Nestor Primecare Services Limited

Allied Healthcare Nottingham

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This announced inspection was carried out on 25 and 26 May 2016. Allied Healthcare Nottingham provides support and personal care in Nottinghamshire. At the time of the inspection there were 83 people using the service.

The service had a registered manager in place 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.

People were supported by staff who understood the risks people could face and knew how to make people feel safe. Staff knew to report any concerns of abuse or harm they identified when they visited people. People were encouraged to be independent with as little restriction as possible.

People were usually supported by a regular individual or group of staff who they knew. People who required support to take their medicines received assistance to do so when this was needed.

People were cared for and assisted by staff who received training and support to meet their needs. People's human right to make decisions for themselves was respected and they usually provided consent to their care when needed.

People were supported by staff who responded to their health needs and ensured they had sufficient to eat and drink to maintain their wellbeing.

People were treated with respect by staff who demonstrated kindness and understanding. People were involved in determining their care and support. They were shown respect and treated with dignity in the way they wished to be.

People's plans of care did not always have the details needed to provide staff with the information on how to meet all of their needs. People felt able to express any issues of concerns and these were responded to.

Improvements were needed to the systems followed to monitor the quality of the service. People who used the service and staff were able to express their views about the service which were considered and when appropriate acted upon. Recent management changes had taken place at the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People felt safe using the service because staff looked for any potential risk of abuse or harm and knew what to do if they had any concerns.

Risks to people's health and safety were assessed and staff were informed about how to provide them with safe care and support that maintained their independence.

People were supported by a sufficient number of staff to meet their planned needs.

People received the support they required to ensure they took their medicines as prescribed.

Is the service effective?

Good

The service was effective.

People were supported by a staff team who were trained and supported to meet their varying needs.

People's right to give consent and make decisions for themselves were encouraged.

People were supported to maintain their health and have sufficient to eat and drink.

Is the service caring?

Good

The service was caring.

People were supported by care workers who respected them as individuals.

People were involved in shaping the care and support they received.

People were shown respect and courtesy by care workers visiting them in their homes in a way that suited them.

Is the service responsive?

Requires Improvement

The service was not always responsive.

There was a risk that people may not receive the care and support they require because their plan of care did not include all the information required to do so.

People were provided with information on how to make a complaint and staff knew how to respond if a complaint was made. Complaints made were investigated and responded to.

Is the service well-led?

Requires Improvement

The service was not always well led.

Systems to monitor the quality of the service people received were not effective.

People used a service where staff were encouraged and supported to carry out their duties.

Allied Healthcare Nottingham

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 25 and 26 May 2016 and was announced. The provider was given 24 hours' notice because the location was a domiciliary care agency and we wanted to ensure there was someone free to assist us with the inspection. The inspection was carried out by one inspector.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with eight people who used the service. We also spoke with three care workers, a field care supervisor, two care coordinators and the registered manager.

We considered information contained in some of the records held at the service. This included the care records for five people, staff training records, three staff recruitment files and other records kept by the registered manager as part of their management and auditing of the service.

Good

Is the service safe?

Our findings

People felt safe using the service and felt they were protected. A person who used the service told us they felt, "Safe as houses" using the agency. Another person said, "Yes, I feel safe, the carer I have is excellent." People told us they felt safe when care workers visited them and felt they were treated well. One person told us, "I trust them, they have to be trustworthy it's their job."

Care workers were able to describe the different types of abuse and harm people could face, and how these could occur. Staff told us they had received training on safeguarding, and the staff training records we saw confirmed this to be correct. Care workers said they would report any concerns to their care coordinator or the registered manager, who would share the information with the local authority.

Where people were thought to be at risk of abuse action was taken to protect them from harm. Two care workers referred to having raised a concern about one person's safety previously and they had been involved in a plan to keep the person safe. A field care supervisor told us of a safeguarding concern they had raised earlier in the year and described a protection plan that had been put into place for the person. This involved care workers monitoring certain events. The registered manager told us about another recent incident they had reported to the local safeguarding authority. We saw documentation that showed they had taken appropriate action to protect a person who used the service from further abuse as well as ensure other people would not be placed at risk.

