Nestor Primecare Services Limited

Manston Court

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

The inspection took place on 13 July 2017. We gave 48 hours' notice of our intention to visit Manston Court to make sure people we needed to speak with were available.

Nestor Primecare Services Limited (also known as Allied Healthcare) provides personal care services for people living in an extra care housing scheme at Manston Court. The management of the building and facilities is not the responsibility of Nestor Primecare Services Limited. The building contains self-contained flats with some shared facilities. Nestor Primecare Services Limited has an office in the building from which they manage their service. At the time of our inspection there were 48 people receiving personal care and support. These included people living with dementia, people with a learning disability or physical disability and people recovering from a stroke.

This was the first inspection since Nestor Primecare Services Limited took over responsibility for the regulated activity of personal care at Manston Court.

There was a registered manager in post, although they were temporarily not available at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are "registered persons". Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. We spoke with the provider's site manager and the registered manager's stand-in.

The provider had arrangements in place to protect people from risks to their safety and welfare, including the risks of avoidable harm and abuse. Staffing levels were sufficient to support people safely. Recruitment processes were in place to make sure the provider only employed workers who were suitable to work in a care setting. There were arrangements in place to store medicines safely and administer them safely and in accordance with people's preferences.

Staff received appropriate training and supervision to maintain and develop their skills and knowledge to support people according to their needs. Staff were aware of the legal protections in place to protect people who lacked mental capacity to make decisions about their care and support. Where required, people were supported to eat and drink enough to maintain their health and welfare. People were supported to access healthcare services, such as GPs and specialist nurses.

Care workers had developed caring relationships with the people they supported. People were encouraged to take part in decisions about their care and support and their views were listened to. Staff respected people's independence, privacy, and dignity.

Care and support were based on assessments and plans which took into account people's abilities, needs and preferences. The provider had a system in place to identify early signs of changes in people's conditions

or wellbeing.

The service had an open, empowering culture. Systems were in place to make sure the service was managed efficiently and to monitor, assess and improve the quality of service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected against risks to their safety and wellbeing, including the risks of abuse and avoidable harm.

The provider employed sufficient staff and carried out recruitment checks to make sure workers were suitable for work in a care setting.

Processes were in place to make sure medicines were administered and stored safely.

Is the service effective?

Good

The service was effective.

Staff were supported by training and supervision to care for people according to their needs

Staff were guided by the Mental Capacity Act 2005 where people lacked capacity to make decisions.

People were supported to maintain a healthy diet and had access to other healthcare services when required.

Is the service caring?

Good

The service was caring.

People had developed caring relationships with their care workers.

People were able to participate in decisions affecting their care and support.

People's independence, privacy and dignity were respected.

Is the service responsive?

Good

The service was responsive.

People's care and support met their needs, took account of their preferences and reflected changes in their needs.

There was a complaints procedure in place, and complaints were dealt with professionally.

Is the service well-led?

Good

The service was well led.

A management system and processes to monitor and assess the quality of service provided were in place and operated effectively.

There was an open, empowering culture in which people were treated as individuals and could speak up about their care and support.

Manston Court

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 provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, looked at the overall quality of the service, and provided a rating for the service under the Care Act 2014.

The inspection took place on 13 July 2017. We gave the service 48 hours' notice of our visit to make sure people we needed to speak with would be available. The inspection team consisted of one inspector and an expert by experience who carried out telephone interviews with people who received services from Nestor Primecare Services Limited. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. On this inspection the expert by experience had experience of supporting family members living with dementia who used regulated services.

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. We reviewed other information we had received from people who used the service and employees.

We spoke by telephone with six people who indicated they would be willing to do so. We spoke with the site manager, the registered manager's stand-in, other members of the provider's management team including the care director, and four members of staff.

We looked at care plans and associated records of four people. We reviewed other records relating to the management of the service, including risk assessments, quality survey and audit records, management reports, training records, policies, procedures, meeting minutes, and staff recruitment records.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe when the provider's staff were supporting them in their homes. There had been some disruption when they had to get used to new staff, but there were no concerns raised about the safe practice of the current staff. Where concerns had been raised in the past, we discussed these with the site manager who was aware of them and had taken appropriate action.

One person said of their care staff, "They are brilliant, friendly, can't do enough for you. They are lovely, lovely every one of them. I do look forward to them coming." There were no reports of missed calls. One person told us, "They wouldn't be allowed to do that. I am very vocal." There were no concerns around the safe management of medicines. One person was completely satisfied. They said, "They give me my tablets twice a day. Everything is written down."

The provider supported staff to protect people against avoidable harm and abuse. They were informed about the types of abuse and signs to look out for. They were aware of the provider's procedures for reporting concerns about people. Staff told us they were confident any concerns raised would be investigated and handled properly. They were aware of contacts they could go to outside the organisation if they considered their concerns were not being handled in a timely, appropriate fashion. They had received training in the safeguarding of adults.

The provider had policies and procedures for safeguarding and whistle blowing. When concerns were raised about safeguarding, the provider worked with the local authority to investigate them, and notified the relevant authorities including us.

