

Nestor Primecare Services Limited

Allied Healthcare Ipswich

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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 23 May and 7 June 2017 and was announced. We gave the provider 48 hours' notice of the inspection in order to ensure people we needed to speak with were available. The service provides personal support to 80 people by arrangement in their home in the local area.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff had attended training to ensure they had a good understanding of their roles and responsibilities; this included how to safeguard people. Staff knew how to report matters to the appropriate authorities if they suspected abuse was happening. The manager knew how to share information with the local authority when needed.

People were supported usually by a sufficient number of suitably skilled staff, other than one person. The service did usually advise when the call could not be made and was actively recruiting staff in that area to resolve the situation.

The manager had ensured appropriate recruitment checks were carried out on staff before they started work. Staff had been recruited safely and had the skills and knowledge to provide care and support in ways that people preferred.

The provider had systems in place so that staff were trained to administer medicines and people were supported to take their prescribed medicines safely.

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.

We checked whether the service was working within the principles of the MCA and noted that staff had received training in mental capacity assessments and best interest meetings.

The staff responded to people's needs in a compassionate and caring manner. Positive and supportive relationships had been built up between the staff, people using the service and relatives. People were supported to make day to day decisions and were treated with dignity and respect at all times. People were supported and enabled to be as independent as possible in all aspects of their lives.

Staff knew people well and were trained, skilled and competent in meeting people's needs. Staff were supported and supervised in their roles. People and family members were involved in the planning and reviewing of their care and support.

People's health needs were managed appropriately with input from relevant health care professionals. The service had worked with GP's and other professionals to arrange appointments and carry out support as instructed. People were supported to maintain a nutritionally balanced diet and sufficient fluid intake to maintain good health. Staff ensured that people's health needs were effectively monitored.

The management was of a supportive culture and staff were supported to provide care that was centred on the individual. The manager and senior staff were approachable to people using the service and staff enabled people who used the service to express their views. All of the senior staff had particular roles to perform, upon which they were clear, in order to provide a smooth running service.

People were supported to report any concerns or complaints and they felt they would be taken seriously. People, who used the service or their representatives, were encouraged to be involved in decisions about the service. The provider had systems in place to check the quality of the service and take the views and concerns of people and their relatives into account to make improvements to 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?

Requires Improvement 

The service was not always safe

Staff did not always attend planned visits to a person who used the service.

Staff had received training regarding recognising and reporting safeguards and systems were in place to minimise the risk of abuse.

All the people we spoke with felt safe when staff were in their home.

Risk assessments and resulting support plans were in place for people who used the service.

Medicines were administered safely to people by staff.

Is the service effective?

Good 

The service was effective.

There were systems in place to provide staff support. This included on-going training, staff supervision, appraisals and staff meetings.

The service worked in accordance with the Mental Capacity Act 2005.

Service staff monitored and supported people as required with their nutrition and fluid needs.

The service communicated effectively and worked with other professionals for the benefit of people using the service

Is the service caring?

Good 

The service was caring.

The manager was motivated to provide a service which took into account people's individual needs and their wishes.

People told us they were treated with kindness and respect.

The service provided a small consistent team of staff to support people to meet their assessed care needs.

Is the service responsive?

Good ●

The service was responsive.

People's care needs were assessed and the support provided by the service was clearly documented.

A complaints procedure was in place and details of how to make a complaint had been provided to people who used the service.

Is the service well-led?

Good ●

The service was well-led.

There were clear lines of accountability within the service management team and staff were knowledgeable regarding their job roles and responsibilities.

Systems were in place to monitor the service.

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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.

The inspection of the office and visiting people in their own homes with their permission took place on 23 May 2017 and was announced. We spoke with further people using the service and relatives on 7 June 2017. The inspection team consisted of one inspector.

Before our inspection we reviewed the information we held about the service, which included safeguarding alerts and statutory notifications which related to the service. Statutory notifications are information about important events which the provider is required to send us by law.

We focused on speaking with people who used the service, their relatives, speaking with staff and professionals.

We visited five people who used the service and spoke with a further four people who used the service and four relatives. We also spoke with the registered manager, delivery manager, scheduler, field care manager, care coach for new staff and three care staff members.

We looked at seven people's care records and medicine records, staffing rotas and records which related to how the service monitored staffing levels and the quality of the service. We also looked at information which related to the management of the service such as health and safety records, quality monitoring audits and records of complaints.

Is the service safe?

Our findings

People and their relatives told us they felt safe when the staff provided support to them in their home. One person told us, "The staff know how to operate my front door key safe, so I do feel safe." A relative told us, "You can talk with the staff and get any problems discussed, the fact they listen, does give me a feeling of safety for [my relative]."

