

Nestor Primecare Services Limited

Allied Healthcare Chester

Inspection report

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Date of inspection visit:
16 September 2016
26 September 2016

Date of publication:
27 October 2016

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?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We carried out an announced inspection of Allied Healthcare Chester on the 16th and 26th September 2016.

Allied Healthcare Chester is a domiciliary care agency that operates from office premises in Little Stanney. The agency provides care and support for people living in the community in Cheshire and Greater Manchester. The agency currently supports approximately 100 people.

A registered manager is in post. 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.

This was the first inspection of Allied Healthcare Chester since its registration on 25th February 2015.

People felt safe with the staff team and felt that their interests, for example with personal finances, were safeguarded. Staff demonstrated a good understanding of the types of abuse and how these were reported and investigated. Staff also had good understanding of what external agencies they could contact if they had concerns about care practices used by the service.

The registered provider took the risks faced by people in their support into account and these assessments were up to date and agreed by people who used the service.

Recruitment practices used by the registered provider were robust and ensured that people who used the service were protected.

Staff considered they received relevant and regular training in order to assist them to carry out their role. Staff told us that they received regular supervision and appraisals. Where incidents had occurred questioning care practice, supervision was used as a starting point for staff to reflect on their own care practice.

Staff had a good understanding of the Mental Capacity Act and associated safeguards. The registered provider included consideration of the capacity of individuals as part of the assessment process.

The nutritional needs of people were taken into account. Where support in preparing meals was provided, people told us that staff supported them in all aspects of eating and drinking.

People told us that they felt staff cared about them and supported them in a dignified and respectful manner. People were provided with the information they needed in respect of what they could expect from the service they received. People's privacy was protected by the measures the registered provider had taken to ensure confidentiality.

Care plans were person centred and reflected the health and social needs of people. These were presented in a way which took the communication needs of people into account. We have raised a recommendation about the availability of alternative formats for information and care plans for people with communication difficulties.

People knew how to make a complaint and when concerns were raised, these were investigated in a timely and thorough manner.

People told us they thought the service they received was well led. They said that the registered manager maintained a presence, they knew who they were and that they were helpful, nice and approachable.

The registered provider had auditing systems in place to ensure that the registered manager and the management team were accountable. Staff told us that they felt supported by the registered manager and that they were open to suggestions that they had. The registered provider took their registration responsibilities into account through their practice.

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 told us that they felt safe with the people who supported them.

Staff had a good understanding of the types of abuse that could occur and how to raise these concerns. Staff were also aware of which agencies they could raise concerns with.

The recruitment of new staff was thorough and protected people.

Risks faced by people during their support were taken into account and assessments were up to date.

Is the service effective?

Good ●

The service was effective

People told us that staff knew what they were doing.

Staff received training which helped them to support people effectively.

The capacity of people was taken into account and staff had a good awareness of the Mental Capacity Act 2005.

The nutritional needs of people were taken into account by the registered provider.

Is the service caring?

Good ●

The service was caring

People told us that they felt that the staff team cared about them.

Observations of support provided noted that people were

supported in a respectful and dignified manner.

People were able to make decisions about those issues that affected their lives.

The independence of people was promoted.

Is the service responsive?

The service was responsive

Assessments gave a good account of all aspects of people's lives.

Care plans were person centred although a recommendation was made in respect of access to care plans.

People knew how to make a complaint and were confident that the registered manager would investigate them thoroughly and in a timely manner.

Requires Improvement ●

Is the service well-led?

The service was well led.

People were aware who the registered manager was and were complimentary of their approach.

Staff considered the registered manager to be open to suggestions and approachable.

The registered provider had systems in place to ensure that the staff and management team were accountable to the people who used the service.

The registered provider took their regulatory responsibilities into account.

Good ●

Allied Healthcare Chester

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 16th and 26th September 2016 and was announced. 48 hours' notice was given to the agency of our intention to visit so that we could be sure that the registered manager was available.

The inspection was carried out by one adult social care inspector.

Before the inspection, the registered 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. The registered provider returned the PIR when we asked and information included within it was used as part of our assessment of the service.

We contacted local authority commissioning groups and the local safeguarding team about information they held in respect of the registered provider. No concerns were reported to us.

We reviewed all the information we had in relation to the service. This included notifications, comments, concerns and safeguarding information. Our visit involved looking at six care plans and other records such as five staff recruitment files, training records, policies and procedures, quality assurance audits and complaints files.

We spoke to nine people who used the service. Discussions were held either over the telephone or through visits to people's homes. During these visits we were able to observe interactions between staff and people who used the service. We spoke to five members of staff as well as the registered manager and other

members of the management team.