People received their care and support in a way that had been assessed for them to receive this safely. A person who used the service told us that care workers, "Help me to use my walker (walking frame.) They remind me to use it." Another person said, "They came and did a home assessment." We saw a risk assessment had been completed for the person's mobility and others for assessing people's home environment. People were also asked to identify any particular time they felt unsafe or vulnerable as part of the assessment process when starting to use the service. This provided people with an opportunity to share any worries or concerns they had about their safety.

Some people had recently had new equipment provided when their needs had changed and required this to provide them with their support. A person told us, "I am having a stair lift fitted, that to me is very important." A care worker told us the occupational therapist (OT) went out to assess people so the most suitable equipment was provided for them. The care worker described how they were supporting one person to get used to using a new piece of equipment as they were apprehensive about using this.

Care workers told us they knew how to use equipment in people's homes safely and to ensure it was in correct working order. One care worker gave the example of ensuring a person's air filled mattress, which was used to relieve any pressure contact with the person, was kept at the correct pressure. Another care worker said they always had the correct number of staff present to use any equipment safely, such as two staff to use a hoist.

In the care files we inspected there was a list of mandatory risk assessments completed to assess people's

needs for their emotional wellbeing, any allergies, risk of trips and falls and an environment assessment. There were additional risk assessments completed when required depending on each person's needs. These included assessments for people's skin integrity, moving and handling and communication needs.

There were sufficient care workers employed to provide people with consistent care and support which met their needs. Most people told us they normally received their care and support from the same individual or group of regular care workers. One person said, "I get the same carer most of the time." There were some people who questioned whether there were enough staff to cover when a regular care worker was absent from work. Although some people may have experienced having a care worker visit they did not know occasionally, we did not find this was a common occurrence. We found absences from work were usually covered by a care worker already known to the person. We did not find any occasion when a person had not received their call.

A care coordinator told us they made arrangements to cover people's calls when someone was absent from work with a care worker they knew. They told us there had been some occasions when someone had been visited by a care worker they had not met previously. This had only happened when there was no other worker known to the person available. A care coordinator told us if there was a new worker going to visit or the time of the person's call needed to be altered they contacted the person who used the service to inform them of this.

Care workers told us there were sufficient care workers employed to complete the calls they needed to. One care worker told us, "We have enough staff, we have the time to carry out all of our visits." They also told us they had enough time allowed to travel between calls.

People were supported by care workers who had been through the required recruitment checks to preclude anyone who had previously been found to be unfit to provide care and support. These included acquiring references to show the applicant's suitability for this type of work, and whether they had been deemed unsuitable by the Disclosure and Barring Service (DBS). The DBS provides information about an individual's suitability to work with people to assist employers in making safer recruitment decisions.

People were encouraged to manage their own medicines, but when required they received the support they needed to ensure they took their medicines as prescribed. One person who used the service told us, "They used to help me with my medication, they have helped me to do it again for myself." Another person said, "They give me three (tablets) in the morning and some at night. I take them out (of the blister pack) and they give them to me." Other people told us they were reminded to take their medicines and that a member of staff ordered their medicines for them.

Care workers were clear about what support people needed with their medicines. They told us they did administer some people their medicines, but there were a number of people who managed their own medicines and some others only needed prompting to take theirs.

Good

Is the service effective?

Our findings

People felt they were cared for and supported by care workers who had the skills and knowledge to meet their needs. A person who used the service told us, "I find they know what they are doing." Another person said care workers had, "Some good attributes, they know what to do."

