Nestor Primecare Services Limited

Allied Healthcare Chester-le-Street

Inspection report

5a West Lane
Chester Le Street
County Durham
DH3 3HJ

Tel: 01913874477
Website: www.nestor-healthcare.co.uk/

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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

This inspection took place on 16, 21 and 22 June 2016 and was announced. This meant we gave the provider two days' notice of our visit because we wanted to make sure people who used the service in their own homes and staff who were office based were available to talk with us.

Allied Healthcare Chester-le-Street is registered with the Care Quality Commission to provide personal care to people who wish to remain independent in their own homes. The agency provides services throughout Durham, Sunderland and South Tyneside areas and provides for people with social care needs.

At the time of our visit there were 324 people using this service who were supported by 161 staff.

There was a registered manager in place who had been in their present post at the service for over four years. A registered manager is a person who has registered with the Care Quality Commission (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.

People's care plans were person centred, detailed and written in a way that described their individual care, treatment and support needs. This meant that everyone was clear about how people were to be supported and their personal objectives met. These were regularly evaluated, reviewed and updated. People using the service and those who were important to them were actively involved in deciding how they wanted their care, treatment and support to be delivered.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service. We saw risk assessments were carried out and these were updated if new situations or needs arose.

Feedback from people using the service showed that staff and the registered manager were friendly, open, caring and diligent; people using the service trusted them and valued the support they provided. People told us they were reassured by the care given by staff from this agency and the support from senior staff and managers.

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 when this is in their best interests and legally authorised under the MCA.

We found the registered manager had a good understanding about how the service was required to uphold

the principles of the MCA, people's capacity and ensure decisions about their best interests were robust and their legal rights protected.

The registered manager and staff that we spoke with showed genuine concern for peoples' wellbeing and it was evident that staff knew people who used the service well. This included their personal preferences, routines, likes and dislikes and staff had used this knowledge to form strong caring and therapeutic relationships. These relationships improved the agency's effectiveness and helped them make changes in response to people's needs or in response to emergency situations.

People were supported by staff who had received appropriate training. The provider made sure that staff were provided with training that matched the needs of the people they were supporting. This included supporting people with complex medical conditions which required staff to have and maintain specific skills and be competencies. Staff undertook specialised training and their work was overseen by the registered provider's nurses or community healthcare staff.

People were protected from the risk of abuse. Staff and the registered manager understood the procedures they needed to follow to ensure that people were safe. They had undertaken training and were able to describe the different ways that people might experience abuse. When asked they were able to describe what actions they would take if they witnessed or suspected abuse was taking place and what they expected of service colleagues and statutory agencies. Staff were continually aware of their role in protecting people from harm and were diligent in checking for signs of abuse.

We saw the provider had policies and procedures for dealing with medicines and these were followed by all staff. Some of these varied depending on people's needs. Safeguards were in place; medicines were securely stored and there were checks in place to make sure people received the correct treatment.

The service had a complaints policy which provided people who used the service and their representatives with clear information about how to raise any concerns and how they would be managed. Staff we spoke with understood how important it was to act upon people's concerns and complaints and would report any issues that were raised, to the registered manager. People using the service and those who were important to them knew about the complaints process and had confidence that these would be handled appropriately by the provider.

We found that the registered manager and provider had systems in place to monitoring the quality and ensure that the aims and objectives of the service were met. The registered provider had information technology systems which supported staff to undertake all the roles and functions required to operate the service efficiently and safely. Regular audits of key aspects of the service, such as medication and learning and development were used to critically review the service and drive developments and improvements. We also saw the views of the people using the service and those who were important to them, were sought. The registered manager produced action plans, which showed when developments were planned or had taken place.

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.

There were systems in place to manage risks, safeguarding matters, staff recruitment and administration of medication.

Staff had been trained to work with people in a positive way which protected their human rights.

The provider had an effective system to manage and reduce the likelihood of accidents and incidents and learn from them so they were less likely to happen again.

Is the service effective?

Good

The service was effective.

The provider ensured people's best interests were managed appropriately and they were protected under the Mental Capacity Act (2005).

People's needs were regularly assessed and referrals made to other health professionals when required and their care and support was continually monitored and promoted.

Staff received specialised and general training and development, supervision and support from the registered manager and senior staff. This ensured people were cared for by those who were knowledgeable and competent.