Our findings

People told us that they felt safe. They said "I definitely feel safe", "They help me to look after my money and I trust them" and "They have done everything to make sure I am safe in my own home". People told us that staff always arrived and there were never any missed calls. They told us "Sometimes staff are going to be late, if they are, they always let me know and they apologise for being late".

Staff demonstrated a good understanding of the types of abuse that people could experience. They confirmed that they had received training in safeguarding and outlined the action they would take if they witnessed any abusive practice. They were confident that the management team would action any concerns that they raised and were familiar with the role of the local authority in investigating any abuse allegations. Staff were aware of how they could access information on safeguarding.

Staff were aware of the whistleblowing process for alerting concerns about care practice. They told us that they would use procedures within the organisation as a starting point. If they were not satisfied with action taken, they were aware of the role of the local authority and the Care Quality Commission as external points of contact.

The agency had reported allegations of safeguarding to the local authority. The registered manager was aware of the need to ensure that any low level concerns were reported to the safeguarding team on a monthly basis and we saw evidence that this was done. The registered provider assisted in supporting children. Safeguarding procedures for children were in place to enable any concerns to be reported.

Care plans included reference to keeping people safe from harm. Included in these were measures to ensure that people's financial interests were safeguarded. Our records indicated that an allegation had been made in 2015. This was in respect of the finances of one person. We saw evidence that further training in dealing with people's finances had been arranged and undertaken to ensure that financial accountability for people was paramount.

Each person had a detailed risk assessment. These related to any risks posed by the environment to people or staff. Assessments provided a detailed account of all aspects of each of the people's homes and how risks could be minimised.. In addition to this there were risk assessments relating to risks faced by people in the support they were provided as well as risks faced by health conditions. All people had an assessment completed in respect of manual handling where applicable as well as risks posed by, for example, malnutrition or pressure ulcers. Where support provided included accompanying people on outdoor

activities, risk assessments had been completed to ensure that people enjoyed each activity but in a safe way. All risk assessments had been regularly updated and had involved gaining the signatures of the people involved. Information was also in place to ensure that lone workers were kept safe. This was undertaken through risk assessments outlining the risks to lone workers and providing them with the support on how to deal with emergency situations.

Further risk assessments were in place relating to the promotion of hygiene within people's homes. These outlined the steps staff should take if they needed to use personal protective equipment (PPE) such as gloves and aprons. People told us, for example, that staff always made sure their home was clean during each visit and said that staff washed their hands when preparing meals.

There was evidence of individual emergency plans. This related to how to best evacuate a person in an emergency within their own home or if being supported in the wider community. The plans took people's physical needs into account and the degree of support they would require in an emergency situation. These were all up to date.

Accidents and incident records were also subject to checking by the management team. Any actions relating to these records were followed through with appropriate action such as being agenda items for team meetings or the subject of supervision with staff.

Staff recruitment files contained all the checks required to confirm that a person was suitable for their role. These included disclosure and barring checks (known as DBS). These assist registered providers in identifying whether people had been convicted of offences which could pose a risk to people who are supported by the agency. Other information in files included references, health declarations, application forms and information confirming the identity of each person. One staff member who had been recruited recently considered that the process had been fair and that all the required checks had been gained before they started to work unsupervised.

Where care practice by individuals had posed a risk to the safety of people who used the service, procedures were in place to deal with these. Incidents such as missed calls or missed medication had been recorded by the registered provider. In turn, these incidents had been included within supervision sessions or had resulted in appropriate disciplinary action. Records were maintained in respect of any accidents that had occurred. Accidents records always contained information on what action staff had taken to ensure the wellbeing of people.

Staff support in respect of medication ranged from no support needed to full administration. Staff told us that their competency to carry out medication administration was checked regularly and we saw risk assessments which confirmed this. Staff had also received medication training and again this was confirmed by certificates. Included within the induction procedure for new staff was a medication awareness course. This was then accompanied by a competency check to ensure that staff were suitable to perform this role independently. People who required support with their medication told us that they always received their medication when they needed it and that it was never missed. Medication administration records had been appropriately completed and medicines were stored safely in people's homes.

Staff rotas were available. These matched staff to each care package required by people who used the service. Staff and people who used the told us that there were enough staff to meet the needs of people.



Our findings

People told us that they were confident that the staff team were knowledgeable about their needs, "Staff definitely know what they are doing" and "They know what I need help with and they do it". People made reference to practice when they were supported to prepare meals. They told us that staff were helpful and were mindful of hygiene when preparing meals.

