Care Quality Commission

Nestor Primecare Services Limited

# Allied Healthcare High Wycombe

**Inspection report**

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Date of inspection visit: 21 & 22 September 2015
Date of publication: 21/10/2015

## 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 |

## Overall summary

This announced inspection took place on 21 and 22 September 2015.

Allied Healthcare High Wycombe is a domiciliary care provider to people living in their own homes. At the time of the inspection they were providing care to 112 people. The service had a registered manager in place. 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 told us they felt safe using the service. Training was provided to staff to ensure they knew how to identify indicators of abuse and how to respond appropriately if they had concerns. The service had introduced a

# Summary of findings

procedure for staff to follow if they had concerns about a person's health or demeanour. This was called an early warning system. Staff reported concerns to senior staff so they could take appropriate action to prevent the decline in a person's health or wellbeing.

People's needs were assessed prior to care being provided. Care assessments and risk assessments were in place to guide staff and to ensure any related risks were minimised. Senior staff carried out checks on how staff delivered care and audited the contents of their records in relation to the care they provided and the medicines they administered.

Safe recruitment checks were made before staff were employed, to ensure as far as possible they were safe to work with people.

People told us staff did not always turn up at the allocated time for visits. Office staff had difficulty in monitoring the times of visits as the computer system depended on staff ringing into the office when they arrived and left the person's home. As staff did not always do this, it was not always possible to track the staff's whereabouts. The service was planning to introduce a new call system that would alleviate this problem.

People told us the care they received was in keeping with their needs. Where people lacked the mental capacity to make decisions for themselves the best interest process of involving others and where appropriate the court of protection had been followed. Staff demonstrated a basic understanding of the Mental Capacity Act 2005.

New staff received induction training and ongoing training, supervision and appraisals. Staff told us this was useful and helped them to improve their skills as carers.

People were supported with eating and drinking by staff that had been trained. Staff knew how to support people with their health needs and where specialist support was needed to assist people with catheter or colostomy care, the training for staff was carried out by district nurses or Abbots nurses.

Staff cared about the people they supported. People told us staff treated them with dignity and respect. We read and were told about situations where staff had shown compassion, commitment and concern for people, with the aim of improving their situation or health.

People told us staff included them in the decisions about their care, staff verified this. Staff knew the importance of offering people choices and listening to their opinions. Care plans reflected each person's past history, their preferences and lifestyle alongside their needs. Care plans were reviewed with the person every year or earlier if required.

People were given the opportunity to feedback to the provider their opinions of the quality of the service and whether there were areas of improvement required. Documents showed based on feedback from people there had been improvements made between 2014 and 2015 in relation to the consistency of staff supporting people.

Staff told us the service was well managed and the senior staff were supportive to both the staff and the people using the service. Audits of the quality of the care took place to ensure improvements could be made to the service and to ensure accountability for the care provided at all levels of the organisation.

# Summary of findings

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

We always ask the following five questions of services.

**Is the service safe?**
The service was safe.

People told us they felt safe using the service.

Training for staff and systems were in place to ensure people were protected from abuse.

Where people's health needs or circumstances changed this was noted by staff and action was taken where appropriate by office staff.

Good

**Is the service effective?**
The service was effective.

Assessments and consideration was given to people regarding their ability to make decisions for themselves. Where people lacked the mental capacity to do so the service acted appropriately and in the person's best interest.

Staff were trained and supported to carry out their roles. Care coaches supported new staff until such time they were competent and safe to work independently.

Good

**Is the service caring?**
The service was caring.

People told us the staff were caring. Records showed staff had compassion and genuinely cared about the people they supported.

Audits and checks were in place to ensure the attitude of staff and their skills met with the provider's standards of care.

Good

**Is the service responsive?**
The service was responsive

Systems were in place to ensure the service supported people going into and coming out of hospital by liaising with the hospital staff.

People know how to complain and were given a copy of the complaint procedure.

Good

**Is the service well-led?**
The service was well led.

Questionnaires, telephone calls and visits took place to obtain people's feedback on the service and to review their care. Improvements to the service had taken place since 2014 as a result of feedback.

System and audits were in place to ensure staff performed in line with the providers expectations.

Good

# Allied Healthcare High Wycombe

**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 21 and 22 September 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to answer our questions.