Staff told us about the training they received and felt this was appropriate for the work they were required to undertake. However some staff told us they would like some further training in some areas. A field care supervisor said they would like further training on the new care planning system. A care worker felt they would benefit from training on some health care conditions people had to ensure they responded appropriately if needed. The new registered manager told us they had identified some areas where additional training was needed since taking up their position. They told us some of this had already been arranged and they had requested some other courses which had yet to be organised.

The registered manager told us new staff began with an induction and then undertook 'shadow' shifts where they observed an experienced member of staff. Each new starter was assessed to determine when they were competent to carry out visits independently. There was a group of new starters attending training at the office during the inspection who told us they were enjoying their induction training. Staff told us they had opportunities to discuss their work individually with one of the care coordinators.

The provider had a system where staff had to be up to date with all the planned training and receive regular supervision in order to undertake any visits to people. A care coordinator told us the rostering system would not allow them to allocate any work to a member of staff who was not up to date with their training and supervision. This ensured people were visited by staff who had completed the required training.

People had their rights to give their consent and make decisions for themselves promoted and respected. A person who used the service told us, "I am always asked if I want to do it (receive care.)" Care workers told us they gave people choices and asked for their consent before providing them with any care or undertaking any activity in their homes. A care worker said if the person had not given consent to something they felt was unbeneficial to the person they would explain the consequences to try to persuade the person, but they would respect the person's wishes.

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. The registered manager told us that all of the people using the service had the capacity to make their own decisions and consent to their care.

We saw people's care plans had been signed to show they had consented to their care. However some of these had been signed by a relative when the person could have signed these themselves. Staff were not clear about when and how mental capacity assessments should be completed. The registered manager told

us this was an area they had recognised staff needed some support in and had arranged for some training to be provided on this.

People who required support to ensure they had enough to eat and drink to maintain their health and wellbeing were provided with this. People who were supported at mealtimes told us care workers would prepare their meal and if necessary encourage them to eat this. One person said, "The ones that come at lunchtime do me a little something, then they encourage me to eat it." Another person told us care workers, "Give me my dinner and make me a sandwich for tea. I get enough to eat, they encourage me to eat it. They say eat what you can." People also told us care workers would go food shopping for them if needed and that care workers encouraged them to have a drink during the visit.

Staff told us they provided people with choices about what they would like to eat and would encourage people to eat well if needed. They also told us they followed basic food hygiene practices when preparing food. They said they would tell anyone if they had any out of date food and ask for their permission to dispose of this.

Staff told us there was not anyone who currently used the service who needed their nutritional intake to be monitored to ensure they were having sufficient to eat. They said the provider employed a nutritional nurse within their region who would visit people if they needed any advice or guidance about meeting a person's nutritional needs. The registered manager told us they had nutritional and fluid intake forms if they did need to monitor anyone's food or fluid intake.

People received any support they needed with regard to their health and wellbeing. People told us care workers would enquire how they felt when they visited and showed an interest in their wellbeing. A person who used the service told us, "I tell them if I am not feeling very well." Staff told us they liaised with healthcare professionals when needed. A care worker told us they had contacted a district nurse when a person's dressing needed to be changed.

Staff told us some people they visited had various health conditions. They said they did not always know signs and symptoms about these and how they needed to respond in certain situations. We saw there was little information about some people's conditions in their care plans. A care worker told us they would like some training on common health conditions. The registered manager told us they had requested some training on diabetes and would be requesting further training around healthcare matters. Additionally they would be putting more information into people's care records. They also told us that where people had any complex needs there was a nurse employed who would provide staff with advice and training on how to meet a person's needs.

Good

Is the service caring?

Our findings

People were supported by care workers who were professional, sensitive and caring. Comments made to us by people who used the service included, "They are very nice, I get on well with them. I am very pleased with them all", "We have brilliant fun" and "I am quite happy, they are very good carers. I know them well and they look after me carefully." Some people praised by name the care workers who visited them and described them as providing good care. One person said the two care workers who visited them were, "Both excellent and show caring values." They added, "I always feel bright and cheerful after they have gone, I feel good."