The provider identified and assessed risks to people's safety and wellbeing. These included risks associated with people's mobility and swallowing risks. Action plans were in place for staff to manage and reduce risks, for instance to check pressure areas regularly if people were at risk of pressure injuries. Action plans included the use of specialist equipment to support people to move and change position. Where this equipment was in place the provider made sure that it was checked yearly to make sure it was safe to use. There were formal risk assessments to identify any hazards associated with people's homes. The provider had identified people who would need assistance in the event of a fire or other emergency.

There were sufficient staff to support people according to their needs and keep them safe. Staff told us their workload was manageable and they were able to support people safely. Where people's care plans specified there should be two members of staff to support them safely, the rotas reflected this.

There was a robust recruitment process designed to make sure successful candidates were suitable to work in a care setting. Records showed the provider made the necessary checks before staff started work, including identification, evidence of satisfactory conduct from previous employers and checks with the Disclosure and Barring Service (DBS). A DBS check helps employers make safer recruitment decisions by identifying applicants who may be unsuitable to work with people made vulnerable by their circumstances.

Where people received support with their prescribed medicines, suitable arrangements were in place. Staff received training in the administration of medicine, and the provider's competence checking made sure the training was effective. There were clear instructions in people's care plans and staff kept records of medicines given. We found a small number of examples where these records had not been completed correctly, although there was no evidence people had not received their medicines as prescribed. If people had medicines prescribed to be taken "as required", there were specific instructions for staff, and records included the time and dose given. People could be confident the provider managed their medicines safely.

Good

Is the service effective?

Our findings

People we spoke with were satisfied the provider's staff had the necessary skills and knowledge to support them according to their needs. One person said, "The ones that I have got, they are the older ones, very qualified." Another person said, "Yes, they actually go for training and they do learn how to handle us." People told us staff sought their agreement and consent to care and support. If they declined planned care, their decision was respected. One person said, "It is a two-way thing." Another said, "Yes, they are respectful."

The provider had a programme of training for staff which included induction training for new staff and then yearly updates. Staff records showed they received an induction programme certificate and a "care coaching passport" which recorded the areas where they had received training, such as supporting people to eat and drink, mobility, washing, dressing and medicines.

Staff found the training they received prepared them adequately to support people. Where they needed specific knowledge to support a person with a particular condition, they had received additional training. Examples of this included training in supporting people living with dementia and caring for people recovering from a stroke. Where staff used specialist equipment to support people they had demonstrations how to use it properly.

Staff were supported to provide care and support to the required standard by regular individual supervision sessions, observations and appraisal. The provider's target was for all staff to have contact of this type at least once every three months. Staff told us they felt supported by the provider to deliver care and support that met people's needs.

Staff were aware of the need to seek consent before supporting people with their personal care. People had signed that they agreed with their care plans. Where family members had appropriate lasting power of attorney to act and make decisions on people's behalf, they were included in discussions and records showed they agreed the care plans were suitable to meet the person's needs.

Staff were aware of the Mental Capacity Act 2005 and its associated code of practice. The Act 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. Where people were considered to lack capacity, the provider worked in cooperation with social services, GPs and other interested parties to assess their capacity. Where people were found to lack capacity, decisions were made following a best interests process as required by the Act.

The service had some involvement with supporting people to eat and drink according to a balanced, healthy diet. Where people received support in preparing meals, they were satisfied with how this was done. Staff supported some people with making choices and preparing food and drink for them. Where this was part of

a person's care plan there were detailed instructions for staff, for instance how to make a particular drink that the person enjoyed.

The service had some involvement with supporting people to access healthcare services. People told us the provider's staff supported them to access other healthcare services when necessary. One person said, "They always ask in the morning how I am. I have had a couple of falls. They helped me and waited for the ambulance." Records showed staff assisted people with GP appointments and worked with community nurses and occupational therapists where appropriate.

Good

Is the service caring?

Our findings

People we spoke with told us they had good relationships with the staff who visited them, although two said the rotas did not leave a lot of time for social interaction. One person said, "They have a laugh and a joke. We sort of take care of each other." Another person said, "They are quite caring. They sit and have a little chat." People told us they were able to take part in decisions about their care on a day to day basis. One described it as a "two way" process, and another person said, "Those that work with me, we understand each other."

Staff told us they were able to develop caring relationships with people they supported. One staff member described how they had been able to engage with one person who had often declined care in the past, but were now more willing to be supported in line with their care plan. One staff member said, "Every time we have a good old chat." Staff recorded their social interactions as well as the support given in people's daily care diaries. Examples of these entries included "meds given – lovely chat", "had a little chat", and "left her safe".

People's care plans were written to encourage staff to involve people in decisions about their care and support. One person's plan included, "Talk through everything you do so that [Name] feels safe and reassured." It also instructed staff to offer the person the choice to sit in their recliner or wheelchair. Another care plan showed that the person had been involved in writing the instructions on how they should be supported to change position using a hoist.