The inspection team consisted of an expert by experience and an adult social care inspector. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection the provider completed and returned to us 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 previous inspection reports and other information we held about the service including notifications. Notifications are changes or events that occur at the service which the provider has a legal duty to inform us about.

We spoke with 14 people who used the service and seven staff including the registered manager. We reviewed five care plans and medicines records and records related to the running of the service.

Good

# Is the service safe?

## Our findings

People told us they felt safe using the service. One person told us "The carers make my bed, give breakfast, help me undress, I feel safe with the carers." They spoke positively about the staff; one person reported the staff had responded quickly by telephoning for an ambulance when they had a medical emergency.

The service had introduced a system to encourage staff to observe and report changes in people's condition or wellbeing. This was called an early warning system. The aim was to prevent people becoming critically ill or for indicators of abuse to go unnoticed. When staff had concerns or they noticed a change in a person's demeanour this information was relayed to the senior staff who took the appropriate action.

People's needs were assessed prior to any care being provided. Each person had individualised risk and management plans, completed with them and where appropriate their relatives. Care plans informed staff how to reduce the risk of injury to themselves and to people. For example, the environment, moving and handling, infection control and skin integrity. These were reviewed frequently and kept up to date. Staff understood the purpose of risk assessments. One staff told us "They protect us and the clients." Another told us "They reduce the risk of injury or harm."

The registered manager and staff knew how to protect people from the risk of abuse. Staff knew what the indicators of abuse looked like and how to report concerns. When concerns had been raised the registered manager had taken appropriate action by notifying the local authority safeguarding team and informing the Care Quality Commission (CQC).

Senior staff carried out regular checks to monitor the quality and safety of the care provided. They observed staff caring for people and checked the medicines records and the daily reports. This was to make sure they had been completed accurately. This was important, as staff relied on these records to know if the person's health or wellbeing had changed, and whether or not their medicines had been administered correctly. Where issues were identified, corrective action was taken through training, support or disciplinary procedures.

The registered manager knew how to recruit staff and how to carry out the necessary checks to make sure they were suitable to work with people including evidence of disclosure and barring service (DBS) checks, The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. Records showed applicants had completed application forms and references had been obtained from previous employers.

People told us they had not had any missed visits from staff, but the staff did not always stay for the period of time they were allocated, leaving earlier than expected. Staff did not always arrive on time. Office staff showed us the computer system used to record visits to people. Staff were expected to dial into the system to show they had arrived at the person's house and dial out when they left. In this way the office staff could monitor the duration and timing of the visit. However, staff frequently did not do this, which meant the monitoring of staff was difficult. Although documents showed this had been addressed with staff it remained an ongoing problem. People told us they did received the care they required but that staff were sometimes rushed. The provider plans to initiate the use of a smart phone to overcome this problem. This will ensure that office staff will have a better understanding of where staff are and risks to people in relation to the times and duration of their visits from staff will be minimised. Other people told us staff visited on time and the same staff supported them. This provided continuity of care which was important to them.

The provider trained staff to be able to administer and record medicines safely. Records showed staff completed the required documentation when supporting people with their medicines. Records related to the administration of medicines were audited by the Compliance Coordinator. If any discrepancies or concerns were found this was raised with the staff member concerned. Information gathered during the medicines audits was sent to the provider's head office for their scrutiny and to provide an over view of the quality and safety of the practice within the branch.

Good

# Is the service effective?

## Our findings

People told us the staff who visited them knew how to care for them in a way they wished to be cared for. Their comments included "The carers are regular and are trained who come to me" and "The carers come three times a day and give me a good service. They are very nice and very helpful".

The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) set out what must be done to make sure the human rights of people who lack the mental capacity to make decisions are protected. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

Records showed people's mental capacity had been assessed. Where a person lacked the mental capacity to care for their own finances, documentation showed the court of protection had been involved to protect the person from abuse and to ensure staff operated in the person's best interest. Staff demonstrated a basic understanding of the Act. Documents showed people's consent had been obtained for the care they received. Staff showed awareness of the importance of asking people's permission and involving them in their care.

All new staff completed induction training. Records showed this included a range of areas such as health and safety, infection control, food hygiene, manual handling and fire safety. The training took place over a four day period and was linked to the Skills for Care's Common Induction Standards. The standards are designed to enable care workers to demonstrate their understanding of how to provide high quality care and support. Training was reviewed regularly by the office manager to ensure all staff had up to date training to enable them to carry out their role.