Is the service caring?

Good

The service was caring.

There were safeguards in place to ensure people's privacy, dignity and human rights were protected. Staff knew the people they were caring for and supporting in detail, including their health needs [when appropriate], personal preferences, likes and dislikes.

People told us that the provider was very supportive and had their best interests at heart; people said they were caring,

discreet and sensitive and they trusted them.

Staff were knowledgeable about ways of communication and these were tailored to people's preferences.

Is the service responsive?

Good

The service was responsive.

People, and their representatives, were encouraged to make their views known about their care, treatment and support needs.

Staff were understanding of peoples' expressions and recognised how these could change if they were unhappy. Staff were able to intervene to prevent a situation from escalating.

People were supported by the provider to take part in social opportunities, make and maintain friendships; and lifestyle opportunities.

Is the service well-led?

Good

The service was well led.

There were clear values that included involvement, compassion, dignity, respect, equality and independence. With emphasis on fairness, support and transparency.

The management team had effective systems in place to assess, monitor and drive the quality of the service. The quality assurance system operated to drive improvement and sustain beneficial outcomes for people.

The service worked in partnership with key organisations, including specialist health and social care professionals, local and national stakeholders.

Allied Healthcare Chester-le-Street

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 checked whether the registered 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.

One adult social care inspector completed this announced inspection of Allied Healthcare Chester-le-Street on 16, 21 and 22 June 2016. We announced this inspection because we wanted to be able to meet with people who used the service in their own homes.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection we reviewed all the information we held about the service. We reviewed notifications that we had received from the service and information from people who had contacted us about the service since the last inspection. For example, people who wished to compliment or had information that they thought would be useful. We also wrote to 50 people who used the service and asked them to complete a questionnaire. We received responses from 18 people and used these to inform our inspection process.

Before the inspection we reviewed information from the local safeguarding team, local authority and health services commissioners (Durham and Sunderland areas). No concerns were raised by these organisations. Prior to the inspection we also contacted the local Healthwatch and no concerns had been raised with them about the service. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work.

During the inspection we met with two people who used the service and two relatives. We spoke with four people who used the service. We met with three care staff, three co-ordinators one field-care supervisor, the service administrator, the regional training officer and the registered manager.

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

Good

Is the service safe?

Our findings

People who used the service told us they felt safe. They told us, "Allied staff are very good at what they do, their standard of care is very good and I know they look out for me in case I have a turn for the worst." Another person told us, "They are consistent and they know about my medical needs so they can tell if I'm not well and do something about it if I can't." and "I wouldn't be able to live on my own if it wasn't for them – the risk would be too much." One relative told us, "They've been supporting [their relative] for a long time which has helped us to keep our quality of life."

Staff told us the service helped people to remain safe because they 'made sure people had good care plans and risk assessments,' 'good infection control' and all staff have thorough background checks to make sure they are suitable to work with vulnerable people. They told us that all staff had 'good safeguarding training' and would alert if they saw or suspected people using services were being abused and the providers 'whistleblowing' [tell someone] policy supported staff to speak up if they thought the service was not operating in customers best interests.

The building manager of a sheltered accommodation complex told us, "Allied staff are always very friendly and will go out of their way to make sure people are safe – not just the people they are here to visit."

We found people were protected from the risks associated with their care because the provider followed appropriate guidance and procedures. We looked at five people's care plans. Each had an assessment of their care needs which included risk assessments. Risk assessments included areas relating to the environment, for example potential hazards around people's homes, as well as those relating to the individual such as risk of skin pressure damage, risks whilst using of equipment such as a hoist to mobilise or a poor diet. Risk assessments were used to identify what action staff needed to take to reduce the risk whilst meeting people's needs and promoting their independence. There were risk reduction measures in place and where this was appropriate people had signed to say they agreed with the risk assessment.

Staff said their work helped people remain safe because they were well trained by the provider. They told us they monitored people's health and care needs constantly, communicated this to their colleagues. They told us that they had also undertaken safeguarding training to help them recognise and respond if they suspected or witnessed abuse. Staff said they kept log books of their work which were checked by senior staff. We looked at records which showed us that if people had needed a change in their care plan then this happened quickly.