People developed relationships with care workers who treated them with kindness and respect. Care workers described how they enjoyed their work and felt satisfaction from helping people. One care worker said, "I love being able to help people, being there when the family can't." They also spoke of how relationships grew as they got to know each other. Another care worker said how the background information in people's care files helped them get to know people and what they would like to talk about. We saw some background information about people's earlier lives and significant events that had taken place.

People were involved in planning their care and support and making decisions about this. People we spoke with told us they had been involved in discussions concerning their care and support. One person who used the service told us, "They come out about every two to three months and go through the care plan to see if I am satisfied with it. I say anything I've got to say."

A staff member who was responsible for preparing and reviewing people's care plans told us they made an appointment to see the person and then visited them in their home. They said they tried to put them at ease by making them a drink and showing the form they needed to complete. They told us they had developed their own way of carrying out the assessment to engage the person. We saw records that showed where people had been involved in planning and reviewing their care.

Care workers told us they let office based staff know if they identified any changes in people's care so they could arrange for the person's care to be reviewed. A care worker told us people's care plans were reviewed with them and they asked people if they were happy with their care. A care field supervisor told us people's relatives could also be involved in discussions about their care if the person wished them to be.

The registered manager told us no one who used the service at present had the support of an advocate. There was information displayed in the office about advocacy services and the registered manager told us they would arrange for anyone wanting an advocacy service to be put into contact with one. Advocates are trained professionals who support, enable and empower people to speak up about issues that affect them.

People were treated in the way they preferred and that they found respectful. A person who used the service said care workers were, "Polite and helpful." They added, "I feel they listen to me." People also told us they were comfortable in how care workers conducted themselves when in their homes. One person said, "They

are careful, they never let a bin get full, they empty it before that."

Care workers described how they showed respect to people in their homes. They spoke of asking permission to use any facilities and checking with the person where to leave their property, such as a bag or coat. Care workers also explained how they promoted people's dignity through supporting people to be as independent and private as possible with their personal care. They told us when a person needed them to assist with their personal care they did so discreetly and followed practices that protected their modesty.

Requires Improvement

Is the service responsive?

Our findings

There was a risk that people may not get the care they required because some care plans did not contain sufficient detail about their needs and how these should be met. There was practical information gathered as part of the assessment process that was not then used in preparing people's care plans. Examples of this included how staff should respond if one person declined to take their medicines in the morning, encouraging a person to use a walking aid and ways to communicate with another person. There was also some useful information about the interests of another person who was cared for in bed that had not been included in the person's care plan. This could have been used to provide staff with guidance on ways of providing the person with stimulation and activities during their daily visits.

People's care plans were not always completed in a way that provided personalised information about them. The design of the care planning system was intended to promote personalised care, however we found these were at times completed using the same phrases in different people's care plans. We found one person had recently had a new piece of equipment provided. Although this was referred to in the person's care plan it had not been assessed to provide the full information needed to use this. A staff member who was responsible for completing care plans said they would like some further training on how to most effectively complete the care planning system used. The registered manager told us since taking up post they had identified care plans required more detail to be included and that they were arranging for additional staff training on completing and updating care plans.

We saw some of the care plan documentation used did not assist staff to fully identify people's needs. For example an "Individuals demographic form" used to identify people's individual characteristics did not identify people's ethnic origin or any cultural requirements. We saw one completed demographic form had identified that a person required an interpreter to assist with communication, as staff who were supporting this person did not speak their first language. However staff did not know how or where they obtained services of an interpreter for this. We also identified that a person's care plan did not did not provide guidance on how to meet their cultural needs. We saw a form used to assess people's tissue viability needed to be reviewed to ensure this did not expect staff to follow an undignified practice as part of the assessment. The registered manager said they had already raised this as needing to be reviewed.

People received their care and support at the time it was planned for. People told us care workers usually arrived on time and they were contacted if there was any delay. A person who used the service told us care workers were, "Punctual on the whole." Another person said, "They stay the full time and do what I want them to." People also told us they were happy with their care.