The registered provider had a training matrix in place and this outlined all the key topics of training that staff members received. This training had included mandatory topics such as health and safety, food hygiene and infection control. In addition to this, further training had been given in respect of safeguarding, dementia awareness, medication and mental capacity. Staff commented that the training was really good and kept their skills up to date. Certificates were in place to confirm the training people had received. All training was up to date. The registered provider had a computerised system which alerted the management team when updates to staff training or refresher training was required. This training matrix fed back into a system which was linked to the quality performance of the agency branch.

A structured induction process was in place. This included enabling staff to shadow existing members of staff as well as attend training courses relevant to their role. The training was linked to common induction skills required for care staff. One member of staff told us that the induction process had prepared them for the role they had. Other introductions into the role included an appraisal of the values and ethos of the agency in supporting people and how their privacy and dignity could be taken into account.

Staff told us that they received individual supervision as well as having the opportunity to attend team meetings. Supervision records confirmed that people had the chance to discuss practice issues with their line manager. These records also highlighted those issues where improvements were needed from each person in their practice as well as future training needs. Team meetings minutes were maintained and again these outlined those issues which affected the team in delivering a good standard of support and those issues which required improvement. As part of the supervision process, there was evidence of regular spot checks on staff performance with the agreement of people they supported. The appearance of the member of staff was commented on as well as their approach to people. The spot checks commented on whether people had been supported in a dignified manner, how they had been given information and how staff had taken infection control into account. People who were supported also had the opportunity to comment on staff practice during these sessions.

There was evidence that the consent of people had been gained as part of the support they received. Care

plans had been signed by individuals to confirm their agreement with the way they were going to be supported. In addition to this, consent had been gained for their photographs to be taken for care plans as well as agreement for information with other agencies such as CQC as part of the regulation of the agency. Risk assessments had also been signed to confirm people's agreement with how they were to be supported.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the management team. The management team understood the process. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

. The mental capacity of people was taken into account in the assessment process for people who had been referred for support from the agency as well as in local authority assessment documents. Staff confirmed that they had received mental capacity act training and were able to give an account of the main principles of the legislation. The delivery of staff training in this was confirmed through training records.

The nature of the needs of some people who were supported by the agency were such that consideration was needed of their communication needs. Information was in place in care plans on how best to interact with people. This included the degree to which people could understand information given to them and their ability to express their wishes. Information was in place about how to approach individuals with an indication of how certain non-verbal expressions indicated their wishes.

Some individuals relied on staff to support them with their nutritional needs. Consideration was outlined in care plans about any dietary needs people had and their likes or dislikes in respect of food. Some people were supported with shopping so that people had control over their preferred meals. Some people were able prepare simple snacks while others needed more support in preparing meals. The level of support required was outlined in care plans. Training records suggested that staff were up to date with food hygiene training. People told us that staff always took care in ensuring that meals were prepared in a hygienic manner. They also commented that meals prepared were thoroughly cooked. Risk assessments were in place and these indicated the risk people faced of malnutrition or dehydration.



Our findings

People told us that they thought that the staff team were caring and supported them in a respectful manner. They said "The staff absolutely care about me, they are very good", "Staff are marvellous and they help me out", "They [staff] have helped me to find voluntary work" and "They [staff] do their very best".

During some of the visits to people's homes, we observed the staff approach to the people they supported. This was respectful and supportive with staff being mindful of being in each person's own home.. People approached staff for advice and this was done in a discreet manner enabling people to make decisions for themselves. During our visits staff were present to introduce us to each person. Staff then withdrew enabling discussions to be held in private.

Interactions between staff and people who used the service demonstrated that individuals had built a good relationship and rapport with the staff team. Interactions were friendly, respectful with staff providing suggestions and advice when needed. Explanations were given to people verbally and these assisted people to make choices in respect of their daily lives.

Assessment information outlined the health needs of people. Where support to attend hospital or doctors' appointments occurred, people were provided with practical support in attending them. Daily records indicated the progress each person was making in relation to their health needs.

Information on local advocacy services was available in the main office and had been circulated to people. No one we spoke with received advocacy services at the time of our visit. An advocate is an independent source of support, which helps ensure that people are listened to when making decisions. This increased the likelihood that people would retain choice and control over their care and support. Further information was available to people in pictorial or easy read formats. Staff were witnessed providing people with information verbally and ensured that they had understood the information.

Staff had signed a confidentiality policy. This outlined a commitment from the registered provider to ensure that personal details or views of people were kept within the agency. Information contained within the service user guide outlined this commitment. Information relating to people's personal details was held on a computer. Only office staff had password access to such sensitive information. Staff supervision records evidenced the need to keep personal information secure was reinforced to the staff team.