When we spoke with staff about people's safety and how to recognise possible signs of abuse, these were clearly understood. Staff we spoke with described what they would look for, such as a change in a person's behaviour, mood or any unexplained injuries. They were able to describe what action they would take to raise an alert to make sure people were kept safe. This included reporting to the registered manager or service staff and the local authority. This meant staff employed by the registered provider were able to take swift and suitable action when needed to keep people safe.
Training in the protection of people had been completed by all staff, with senior staff having undertaken

more advanced training including their part in raising alerts with the local safeguarding authority. The registered manager and all staff had easy access to information on the services' safeguarding procedures and a list of contact numbers was available and accessible at all times. The registered manager had carried out a recent review of the safeguarding process to ensure that legal notifications were to CQC following an alert to the local authority.

Staff told us they had confidence that any concerns they raised would be listened to and action taken by the registered manager. We saw there were arrangements in place for staff to contact senior staff and management out of office hours should they require support or advice. Staff were very clear about what was expected of their roles and responsibilities and they said they would feel confident in raising any concerns with the registered manager or senior staff. One staff said, "I know the people I support on a regular basis very well so if I see something which I think isn't right I can contact the office to check."

The provider had guidance in each individuals care plan which described how staff were to respond to emergency incidents such as a fire or flood damage or if an emergency medical incident occurred. This ensured that staff understood how to respond to people they supported in an emergency and specifically what support each person required. We saw records that confirmed staff had received training appropriate to peoples' needs and general training such as fire safety and first aid.

The provider had procedures in place to ensure people received medicines as they had been prescribed. Medicines were stored safely in people's homes and records were kept which showed which medication had been administered to whom and when. We saw there were regular medicine audits undertaken by managers and senior staff to ensure administration had taken place as planned. We saw the provider had protocols for medicines prescribed 'as and when required', for example pain relief. These protocols gave staff clear guidance on what the medicine was prescribed for and when it should be given. There were examples where the providers staff, pharmacists, doctors and the person using the service worked together to ensure people had medication that was accurately prescribed and most suitable for their needs. This showed the provider followed the Royal Pharmaceutical Society Guidelines.

We looked at the records of five staff who had recently been recruited to the service. We saw that detailed background checks were carried out to make sure applicants were suitable to provide services to people who were vulnerable in their own homes. All staff had completed an application form, provided proof of identity and had undertaken a Disclosure and Barring Service (DBS) check. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults. The records we looked at confirmed that staff had been subject to a formal interview and background checks, which followed the provider's recruitment policy, had been carried out. This included checks of all the previous work history of applicants with written explanation of any gaps in employment.

The provider had a policy in place to promote good infection control by staff. Some people who were supported by the provider had delicate health conditions making good infection control especially important. We saw staff had continual access to appropriate personal protective equipment (PPE) such as disposable gloves and aprons. They had received training from the provider and were knowledgeable about infection control procedures. Infection control was monitored through audits carried out by senior staff and the schemes nurses and this formed part of the provider's assurances that safety and quality standards were met. This showed the provider had considered infection control issues in people's homes and had taken action to minimise their risks when required.

The provider took steps to ensure accidents and incidents involving people using the service and staff were

minimised. The registered manager told us that what accidents occurred an analysis of the circumstances was carried out to see if there were any lessons which could be learned for future practice. We saw records which supported these findings. We talked with staff who reflected on these practices and gave examples of their experiences. We saw records which supported these findings. For example investigations into accidents / incidents were thorough, open, questioning and objective. We saw that people using the service and those close to them were included in the investigation and the outcome.

Good

Is the service effective?

Our findings

When we visited people in their own homes, they told us that they were confident in the support they received from the provider and staff. People were complementary and said things like, "The other people who see me all rely on Allied staff being up to date." One relative told us, "Staff know [my relative's] needs very well. They've been coming here for years, they have the training and they know the routine."

Staff said they were effective because 'staff had excellent induction on the job coaching and support.' They told us staff had 'structured support' which consisted of staff meetings or spot checks and supervision with senior staff to make sure they were equipped to carry out their role. One of the senior staff told us, "We have excellent on-going training, you can literally think of an area of training and they will design or find a course for you". One staff said, "Training is very important especially if you want to progress your career in the future." Staff told us they felt their work was appreciated by people who used the service and the registered manager. They said they had extensive levels of training and checks to make sure they were and remained competent.