People were given opportunities to raise any concerns and they were told how they could make a complaint. Most people we spoke with were aware of the complaints procedure and knew to contact staff at the office if they had any problems. One person told us, "I know the number to make a complaint, those in the office are very obliging." Care workers told us people would contact the office staff directly if they had a complaint and they had not had any involvement in passing on any complaints.

A field care supervisor said they provided people with a copy of the complaints procedure when they were given their 'welcome to the service' letter with their care file. However we noted that whilst people were asked to sign to confirm they had been given certain documentation this did not include the complaints procedure.

Some people spoke of contacting office based staff to sort out a problem and one person told us they had received a verbal apology when they had raised an issue about a care worker in the past. We asked about this incident when visiting the office and found this had not been recorded as a complaint. The registered manager told us since this incident there were improved systems used and this would now have been included as a complaint.

A record of complaints was made on the electronic management system used in the office. The registered manager gave us a print out that showed there had been four complaints made in the last six months which had been, or were still being, investigated using the provider's complaints procedure.

Requires Improvement

Is the service well-led?

Our findings

We found that the systems to audit people's care and the running of the service were not effective. Some people who used the service told us they had completed questionnaires commenting on the service they received, but they had not had any feedback on the results of these. The registered manager told us they had not seen these since taking up post. This meant that people's comments about the service had not been analysed and acted upon at the service where any improvements needed could be made.

People's care records were brought back to the office where they were checked by office based staff to ensure they were completed correctly and accurately. They also checked to make sure nothing had been recorded they needed to act upon. We looked at a sample of the audited records and found these had not been correctly audited. We found events that needed further investigation had not been acted upon and errors in completing these records had not been identified. We also found that these records were being audited every six months. This meant that errors that took place may not be noticed for periods of time up to six months. We found an example where this was the case and a person's records did not have issues identified for five months, during which time the error had been repeated on a number of occasions. The registered manager told us this was a minimum standard and they would expect people's records to be audited more frequently. We also identified that there was not a clear process that would ensure the safe collection of people's confidential records from their homes and delivery to the office.

People felt able to contact office based staff and that they were usually kept informed of events, changes and news. A person who used the service told us, "If you phone the office there is always someone to sort out your needs." Another person said, "I can ring the office if I need to know something." However some people mentioned occasions where their contact with the office staff had not been positive and they had not been listened to. They told us of occasions when calls they had cancelled were still attended and when they had not been told about changes to their rota.

People told us they did not find their service differed outside of normal office hours. There was an office staff member on call at all times and in addition the provider operated a national out of hours service if anyone needed any advice or support during that time.

Care workers spoke positively about the support they received from office staff and said they felt able to raise any problems or concerns. They told us they worked in two separate teams and each team met on a regular basis with one of the care coordinators. A care worker told us this provided opportunities for information sharing and discussion as well as highlighting any issues that needed to be addressed. They gave an example of ensuring medicine administration records (MAR sheets) were completed correctly. Staff said they received support and direction in their work and they knew how to report any issues of concern, including using the whistleblowing procedure if needed because concerns raised had not been acted upon. Staff added they had not needed to follow the whistleblowing procedure.

Care coordinators told us they prepared weekly rotas which were sent to care workers in good time so they could plan their working week. Care workers said they usually came to the office weekly and could visit at

other times if they needed any advice or to collect any supplies, such as protective clothing or documentation.

The provider complied with the condition of their registration to have a registered manager in post to manage the service. There had been a recent change of manager and the new manager had just completed the process to become the registered manager. People who used the service told us they had been informed about the change of manager. We found the registered manager was clear about their responsibilities, including when they should notify us of certain events that may occur within the service. Our records showed we had been notified of events that had taken place the provider was required to notify us about.

Staff said although a change in manager could be unsettling they felt the change in manager had not affected the running of the service. They told us they felt the new manager was settling well into their role.