The delivery manager and a member of staff with the title scheduler explained to us how the staffing rota was compiled. The aim of the service was to provide each person using the service with a small number of regular staff, in order that they could build up a rapport. We saw from the rota, records and the care plans in people's homes that they were usually supported by the same staff which contributed to support being consistent. Staff we spoke with told us the small staff teams worked well and this view was supported by the people and their relatives we spoke with. There was travelling time between appointments included into the schedule. One person told us, "They have never let me down and always here within the time they say they will arrive."

The manager informed us they currently had sufficient numbers of staff to provide the support to people in their own home, other than the one situation. They explained that they were careful to ensure that there were enough staff employed to provide care before new people were assessed and offered a service. The manager explained this was a constant challenge and did result in the disappointment that the service was not always able to respond quickly to a person enquiring about support. The view of the management staff was that they wanted to ensure they had enough staff in place for existing people at all times. Staff turnover was considered as low and indeed we found that many staff had worked for the service for many years.

If staff were running late due to unforeseen circumstances, such as dealing with an emergency, the staff member would contact the office staff and in turn a telephone call would be made by the office staff to advise the person of the delay. This was confirmed by the people that we spoke with and that it rarely happened. One person told us, "They are rarely late but if they are they do tell me in advance, it is annoying but that is life, nothing is perfect and they do the best they can."

The manager and other management staff would usually cover an arranged visit to provide support if the usual member of staff was unable to fulfil the visit. However, we found an example where the late call for one person was not always covered. The service usually informed the relative when they were not able to cover the call. We learnt when discussing this with the service that the intention was to recruit additional staff in that area. However at the time of the inspection, all available resources were not being used to cover this last planned call. This meant the relative was left on their own to provide the support.

The service focussed upon providing support to people within a local geographical region which also helped to maintain arriving on time, as travelling distances were kept to a minimum. One person told us, "We are not rushed, the staff have enough time to do what needs to be done."

We saw risk assessments in people's support plans that clearly documented the person needs., These had

been regularly reviewed. We saw assessments were undertaken to assess risks to people and for the staff who supported them. These included health and safety risks within a person's home and risks relating to people's health and support needs. The risk assessments included information about what action needed to be taken to minimise the risk of harm occurring. This included ensuring when leaving the person had their zimmer frame within reach. Staff told us how they would report on risk and the actions they would take if faced with an emergency situation. We saw a member of the management team, the field care manager had carried out the risk assessment and it was in place prior to the service providing support. The risk assessment was in turn discussed with the manager of the service to check all was in place.

There were systems in place to minimise the risk of abuse and the manager was aware of their responsibilities to report abuse to relevant agencies. The service had a policy and procedure for safeguarding people. Staff were able to tell us about the different types of abuse and the actions they would take if they suspected an incident. Staff told us about the training they had received and emphasis placed upon reporting information. A member of staff told us, "The point was made, there could be more abuse than what you know about, so you must report anything of concern."

We spoke with the manager about staff recruitment and saw the procedure that was used. The provider organisation advertised vacancies and did a great deal of the pre-screening of applicants. The manager was supportive of this approach as it saved them time and they could focus upon interviewing potential staff. We saw recruitment checks were completed to ensure staff were suitable to work with vulnerable people. New staff had completed an application form with a detailed employment record, references had been sought and Disclosure and Barring Service (DBS) checks had been carried out prior to new members of staff starting work. DBS checks consist of a check on people's criminal record and a check to see if they have been placed on a list of people who are barred from working with vulnerable adults. Photographs were available for identification purposes and interview forms had been completed.

The manager and the delivery manager explained to us the disciplinary process used by the organisation and how this procedure was implemented to keep people using the service safe. They considered it a success that they rarely resorted to the disciplinary process but had done so when staff performance had fallen short despite additional supervisions and support sessions.

The service supported people with their medicines and when administered a record was made in the person's support plan. People told us they were happy with the support they received with their medicines and if administered by the staff, these were given on time. A person told us, "Tablets are a worry and I am pleased with the help the staff give me." Staff told us they had received medicine training and had their competency assessed to ensure they had the skills and knowledge to support people safely with their medicines. There was a policy and procedure for the safe administration of medicines. Part of the care review carried out by the service was to check upon the medicines administration. Staff had worked with relatives to request a review of medicines by the GP for various reasons.

Is the service effective?

Our findings

People told us they were pleased with the support received from the staff. One person told us, "Yes, I would say they are effective, know what they are doing and are well trained, you draw that conclusion from the way they speak with you and go about their job."

The delivery manager explained the induction program for new staff, which was confirmed by the staff we spoke with. We saw there was an induction checklist and staff worked through the subjects covered during their probation period and each was signed off by the staff and a manager when it was agreed they were confident in that area. The manager explained that the induction process can be extended and sometimes was for new staff, in particularly the training was flexible so that areas could be covered again.