The registered manager told us that the service invested heavily in the training and development of staff to make sure they had the competencies and skills needed to meet people's needs. Staff told us the registered provider supported them to gain the skills and knowledge they needed to meet the needs of people who they cared for. The provider's training officer told us that the organisation placed a strong priority on training staff, had its own training department and brought in external training specialists for other courses. The training officer provided and oversaw the courses delivered for staff and supported their training, development and continued competency. Where possible training was directly aligned to national standards which enabled staff to demonstrate competencies and work towards the Care Certificate accreditation. The Care Certificate is a set of standards that social care and health workers stick to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers.

Records showed there was a programme of induction for new staff to prepare them for their work. Staff training took place over four days in the classroom and then a period of 'shadowing' [with an experienced worker] at the end of which a written competency assessment linked to the Care Certificate knowledge outcomes was undertaken. Staff were not 'signed off' as being adequately trained until their competencies had been checked and agreed by training staff and / or the registered manager. Further training could be arranged if staff needed more support to complete the induction and demonstrate competency. Records showed that once recruited, new staff undertook 'core skills' training which included areas such as, 'care plans / risk assessments', 'infection control,' 'moving / positioning,' 'Dementia awareness,' and 'medication management.' The registered manager told us that some staff came to the organisation having never worked in a caring role before so they had designed induction to give them grounding in how to care for people 'the Allied way' and prepare them for likely experiences they will have. Continued support was available for people who were new to writing in care records. This meant that people using the service were supported by staff whose training and support matched their care and health requirements.

We looked at records which showed that following induction all staff had achieved a wide range of training courses. These included completing courses in for example 'report writing', 'diabetes awareness', 'supporting decision making and the Mental Capacity Act (MCA) awareness', 'needs assessment and care planning', 'basic life support', 'falls awareness' and 'enabling positive risk'. Staff told us they had access to the provider's training programme which supported them to gain and sustain the skills and knowledge they needed to meet the needs of people they supported. One of the coaching staff told us, "It's a really good way of passing on how Allied likes care to be delivered. Quite often staff continue to ring for an opinion or support about an aspect of their care long after coaching is completed and this gives a good opportunity to monitor and promote good care practice."

Training was organised so that where needed staff undertook specific training to develop competencies for each person's individual needs. For example if a person had needs such as support with percutaneous endoscopic gastrostomy [[PEG] where a tube is passed into a person's stomach through the abdominal wall to provide a means of feeding when oral intake is not adequate]], staff received generic training as well as specific instruction and practice about meeting the nutritional requirements of that person. We found that all of the staff supporting people had demonstrable training in the specific areas of need that people using the service required. These were overseen by nurses from the organisation or community and further training provided when this was required. The training officer told us, "Staff must be competent before we sign them off and if they need further training they get it from Allied's nurses or the community teams." This meant that people using the service were supported by staff whose training and support matched their care and health requirements.

Staff received regular monitoring, supervision and appraisal from senior staff. The registered manager and senior staff told us about an extensive system of monitoring and supervision visits carried out with each member of staff. This involved monitoring of staff practice in people's homes and reviews of care records, including medication administration and daily notes. We looked at records held at the provider's offices which showed that the monitoring and supervision visits were carried out for all staff. The registered manager confirmed that they reviewed the monitoring and supervision of senior staff and deputy managers to make sure the timescales and scope of the supervision meetings were met. This showed that the registered provider had a good understanding of people's needs and how they were being met by the registered provider's staff.

When we met with people in their own homes we saw how staff were in place to enable people to live as independently as possible in their home environment. Some people had homes which had been adapted to make sure their physical and healthcare needs could be met there. This included adaptation to ensure people could access all necessary areas of their home, have space for equipment and be able to receive treatment to meet their needs. Some people required continual support from teams of staff who monitored their healthcare needs and conditions to ensure these were met and the registered provider's staff worked alongside personnel from other agencies. We saw how staff fitted in their support around people's needs and lifestyles and how routines were adaptable depending on their choices. Some people needed support to manage long term conditions such as Dementia or dietary needs. We saw records which showed how staff supported people's needs and when we spoke with people who used the service they confirmed that staff were diligent. One person we spoke with said, "I never have any trouble with Allied staff. They are always reliable and I know what is going to happen when they come through the door." This showed that the provider made sure that people's complex healthcare needs were met.

