of staff who would be visiting them to provide care. People told us this system worked and they were informed of any changes to staff, although comment was made that occasionally they were not informed of the changes to the staff who would be providing care.

The 15 survey questionnaires completed by people showed 40% of people reported that staff arrived on time and stayed for the agreed length of time. However, the survey did not allow the person completing it to say how often this occurred or how late the staff were. Each of the eight people we spoke with said care staff were punctual and stayed for the agreed length of time although comment was made that there were occasions when staff were late by a few minutes. We looked at the service's system for arranging care appointments for care staff. Duty rosters were compiled and sent to staff so their work was effectively planned. Only 38% of staff who returned the surveys said their work and travel schedule allowed them to arrive on time and stay for the agreed period. The three

staff we spoke with also said there were times when they did not have sufficient travel time to get to people on time. One staff member said their duty roster was adjusted when they raised the fact of travel times being inadequate.

We looked at the service's system of monitoring staff attending care appointments. This involved staff using a 'call' monitoring system as well as people who used the service recording their signature to acknowledge the times care staff were with them. The registered manager told us the service worked to two performance targets: the service's own where care staff should arrive either 15 minutes early or after the set appointment time and the social services target of 30 minutes either side of the appointment time. For one person we saw that in one week with a total of 28 care appointments, 10 were recorded as late varying between one minute and 52 minutes late. Two care visits were more than 30 minutes late. We spoke to this person's relative who said they were satisfied with the care provided and that apart from occasional lateness care was provided as set out in the care plan. The staff member with responsibility for monitoring the times of care staff arriving to provide care told us any late calls were investigated to identify any reasons and that action was taken to prevent a reoccurrence.

People said the service they received was effective and they were able to choose whether they wanted care from male or female care staff. Two people and their relatives said they did not like the way changes in care staff were handled. One relative said a new care staff member arrived to provide care to their relative who had complex needs without an introduction. They said this hindered the provision of effective care as the staff member did not fully know the person's needs. Another person commented on the changes of care staff but said this was not an issue for them.

We looked at six people's care records which were personalised to reflect people's needs and preferences. The care plans included details under headings such as 'What Is Important to Me' and 'How I Want to Be Supported,' and, 'What Outcome Do I Want To Achieve?' People and their relatives said care was provided to fit in with people's routines and preferences. Care plans included details about personal care, mobility, moving and handling and

# Are services effective?

(for example, treatment is effective)

managing people's individual needs so people received effective care. Specific needs such as providing care to people at the end of life was recorded and these referred to people's wishes and preferences.

Staff had the skills and knowledge to meet people's care needs, choices and preferences. Staff told us they referred to people's care plans which gave them guidance on how to support people effectively. Staff said they also asked people how they preferred to be supported. Newly appointed staff told us one of the service's care coordinators spent time with them explaining how each person needed to be supported which in turn meant they were able to provide effective care. Staff said they attended a four day induction course which covered a number of subjects. We saw a copy of the staff induction programme which included an assessment of staff skills and competency as well as instruction in moving and handling, first aid, infection control and fire safety. The induction included the assessment that each staff member was competent in a variety of skills before working with people. Staff told us they also had a period of 'shadowing' more experienced staff providing care to people before they worked alone. Of the three staff we spoke with two said they completed more than 20 hours 'shadowing' before working alone and one said they spent 15 hours

'shadowing.' Staff said the induction was sufficient to provide effective care. In the surveys completed by staff, 88% said they received an induction which prepared them fully for their role.

The service was supported by a training team from the provider. We saw the office had rooms and equipment for training staff including equipment for moving and handling training. Staff told us they participated in a range of relevant training courses such as medicines management, first aid, food hygiene and moving and handling. Staff also completed national qualifications in care such as the National Vocational Qualification (NVQ) and the Diploma in Health and Social Care.

Staff told us they received regular supervision to discuss their work as well as performance appraisals. We saw records of staff supervision and staff appraisals. Supervision allowed the care staff and their line manager to discuss issues about the performance of care staff. Staff were able to raise any suggestions for their learning and development. Records of individual staff appraisals included a rating of the staff member's performance and areas for improvement. Staff performance was also checked at 'spot checks' where they were observed at care appointments.

# Are services caring?

## Our findings

The service was caring because staff understood people's individual needs and treated people with kindness and compassion.

Each person and the relatives we spoke with commented on the kindness and compassion of the care staff. Eighty seven per cent of these people who returned a survey said the care and support workers were caring and kind. One of the staff we spoke with described Allied Healthcare Winchester as, "Such a caring company, and that, "All the carers take pride in their work." People said the care staff knew how to support people well. Care staff told us they had a good knowledge of individual people's needs and preferences.