Records showed people were involved in reviews every six months to make sure they were satisfied with how their service was provided. There was an annual review of care plans, and people were encouraged to take part in these. The site manager was available to people on site at Manston Court. They told us they received a lot of verbal feedback from people which was not always written down.

Staff were aware of the need to respect people's privacy and dignity. They gave us examples of how they did this in practice. People we spoke with confirmed they felt they were respected and treated with dignity. Staff always knocked the door before entering their flats and took steps to make sure people were covered as much as possible during personal care to maintain their dignity.

Staff encouraged and supported people to be independent where they were able. One person said, "They just let me get on with it. If I needed help I am sure they would help me."

None of the people we spoke with or whose records we saw had particular needs or preferences arising from their religious or cultural background. The provider's assessment process was designed to identify these needs if necessary. Equality and diversity training was included in the provider's basic training programme. The provider had taken steps to be ready to support people with these needs.

Good

Is the service responsive?

Our findings

People we spoke with told us the care and support they received were in line with their needs and took into account their preferences. They were not always aware of the detail in their care plan, but were happy their needs were met. One person said, "Everything is done that I need." Another person told us, "I usually know what is going on. I have no problems at all." All the people we spoke with confirmed that staff made records of the care they delivered in their care folder.

Care plans were based on pre-admission assessments designed to identify people's needs and preferences. These were carried out in cooperation with social services and in conjunction with the housing provider. They included assessments of people's physical and medical needs, such as any allergies, and also covered their emotional and social wellbeing. There was a section on "Things that are important to me."

The thorough, detailed assessments meant that care plans could be written to be individual to the person as well as providing clear instructions how they preferred to be supported. In one case the care plan stated that the person preferred to be supported to get dressed "right arm first". Another person's care plan contained instructions when to use different types of beaker and when and how to add thickener to their drinks. Where people were able to be more independent this was clearly stated in their care plan. This meant staff had clear instructions when and how to support people. Staff told us the care plans contained the information they needed to support people according to their needs and in line with their preferences.

The provider had an "early warning system" which prompted staff to note and report changes and concerns they might have about people. These included changes to their speech, breathing, skin, behaviour, movement, eating and drinking, and if the person said they felt unwell. This meant people's care plans could be reviewed and amended in a timely fashion and healthcare providers could be engaged if necessary. One person's GP had commended the provider for enabling a prompt referral when the person's condition changed.

Although the provider was engaged to support people with their personal care, staff worked with the housing and facilities provider to arrange access to other services such as nurse visits. Staff supported people to take advantage of on-site hairdressing and foot care services, and to take part in activities in shared areas of Manston Court. They described a "lively community" at the service. People were supported to have more enriching and meaningful social lives.

People were confident any concerns they raised would be dealt with promptly and effectively by staff. They knew how to make a formal complaint if necessary. The provider had a complaints procedure which was given to all those living at Manston Court who received personal care services. The site manager told us they dealt with minor concerns on a day to day basis before they became a formal complaint. Examples were minor changes to call times and addressing concerns raised with the relevant staff members.

Good

Is the service well-led?

Our findings

People we spoke with were positive about the current leadership of the service, although some recognised there had been difficulties during the transition from the previous provider. Some experienced staff members had left and people had to form relationships with new staff. One person said, "I think it is well led. I like how they handle things. What breakfast I want, I get it with nice smiles. It is something to look forward to."

Staff we spoke with told us there was a positive, empowering atmosphere and they felt listened to if they had ideas or concerns. They said there was good team work with staff "helping each other out". One staff member said, "Everyone gets the care they need and everybody is happy."

The provider received and shared positive feedback from people's families. One thank you card read, "The best thing happened when [Name] moved here. She was very happy and you have all been very kind and thoughtful." There was also positive feedback from staff working for the housing provider, which showed there was a good working relationship between the two companies.

There was an effective management system in place. New staff and existing staff had been introduced to the new provider's way of working. Staff were positive about how the transfer had been managed. The provider had a system to recognise staff, and a staff member who transferred from the previous provider had been awarded "carer of the month" at Manston Court, and then "national carer of the quarter".

The management system included informal meetings or "huddles" as well as formally minuted meetings for staff and management. Staff kept computer records about the service up to date, which meant the provider could pull off individual reports about the service at any time.

The registered manager was responsible for overall governance of this and other services offered by the provider in the Southampton area. They were supported by a site manager who worked full time at Manston Court. The provider had an organisation in place to support managers which included a clinical governance team, a customer service team, and a 24 hour phone line for support with safeguarding questions.

There were processes in place to monitor and improve the quality of service provided. These included spot checks which included checks on staff complying with infection control procedures, following the person's care plan and their interactions with the person supported. Records of care provided were audited to make sure care was in line with the person's care plans and that records were legible and properly completed. Findings from these checks were followed up in team meetings. People were asked regularly to provide feedback on the service they received using a "customer quality review form". This included questions on the punctuality of calls and continuity of care and support.

The provider's care director visited the service regularly to review the quality of service provided. This included reviews of incidents and accidents, internal audits, quality of care and supporting people to be independent. The purpose of these reviews were to identify improvements and changes that would benefit

either staff or the people they supported.