Part of the induction included office based training and a period of time working in the community alongside an experienced member of staff. Consideration had been given to the support for new staff and the service had identified and given additional training to staff who became a care coach. The role of the care coach was to work with the new staff member in their first few weeks. This included introducing them to the people they would provide support to and give them time to read and ask any questions of the support plans. The care coach was responsible with the manager for signing the new member of staff off as confident at the end of their probation period. One person told us, "You feel well supported by the one to one support of the care coach."

We saw the induction covered dealing with emergency situations to help prepare staff when working alone. We also saw that the service had provided training in conditions such as dementia, in order that staff had received training in this condition so that they were knowledgeable about the care required. A member of staff told us that they enjoyed the variety of the role. They considered they had received good training which meant that they could support the people as the person chose. We also noted that a person using the service required support in the form of a percutaneous endoscopic gastrostomy feed. The staff had received training in this procedure so that they were able to continue to provide the care for the person.

The management team supervised the staff. A member of staff informed us they were impressed with the regular supervision provided. Supervision consisted of one to one sessions, plus staff appreciated being able to speak with a member of the management team at any time for support. All staff we spoke with told us they were very well supported by the supervising arrangements and this included spot checks. This was when a member of staff came to see them, unbeknown to them, working in someone's home and they would give them feedback as a result of this observation. All staff had an annual appraisal.

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 manager spoke to us about the service had worked with people and their relatives with regard to best interest meetings and involving advocates. The delivery manager explained that due to the complexities of the MCA the service had developed for all staff a five principles guide which was given to staff as part of the training to identify and highlight the important aspects when working with a person in their home.

People we spoke with told us they were fully involved in the assessment process to identify how the service could support them. One relative told us, "I feel involved from the meeting we had, I do not feel pushed out or that they have taken over." They went on to explain they felt fully involved in the care of their relative.

One person told us, "My support is around ensuring I have enough to eat and they are very good, always talking about choices and I do I have enough to eat." We looked at how staff supported people with their nutrition. This included food preparation and also monitoring people's dietary intake if there were concerns around a person not eating sufficiently. The service had provided a training session and supporting literature on healthy eating to the staff.

Staff told us how they encouraged and supported people with their meals. Any concerns identified would be discussed with the person and also brought to the attention of the manager to determine if additional support was required from other professionals such as dieticians. We saw that information was carefully recorded regarding a choking hazard and actions to take such as food to be avoided in order to support the person. A member of staff told us, "It is an advantage of knowing people well and being a regular carer, you know if peoples habits change for example if they are eating more or less than usual."

Information about people's healthcare was recorded and maintained. People told us they felt supported by the service. One person said, "They always consult and never take over and work with you to make arrangements." People's care was subject to regular review with them, relatives and external health professionals as appropriate. The service staff encouraged people to maintain their independence by making appointments with other professionals or for relatives to be involved as appropriately to do this. However the service staff would also be involved and ensure appointments were made and additional support for the appointments was discussed and arranged as required. Important day to day notes of people's conditions, needs and support were kept up to date and the care reviewed on a regular and as required basis.

Is the service caring?

Our findings

People were consistently positive about the care they received, which was empathic and understanding and praised the staff that supported them. People told us that they were treated well and that staff were kind and caring. One person spoke with us about the support that was provided, they explained how the staff were polite and courteous and took their views and wishes into account they told us, "They are worth their weight in gold."

Staff received training to ensure that they understood how to respect people's privacy, dignity and rights and people told us that staff put this training into practice. A relative told us, "I thought this would be so difficult having staff in and out of our home, but now I look forward to them coming, because they are friendly and professional."

All of the people using the service that we spoke with told us that they felt comfortable and were happy to have staff in their homes. People told us that staff were respectful when supporting them with personal care and that they acted in accordance with their wishes and preferences. A person told us, "They always ensure the curtains are closed and doors shut when giving personal care."

The manager told us that the service tried to provide continuity of care which helped staff to develop relationships with the people that they supported. They said the benefit of this was that it enabled staff to respond to changes in people's needs and to act upon them. This was confirmed by the people that we spoke with who told us that they had a regular team of staff who were able to meet their needs. One person told us, "I usually have the same staff but any new people are introduced to me."

The support plans showed that people had been involved in making decisions about the support that they received. Family members informed us that they had opportunities to express their views about the care and support that their relatives received at regular reviews of people's. Reviews could be brought forward if anything was of concern to people or their relatives. A relative told us, "They are well organised on communication and arranging reviews, I have no fear on that score and I do find the staff approachable."

The support was delivered in a way that took account of people's individual needs and maximised their independence. Staff told us that they did not have to rush or shorten visits; they felt that they were given appropriate time to provide the care that people needed. A member of staff told us, "I have time to read the support plan and I do not feel I am ever pushed for time."