The service maintained the independence of people who used the service. Care plans demonstrated that

were people were independent in managing their medicines, this was encouraged .People required support in practical tasks such as shopping yet people were encouraged to be independent to choose what meals they wanted. One person had a health condition that staff were aware of. The staff team were mindful of this when shopping and were able to provide advice when necessary. The agency promoted people's independence in managing their own finances. People had access to their own debit cards and their own monies yet only received staff support when they requested this.



Our findings

People told us "I have seen my care plan but I can't read it", "I know I have a care plan but I have not seen it", "I know I can look at my care plan but I let staff deal with it" and "Yes I know what is in my care plan". They told us "I have not had to complain about the service because it is good", "I know who to complain to, I would go to head office and I know the manager will do something about it". Other comments included "I do voluntary work and staff helped me to find it" and "I have a little job and again staff encourage me to go two days a week".

Care plans were personalised and covered all aspects of the daily living of people. Plans included those issues that were important to each person, a breakdown of their daily lives, their health and social needs. All care plans retained in the registered providers office had been tailored to take the communication needs of people into account. These included pictures, symbols and photographs of the key needs of people.

People told us about their care plans. All people were aware that they had a care plan. Not everyone was able to understand the plan due to their own communication needs or had requested access to it. Some people were aware of their care plans but did not wish to be involved in them.

We recommend that care plans are made available to people in a format that meets their communication needs and that the right to access care plans are reinforced to individuals.

There was evidence that care plans had been reviewed and updated when appropriate. We saw that when these reviews had occurred, people had signed to confirm their agreement with the support they received and changes made with their agreement.

Care plans placed emphasis on the individuality of people. Their person-centred nature enabled a unique picture of individual needs and interests of people to be presented to best meet their needs.

Assessments were conducted by the agency when a person was referred to them. These were detailed and included aspects of people's health, their social needs, what help they needed and how their independence could be maintained. Assessments also included the views of people and their personal goals and aspirations. Accompanying these were assessments from local authorities who were responsible for funding support. All assessments had been completed before the person received support from Allied Healthcare. The main needs of people, as identified in assessments, were translated into a plan of care.

In addition to supporting people with personal care and support in their daily lives, the agency had also assisted with reducing the risk of social isolation that was faced by some people. Two people had been supported in finding employment. In addition the agency assisted in orientating people to the local area if they had just moved there.

No one we spoke with had made a complaint but were familiar with the process of who to complaint to. A complaints procedure was available and this outlined the timescales for any investigation. A complaints log was available and this included details of the nature of the complaint as well as the outcome of each investigation. The investigation of complaints formed part of the management auditing system that was in place. Our records showed that we had not received any complaints about the agency. Compliments had been received and were on display in the main office for staff to look at.



Our findings

People told us, "Yes I know who the manager is and she is helpful", "She is very good and I could approach her at any time if I had a problem", "I think the service I get is very well run and is better than what I have had before". People we spoke with considered that the registered manager maintained a presence within the organisation.

Staff told us that they thought that the registered manager was supportive. They stated that she was approachable and open to ideas and they felt that any suggestions they made were listened to.

The registered provider had systems in place which enabled the performance of the agency to be monitored at all times. This involved a computerised system which indicated the performance of the service in respect of staff training, care plan reviews and general audits. This enabled the registered manager and registered provider to gain information on what actions were needed to ensure that the service was managed effectively. A scoring system was used to determine compliance by the registered manager in managing the service. At the time of our visit the system suggested that 100% compliance had been attained. This meant that people benefitted from a well led service.

Daily logs used by staff to record the progress of individuals were returned to the office periodically. There was evidence that a system was in place for checking these to ensure that support had been provided to people effectively and in line with their care package. Audits on medication records were available and where signatures were omitted, action was evidenced to address this through supervision or training

Evidence was available to confirm that the agency had sought the views of people who used the service. These views related to the quality of support provided by the agency. All views of the quality of the service were positive. Results of these were fed back to those who used the service.

All records we viewed were up to date and accurate. All files were stored in lockable cabinets and these were secured when not in use.

The main office contained all the equipment needed to run the service effectively. This included telephones and computers. All computers contained confidential information yet access could only be gained through designated passwords. The office was accessible to those with physical disabilities and included rooms where meetings and training sessions could take place. The service had appropriate insurance for its workers. Information on various services offered by the agency was on display for people to refer to.

The registered manager demonstrated a good understanding of the responsibilities of their role and of registration with CQC. The registered provider always informed us of any incidents that adversely affected the wellbeing of people who used the service. The certificate of registration was on display on the main office and details were correct.