Following induction each new member of staff was supported and supervised by a care coach. These were more experienced staff with a minimum of three years' experience or who had attained the National Vocational Qualification level three qualifications or its equivalent. The care coach assessed the competency and skills of the new staff member and when satisfied they had reached the required standard approved them ready to work independently. Where concerns were raised further training or support was offered.

Management supported staff through supervision and appraisals. Staff told us these were valuable. They received feedback from observations on their work and audits of their records. This motivated them to improve the quality of care they provided. One staff member said;" They give you an idea of what you are doing and what you need to improve on. The managers are very helpful." Another told us "They give you an opportunity to develop as a person and become a better carer."

Where people had been assessed as requiring support with eating and drinking this formed part of the planned care they received. Staff were aware of the importance of ensuring people's health was maintained through a balanced diet. They were able to tell us about the signs of dehydration and what action they would take if they were concerned about an individual. They were also aware of how certain illnesses could affect a person's appetite and how to encourage people to eat and drink to maintain their health.

Staff knew people's needs and how to meet them. If they had concerns they knew what action to take to ensure people's health was maintained. For example calling the GP or speaking to their manager. Care plans reflected people's health needs for example; one person with diabetes received their insulin from a district nurse. Another person had a condition which was a potentially dangerous condition that develops in individuals with a spinal cord injury. A clear description was available to staff of the symptoms of the condition and what action to take if they were concerned. Where people needed support with catheters or colostomy bags, staff were trained by the district nurses or by Abbots nurses before they could support people alone.

Good

# Is the service caring?

## Our findings

People spoke positively about the care staff, their comments included "….they are absolutely wonderful" and "All the carers who come are kind, they are excellent. The carers maintain my dignity and treat me with compassion."

People told us their care was carried out in such a way as to protect their privacy and dignity. Staff told us they would close people's curtains when carrying out personal care. They would ensure people had privacy and the space they needed. People said they felt respected by staff; one person said "The carers give me respect, maintain my dignity and although they are busy are very kind." Two staff mentioned the importance of showing respect regarding people's cultural and religious beliefs. People told us they were given choices by staff and the staff respected their views and opinions on how they wished their care to be provided. Some staff were dignity champions and dementia friends. Dementia friends is a national initiative aimed at transforming the way people think, act and talk about the condition. Dignity champions are part a national campaign that encourages care staff to pledge to challenge poor care, to act as good role models and to educate and inform all those working around them. This meant staff were aware of good practice and how to care for people in a way that protected their human rights and were prepared to challenge poor practice.

The daily records demonstrated the choices people were offered and how staff encouraged people to remain independent. For example, one record reported how a person did not wish to go downstairs to the carer, so the carer supported the person upstairs. Another record described how a carer completed a shopping task, by discussing with the person what they wished to be purchased, completing the shopping task and then showing the person on their return what they had bought.

People told us the staff were kind and helpful. One person reported "The carers are very good and the girls are helpful indeed and obliging of any work I require." The provider tested out the attitude of new staff at the recruitment stage, by requesting staff to complete a form titled "Why Care?" This enabled them to gauge the motivational reasons for the candidate applying and whether this was in line with what the provider was looking for.

Each year staff who had gone beyond the call of duty or where their performance was deemed to be outstanding, were recognised by the registered manager. For example, staff who had provided comfort and support to a person in a medical emergency. Another group of staff were described as showing " compassion, patience and dignity" to a person receiving end of life care. Each staff member received a certificate and a shopping voucher in recognition of the service provided.

Staff told us they knew about the choices and needs of people, because during their visits they had time to chat with them. They read people's care plans which gave them information about the person's past, lifestyle and how to support their independence.

People or their relatives had been involved in reviews of the care plan and their views had been recorded and acted upon. For example, one person had requested a staff member to support them who had a particular skill, this had been fulfilled by the agency.

Good

# Is the service responsive?

## Our findings

People told us the staff supported them in the way they wanted to be supported. One person told us "The carers look after me. They give me my food and drinks. They help me wash and dress and do my shopping. They give me choices about how my care is carried out."

Each person's needs were assessed with them or their relative prior to the service being provided. Care plans and risk assessments reflected people's needs and choices. Staff were clear about what people's needs were, care plans were detailed and easy to follow. Care plans and risk assessments were reviewed every year with the person or sooner if required.