People and their relatives said that they were provided with information about the service to help them understand what support they could expect from the service before staff came to begin supporting them. We saw that a contract of support had been drawn up for each person which was individualised with the support required.

Is the service responsive?

Our findings

The people we spoke with told us that an assessment of their needs was carried out by a member of the management staff before a service was offered to them. One person told us, "They wanted to discuss the support I needed and they wanted to know a lot about me, so that they could understand my choices and preferences." The delivery manager informed us at this point the number of visits per day and preferred times were discussed and agreed. A relative told us, "I considered the assessment was wide ranging but appropriate."

All the people we spoke with told us they had a care plan. We looked at the care plans in the office and also at people's homes and saw that they matched. The manager explained to us the system they used to ensure that the care plans were accurate copies of each other. The file included an assessment to identify people's support needs, risk assessments, reviews, medicines and the times of visits. The management team carried out visits to people, following the commencement of a care package to determine how things were working out and if any changes needed to be made.

The care plans were clearly organised and included a section for staff to record information about each visit regarding the support provided. The individual plan also contained details about the person, their needs, goals, risk assessments, emergency contacts, plus a relevant history and personal preferences. We saw how the plan related to the daily records which had been completed for each visit made by the care staff. In all the plans we saw at people's homes we noted that staff had recorded information for each visit of how they had supported the person.

People who used the service and their relatives told us that the staff knew people well and they respected people's choices, preferences and decisions about their support needs. We heard staff offering a person a choice regarding which drink they wanted at that time, upon leaving they confirmed which member of staff would be coming for the next call.

The aims and objectives of the service were person centred, defined and known by the staff. These were regarding supporting people in their own home to improve or maintain their independence. This was evidenced through our observations and talking with staff. Staff told us they supported people to make their own decisions. A staff member told us, "The person wishes to stay in their home rather than go into a residential home, they love their garden. Although they cannot tend to it themselves they can still see it each day and appreciate it. That gives me a good feeling that I am able to help them to stay where they wish."

People were given a service user book when they started using the service. This provided information on how to raise a complaint. A staff member told us, "If a person made a complaint to me, I would try to sort things out. I would also record it and pass the information to the office staff." The provider followed their procedure when dealing with complaints and appropriate action was taken to resolve them.

Is the service well-led?

Our findings

There was a manager in post and they organised the supervision and support to staff and in turn considered they were well supported by the organisation. This was because they could call upon senior staff with specialist skills and knowledge as required. There were also regular meetings to discuss and plan the smooth running of the business.

The manager explained to us that two-way communication was essential and hence the importance of supporting staff with training and supervision along with opportunities to speak with senior staff for support and express ideas. We saw that weekly meetings were held between the manager and senior staff.

The manager was pleased with the new recruitment process. Human resources staff completed the recruitment procedure up the interview process which was carried out by the manager and their team of senior staff. This had freed up management time for the manager to focus upon other areas of the service. Hence with careful management, planning by the scheduler and good communication with staff, the service was able to provide the vast majority of call visits within the timeframe. When this could not be achieved by the service staff informed the person and or their relatives. The manager was actively trying to recruit additional staff to the areas that had proven difficult to cover.

We received positive feedback about the manager's leadership. Staff told us the manager was approachable, had an 'open door' policy and was very supportive. The care staff expressed to us that the management of the service including the senior team were helpful and approachable. One member of staff told us, "It is a nice place to work, because we are allowed to get on with our job and do the important things which is caring for the people."

The service had a whistleblowing policy, which was available to all staff. Staff told us they would report a concern and had confidence in how the situation would be investigated. All of the staff informed us they received support through training, supervision and annual appraisals. Staff told us they thought communication was very good and one staff member reported, "I think it is good that there is always someone to talk with by phone." The manager explained to us that the senior staff took it in turns to provide a 24 hour on-call support service which staff could use at any time.

There were systems and processes in place to monitor the service, identify and drive improvements forward, such as punctuality of staff. The management team held meetings to plan, operate and monitor the service regularly and in turn information was given to the staff at team meetings and newsletters. The management also arranged regular audits to consult with the people using the service, their relatives and also members of staff. We saw the branch action plan which identified issues for improvement and the plan of how this would be achieved. This included planning reviews in advance in order that resources would be allocated so that the review was held every year.

There were on-going reviews of the support provided by the service to make sure the support was to people's satisfaction. We saw the survey questions and answers which had been carried out in January 2017.

A number of people had questioned if there were sufficient choices being offered by the service. The response was a discussion amongst the senior team to accurately record information at each assessment and review, plus checking with the individual at the time the information was correct. The service planned to gather further information about people's preferences, choices of food and flexibility around time of call visits. Then time and consideration had been given to recording this information into the care plan. The effectiveness will be tested in the next planned satisfaction survey which is being planned for July 2017.