Records showed that the service made sure that people's health care needs were met. Where appropriate, the provider co-ordinated and maintained consistent access with community healthcare professionals or supported people to attend regular appointments. This ensured people had the advice and treatment they

required. This included contact with general and specialist doctors, dentists, specialist trained nurses and occupational therapists. We saw records which showed how staff and the provider contacted relevant health professionals if they had concerns over people's health care needs. For some people this included teams of staff from several organisations which were co-ordinated by the provider.

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 when this is in their best interests and legally authorised under the Act.

We checked whether the service was working within the principles of the MCA, and whether any conditions or authorisations to deprive a person of their liberty were being met. The registered manager told us there were no authorisations in place or presently under consideration for any support undertaken by the registered provider. We found the registered manager had a good understanding about how the service was required to uphold the principles of the MCA, people's capacity and ensure decisions about their best interests were robust and their legal rights protected.

Good

Is the service caring?

Our findings

We spoke with people about the support they received from the provider. All of the people's responses were very positive. One person said, "If I couldn't speak up for myself it is the Allied staff who I'd want to speak on my behalf." Another person said, "Allied are the absolute professionals from a care point of view they are fantastic."

Staff told us they were caring because they 'hired staff because of their qualities and personalities to make sure they had the right motivation to do the job'. They said they promoted the service to 'ensure continuity, relationships and to build trust.' Staff said they 'promote inclusion in the care plans,' 'have good data protection and confidentiality' and they respected the needs and wishes of the people using the service and their family.'

When we visited people in their homes they were complimentary about the service, the staff and the registered manager. Some people said they knew the registered manager personally and had confidence that their service was set up for their individual circumstances. One person told us, "It was a condition of me living here that I was able to bring the carers that I knew and trusted from Allied. They have given me stability and helped guide staff [from another care agency]."

The registered manager and all staff that we spoke with all showed genuine concern for people's wellbeing. They all placed great thought and consideration when making decisions that may affect their care and welfare. It was evident from discussions that all personnel knew people's needs circumstances and sometimes life histories in detail, including their personal preferences, likes and dislikes and had used this knowledge to form very strong therapeutic relationships. They considered people's decisions and were concerned for their well-being. We saw all of these details were recorded in people's care plans. The registered manager gave examples of how they would ensure that people using the service received appropriate end of life support.

In response to people's needs for equality we found the provider had in place arrangements to assess people's needs and had put in place plans and strategies to ensure people had a lifestyle which promoted their independence. For example specific plans were in place to enable people to continue to live in their own homes with long term medical conditions. One person told us, "They have helped me to move to a home which is a much better place for my disability."

The registered manager told us how the service sought to recruit people who had the personal attributes to make excellent staff. She said, "We try to find people who have the capacity to become Allied staff. We have excellent training so we know people will gain the skills they need. We want people who have something extra, a way of talking or working with customers which we know will make them a great asset to the service and to the people they support." We met staff who told us they worked in teams with specific people because of the way the service operates. Staff said this helps them build strong relationships with the people they support. Records confirmed that some staff stayed with the provider for lengthy periods. We found several staff had been working successfully for the registered provider for over five years.

The staff we spoke with explained how they maintained the privacy and dignity of the people that they cared for. They explained how they were very aware of the need to maintain and support people's privacy when they were supporting them in their own homes. One staff member told us, "We are very careful and respectful when we are working in someone's house. That is drummed into us during the training. All staff know there are things you can't do or say when you are in someone's home and that's about respect for them." Another staff said, "We know that we have to be tactful because the last thing we want to do is upset someone or cause offence." We found staff were committed to delivering a service that had compassion and respect and which valued each person.

The staff we spoke with understood people's routines and the way they liked their care and support to be delivered. They recognised that people using the service relied on them knowing what these routines were and had confidence that staff would follow their preferences. Staff talked about how they 'worked in teams' and their strong relationships with colleagues and people who used the service and their relatives which helped them to be effective. One person told us, "I have a team of staff from Allied – they know what I like - I don't have to keep telling them." Staff described how they supported people in line with their assessed needs and their preferences to make sure their care and lifestyle needs were met.

Good

Is the service responsive?

Our findings

We visited the provider's offices and looked at individual's records to see how their care was planned, monitored and co-ordinated. When we spoke with people who used the service they told us that the provider made sure they received the service that was expected and the staff who visited were always known to them and knew what their needs were. One person told us, "From a care point of view the service you get is second to none – my friends don't get as good a service as I do from Allied."