People and their relatives said care staff treated people with respect and with dignity. Eighty per cent of those people who returned a survey said care staff supported them to be independent.

People's privacy and dignity were promoted as staff had an awareness of the service's confidentiality policy. People told us staff promoted their privacy when providing care.

The registered manager and staff listened to people and to those who mattered to them. Relatives told us they were consulted about the care of their relative and said the staff responded to requests for changes in care routines. Relatives also said they felt able to raise any concerns they had and these were always resolved quickly. People said they were asked to give their views on the service at regular intervals. People were asked to give their views on the service every three months, and additionally there was a postal survey sent to people and their relatives.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

We found the service was responsive as people's changing needs and preferences were taken into account of so people received personalised care.

Relatives and people told us they were provided with information about how to contact the service, the complaints procedure and the person's care plan. People also told us they received a weekly roster with the names of staff and the times care would be provided to them. People said they were able to discuss the arrangements for their care and said any changes suggested were accommodated by the service. Staff said the arrangements for care could be adjusted in response to people's changing needs. We saw evidence in care plans of people's needs being reviewed and care plans amended to reflect changes in need. People told us the service was responsive as staff asked people how they liked to be supported and would amend care provision as people suggested. People said care arrangements reflected their individual preferences and routines.

Staff told us they considered the service's management responded to any issues they raised. A staff member gave an example of how their duty roster was adjusted so they had time to travel to people to meet appointment times. Sixty two per cent of staff who returned a survey said their managers were accessible, approachable and dealt effectively with any concerns raised.

The service was responsive as people and their relatives said they were involved in the initial assessment of

individual's care needs and they were fully consulted about the care people needed. People said they had a copy of their care plan and had an opportunity to sign to agree to their care plan. Each of the people we spoke to said they were involved in planning their care and support whereas 67% of people who returned a survey said this was the case.

Relatives of people who received a service said they felt able to raise any issues they might have and these were usually resolved to their satisfaction. Relatives said they were aware of the home's complaints procedure and said they would approach the registered manager if they had any concerns or complaints. One relative told us how they made a complaint which was looked into by the registered manager and resolved to their satisfaction. Not all people were aware of the complaints procedure but also acknowledged this may have been provided to them when they first received care. We saw there was a system for dealing complaints where each complaint was investigated and analysed along with a plan for resolving the issue. Records of how complaints were dealt with were comprehensive and showed each was thoroughly investigated. The registered manager monitored the times complaints were dealt with so that complaints were responded to in a timely way. The registered manager told us how complaints were monitored by the provider's board who sometimes asked for additional information or action to clarify the complaint and to check they were dealt with by the service.



# Are services well-led?

## Our findings

The service was well-led as it promoted a positive culture that was centred on people's needs.

Social services' commissioners told us they considered the service was well led as the registered manager and staff worked with them to make plans for the development of the service. The service was said by the commissioners to be good at 'partnership' working.

The service promoted a positive culture with motivated and caring staff. People, relatives and staff described the service as promoting compassion. A staff member described Allied Healthcare Winchester as, "Such a caring company, with good carers who take pride in their work." Relatives described care staff as being respectful to people as well as treating people with dignity. Relatives said they felt able to raise any concerns which they said were dealt with.

The service learnt from any incidents, complaints or concerns. There was a system called 'Complaints, Incidents, Accidents, Near Misses.' We saw for each incident or event there was a full record of the circumstances plus a comprehensive analysis of what had happened along with any learning points for the service. The registered manager also told us how the service monitored surveys returned from people for any concerns. We saw records of how the staff had responded to information in a survey to arrange appropriate care and treatment for the person. We saw

how the registered manager used the information from surveys of people's views to identify those areas in need of improvement as well as the areas where the service was reported to be performing well.

The service demonstrated good management and leadership as there were systems in place to monitor its performance and any risks. We saw records that the staff and registered manager carried out regular health and safety checks and health and safety audits. The service had designated staff for the purposes of coordinating care appointments, allocating care appointments to staff and for monitoring the reliability of the service. There was a management team in place to provide support and supervision to staff as well as for the training of staff. The provider had systems in place to assess and monitor its performance by a quality improvement officer. We saw the service used an audit tool for looking at a sample of people's care and staff records on a periodic basis. We saw an example of this regarding the monitoring of care which highlighted areas in need of improvement. The service also used key performance indicators to monitor the delivery of care.

We saw the service had procedures in place where action needed to be taken regarding people's safety. These included emergency procedures when care staff had concerns people might be injured. The service operated an 'on call' system whereby staff could access support and advice when the office was closed.