The service has introduced a new system of ensuring care was responsive to the needs of people admitted to hospital. It is called IPASS the BATON. IPASS stands for; (I) Introduction (P) Patient (A) Assessment (S) Situation (S) Safety. This was used when a person was admitted to hospital to introduce the agency and to update the hospital with the latest relevant care plan and case history of the person if this was relevant to their hospital stay. The BATON stands for (B) Background (A) Actions (T) Timings (O) Ownership (N) Next. This was used when a person was being discharged from hospital. This was to establish their current needs in relation to their mobility, moving and handling requirements, medication, mental capacity changes, pressure area, concerns and any change in family circumstances. A reassessment would take place and the service would ensure the exact date and time of discharge so that everything was in place for the person returning home. Documents showed this had been used successfully.

The provider aimed to provide a flexible service to fit around people's lifestyles and family life. For example, the times of visits would be moved where possible to allow people to attend appointments or attend church.

Staff described to us how they carried out the care for people ensuring that people were given choices. One staff member told us "You have to know what the care plan says. I ask the client, and carry out care in the way they would like it delivered, giving them as much choice as possible whilst maintaining as much of their independence as possible."

There were a number of ways people could feedback to the provider about the service they received. People were able to telephone the office and speak directly to staff. The office manager and senior staff visited people to get feedback on the quality of service and to review people's needs. Records showed the office manager and senior staff contacted people by telephone for feedback regarding the quality of care. People's feedback included positive comments about their satisfaction with the service. One comment queried why staff had not attended their visit on time. Records showed an explanation was given to the person. An action plan had been put in place to ensure the risk of reoccurrence was minimised.

Each person was provided with a copy of the complaints procedure, they signed to acknowledge they have received it. The service had a complaints log and records showed they responded quickly to complaints. We saw records related to two complaints which showed the office manager had responded appropriately and in accordance with the provider's policy. All complaints were recorded on the computer system and fed through to the senior management. In this way they could assess if patterns were arising and could drive forward improvements. Compliments were also recorded and we saw 13 compliments had been received in the last year.

Good

# Is the service well-led?

## Our findings

People told us they were supported by carers and the "office staff." The office staff comprised of the registered manager, office manager, branch assessor/coordinator, and a compliance coordinator. Comments included "I have no complaints about the carers but do not know the agency manager" and "I do not have any visit from the office and do not know who the manager is." Other people told us "The office is very helpful and the manager came out a month ago" and "The office people are nice. I have no grumbles."

During the two days of the inspection we were sat in the office with the office staff. We overheard telephone conversations with people, which were handled sensitively and appropriately. Conversations took place between the four staff about the care provided and the needs of individuals and staff. It appeared they worked as a team, sharing relevant information to update each other and share ideas and information on how best to provide care to people.

Staff told us management were approachable, helpful and supportive. One staff member gave the example of telephoning the manager to check they had done everything possible to help a person in a difficult situation before leaving them. They explained that "It puts my mind at ease to check it out with them." Another member of staff told us the managers were very supportive to both the staff and the people using the service.

Questionnaires were sent out to people by head office about the service they received. Their feedback was given to the branch to enable them to see how they could improve. An action plan was drawn up and was monitored by senior managers. We saw that improvements had been made in the service delivery between 2014 and 2015 regarding the provision of regular care staff to people. Telephone feedback was obtained from people; we could see from the records most people who replied were very happy with the service. Where people had concerns these had been addressed by the service and an explanation given.

The supervision and appraisal system for staff was computerised. If staff had not received up to date supervision they were no longer be able to work for the service as the computer would not allow the senior staff to book visits to people. This encouraged the office manager to ensure all staff supervision was regular and up to date.

Staff received training in equality and inclusion, and we were told how the service recognised people's gender, gender identity, race, religion, and sexual orientation. Resources were available to staff to assist people in meeting their specific needs such as providing the details of ethnic food suppliers. People were supported to follow their religion by visits being rearranged.

The service's mission statement was "To be the choice for care that gives people the freedom to stay in their own home." When asked, the staff could not directly quote the statement but had a clear understanding of the service's aim. One told us the aim was "To provide really good care in their own home." When asked how they would achieve this they said "By doing a good job to the highest standard." Another staff member told us they gave the best quality care they could by "making sure I give people choices, listen to people and don't talk over them and by developing good customer relationships. I get to know the person as they are rather than what they are suffering from."