We spoke with staff and the registered manager who told us everyone who was supported by the service had a 'person centred' care plan. 'Person centred' is a way of working which focuses the actions of staff and the organisation on the outcomes and wellbeing of the person receiving the service. They described to us in detail how staff made sure people were properly cared for and we looked at how this was written in their care plans.

Staff told us they 'carried out reviews of care plans in response to people's needs changing' and 'involved families in decisions about their care to promote their decision making when appropriate'. Staff placed high priority on making sure services were 'person centred' [a way of organising care which places the person at the centre of arrangements] and they talked about 'asking people how they wanted their care to be delivered' and the 'goals they would like to achieve'.

When we spoke with staff they described people's circumstances and the support they provided in detail. The ways in which they provided care were tailored to each individual. Staff described how the service they provided changed in response to what people needed at different times. For example, some people had fluctuating health conditions and could quickly become ill or where people were recovering from an accident.

All the people who used the service had care plans in place. These were developed following an assessment of each person's needs and where appropriate a consultation with everyone who had a role in the person's life. People who used the service were supported and empowered by the registered provider and senior staff to make decisions about how they would best like their care and lifestyle needs to be met. These decisions formed the basis of a formal agreement between the provider and the person using the service. We saw examples of these agreements in people's care plans and these were signed by all parties to acknowledge that the agreement would be followed.

We looked at the care records of six people who used the service to see how their needs were to be met. We saw each person's needs had been assessed and plans of care written to describe how each area of need was to be supported. Some people had complex needs and their support needed to be detailed. The assessments we looked at provided suitably detailed information about each person's condition. We looked at examples of how people's needs were to be met and found every area of need had clear descriptions of the actions staff were to take. This included their health and social care needs. The care plans we looked at had appropriate levels of detail to guide staff practice and included people's personal preferences, likes and dislikes.

Where people could be at risk, there were written assessments which described in detail the actions staff were to take to reduce the likelihood of harm. This included the measures to be taken to help reduce the likelihood of accidents. The registered manager told us that the service had helped support people who wished to remain as independent as possible whilst still having an oversight which could be used to minimise risks if required. This showed us that the service was flexible in its approach and promoted people's independence whilst maintaining their safety.

The way care plans were written showed how people using the service were to be supported and there were reviews by senior staff if their needs had changed. These were organised within the providers 'Customer Compliance Reporting Tool' [CCRT]. This meant people's changing needs were identified promptly and were regularly reviewed with the involvement of each person and those that mattered to them; and any changes that were required could be put in place quickly.

The service protected people from the risks of social isolation and recognised the importance of social contact and companionship. People were encouraged to maintain and develop relationships, hobbies and interests. Staff were proactive, and made sure that people were supported to keep relationships that mattered to them, such as family, community and other social links. Staff were supportive of people so they could continue with important family life and special occasions. We found people's cultural backgrounds and their faith were valued and respected.

When people used or moved between different services or agencies this was anticipated and planned in detail. People who used the service and those that mattered to them were involved in these decisions and their preferences and choices were respected. There was an awareness of the potential difficulties people faced in moving between services such as emergencies or planned hospital admission and strategies were in place to maintain continuity of care and ensure their wishes and preferences were followed. Some people who used the service had formal or informal advocates or family members who expressed the persons view or spoke on their behalf.

We checked complaints records. This showed that procedures were in place and could be followed if complaints were made. The complaints policy was seen on file and the registered manager when asked, could explain the process in detail. The policy provided people who used the service and their representatives with clear information about how to raise any concerns and how they would be managed.

People who used the service and those who were important to them told us they felt comfortable raising concerns with the registered manager and found them to be responsive in dealing with any concerns raised. The staff we spoke with told us they knew how important it was to act upon people's concerns and complaints and would report any issues raised to the registered manager. We saw people were actively encouraged to give their views and raise any concerns. One person told us, "The staff and management always ask me my views on what I would like them to do. I also know how to make my views known so I've not had to complain about anything at all that Allied do." When we spoke with people no one raised any concerns but told us they knew who they could approach if they did. The registered manager saw concerns and complaints as part of driving improvement.

Good

Is the service well-led?

Our findings

People who used the service talked positively about the registered manager. People said they were 'well managed' and were confident that 'the service would take place like they had planned.' All of the people who used the service and their relatives we spoke with said the registered provider had acted in the best interests of the people who used the service.

There were management systems in place to ensure the service was well-led. We saw the registered manager was supported by the regional manager and senior staff and there was regular monitoring of the service by the provider's national organisation. The registered manager shared the organisation's office and was in regular communication with staff, people using services, relatives and other professionals involved in people's care. These showed that the registered provider had oversight of the quality of the service offered by Allied Healthcare Chester-le-Street.

The provider had a system in place to monitor key areas of the service. One of these was called 'Complaints, Incidents Accidents Monitoring System' [CAIMS]. These were used to compile key performance information and compare trends within the service and with other services run by the provider organisation. This meant that any unexpected changes could be identified and analysed and actions taken to reduce the likelihood of them happening again.

The registered manager had worked at Allied Healthcare Durham for over 10 years and has been the registered manager since 2011. They had worked in a series of care and management roles for Allied Healthcare and other care organisations for over 20 years. This background and experience had given them the skills and knowledge to structure and successfully operate the service. During the inspection we saw the registered manager was active in the day to day running of the service. We saw they interacted and supported people who used the service and supported staff to do the same. From our conversations with the registered manager it was clear they knew about the needs of people who used the service. Records showed that the registered manager became involved in the care planning process at an early stage and systems ensured that they had on-going oversight of assessment and care planning needs of the people using services. Staff told us they worked with the registered manager as a team to make sure people's healthcare and lifestyle requirements were met. They told us the registered manager was open and honest and staff knew they had the experience of being a carer which gave them confidence in the decisions the registered manager made.

The registered manager told us they encouraged open, honest communication with people who used the service and their representatives, staff and other stakeholders. Relatives and people using the service told us they were 'in control' of how care staff worked and staff 'did what they were asked to do.' One relative told us, "They call me a 'customer' of Allied which I think says it all really – the customer is always right and the staff respect that." We saw the registered manager and staff worked in partnership with a range of multi-disciplinary teams including social workers, community health staff and other professionals such as GPs consultants and psychologists / therapists in order to ensure people using the service received a good service. The registered manager told us, "We are usually asked to do the tasks which the council would have

done in the past such as making sure the different parts of someone's care packages work together."

We saw there were procedures in place to measure the success in meeting the aims, objectives and the statement of purpose of the service. There were wide ranging quality assurance systems in place for the registered manager to ensure objectives were met. For example audits were carried out for key areas of service provision such as care planning, training, health and safety, accidents and incidents and medication. The provider had recently carried out a review of how notifications of significant events were made in line with their legal responsibilities and made changes to ensure these were consistent. The audits were compiled so the registered manager and area manager could map the performance of the service and also shared with the provider's national office to see how their performance compared with other similar services run by the organisation.

The staff we spoke with were complimentary about the registered manager, and senior staff. They told us that the management style was 'straightforward,' 'down to earth' and 'friendly' and they respected the registered manager views because they had actually delivered care and had also 'worked their way up' in the company. Staff said they felt that their skills were appreciated and valued. Staff we spoke with told us they would have no hesitation in approaching the registered manager if they had any concerns and they regularly discussed their work with senior staff on a day to day basis. They told us they felt supported and they had regular checks, supervisions and team meetings where they had the opportunity to reflect upon their practice and discuss the needs of the people using the service. We saw documentation to support this.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service. We saw detailed risk assessments were carried out and these were updated if new situations or needs arose. The service was effective at making changes quickly for people with varying needs. We saw evidence of how these were reviewed regularly and changes made to the care plans where needed. In this way the provider could demonstrate they could continue to safely meet people's needs.

The registered manager had in place arrangements to enable people who used the service, their representatives and other stakeholders to affect the way the service was delivered. For example, people who used the service were routinely asked for their views by completing surveys. The outcome of this feedback was collated and circulated to the provider's senior managers with any actions identified as a result of this feedback. When we looked at the most recent surveys completed by people who used the service, those that mattered to them and professionals involved in people's care and support, we saw there was a high level of satisfaction about people's care, treatment and support.

All of these measures meant that the provider gathered information about the quality of their service from a variety of sources and used the information to improve outcomes for people.

We saw the provider had extensive management systems in place to support the location and registered manager including finance, training and human resources support.