Nestor Primecare Services Limited

Allied Healthcare Doncaster/Rotherham

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 28 and 29 March 2017. The inspection was announced. At the time of our inspection 48 people were receiving support from the service.

Allied Healthcare Doncaster/Rotherham provides personal care and support to people living in their own homes in the South Yorkshire and North Lincolnshire areas.

The service had a registered manager at the time of our inspection. A registered manager is a person who has registered with 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.

People's needs were assessed and planned for in a structured way. Any potential risks to people and staff, including environmental risks were identified before any new services were started. This helped ensure risks were minimised.

Staff understood how to report concerns about potential abuse and when it had been needed, the registered manager and staff took action to keep people safe from harm. Care plans were in place which helped inform staff about individual care needs and any potential risks to people's health and wellbeing.

Staff were recruited safely and there was an on-going recruitment programme in place which was used by the provider to maintain staffing at the levels they had identified as needed.

Staff undertook training in a range of subjects relevant to the care needs of the people they supported. The training was used to maintain and develop their existing skills. Staff worked together in a co-ordinated way and were provided with regular support and supervision including direct observation of their care practice by senior staff.

CQC is required by law to monitor how a provider applies the Mental Capacity Act 2005 (MCA) and to report on what we find. The registered manager and staff had received training in this area and if people lacked capacity to make their own decisions the principles of the MCA and codes of practice were followed in order to protect people's rights.

People who needed staff assistance to take their medicines were supported to do this and staff assisted people to eat and drink enough to keep them healthy, whenever this type of support was required.

Staff were caring and they worked in ways which helped people to remain as independent as possible.

The provider and registered manager listened to what people had to say and took action to resolve issues or concerns when they were raised with them. There were systems in place for handling and resolving concerns

and more formal complaints.

The provider had a range of quality monitoring systems in place which included audits, reviews and surveys. These were used by the registered manager to organise and manage the service in a structured way.

The provider and regional manager regularly reviewed and reflected on the systems they had in place to manage the service. When action was needed they responded in ways which enabled them to keep developing and improving practices for the future.

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 when they were being cared for by staff.

Staff knew how to recognise report and take any action needed to make sure people were safe from harm.

The provider had safe recruitment processes in place and there were enough staff in place, who were suitably deployed to care for the people who used the service.

People were provided with any assistance they required to take their medicines as prescribed.

Is the service effective?

Good

The service was effective.

Staff were well trained and had developed the right skills needed to support people appropriately.

Staff ensured people had timely access to any healthcare support they needed and that they were supported to eat and drink enough keep them healthy.

People were supported to make their own decisions and staff understood how to support people who lacked the capacity to make some decisions for themselves.

Is the service caring?

Good

The service was caring.

Staff treated people as individuals and supported them to have as much choice and control over their lives as possible.

Staff recognised people's right to privacy and promoted their dignity.

People's confidential information was kept private.

Is the service responsive?

Good

The service was responsive.

People were actively involved in the preparation and review of their personal care plan. Care plans were written in a person-centred way and were understood and followed by staff.

Staff encouraged people to remain active in their local community.

The provider and registered manager responded promptly to address any concerns or complaints they received.

Is the service well-led?

Good

The service was well-led.

People, their relatives and staff had been consulted about the on-going development of the service.

Steps had been taken to promote good team work and staff were encouraged to speak out if they had any concerns.

The monitoring arrangements and quality checks in place helped ensure people received the care they needed.

Allied Healthcare Doncaster/Rotherham

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 was conducted by an adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The inspection took place on 28 and 29 March 2017 and was announced. The registered provider was given notice of our inspection visit, in line with our guidance for inspecting domiciliary care services. We did this because the registered manager was regularly out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be available in order to contribute to the inspection process.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the service, what the service does well and improvements they planned to make. The provider returned the PIR to us and we took this into account when we made our judgements in this report.

We reviewed all information that we held about the service such as notifications (events which happened in the service that the provider is required to tell us about) and information that had been sent to us by other agencies such as commissioners of the service and Healthwatch England.

During our inspection we spoke by telephone with 11 people who used the service to seek feedback about how their needs were being met. As part of our inspection we also made a visit to the provider's office. During the visit we met two care schedulers, two care supervisors, the registered manager and an area manager. After the inspection visit we spoke with four care staff by telephone.

In addition, we looked at a range of documents and written records about how services were being provided including five people's care files, five staff personnel and recruitment files, information relating to the administration of medicines and the monitoring and management of the overall service provision.

Good

Is the service safe?

Our findings

Everyone we asked told us they felt safe in their own homes and felt protected. People's comments included, "I know them [the staff] well, they use the key code to let themselves in", "I am safe, they [staff] show their ID badges", "Quite happy and comfortable, enjoy seeing them [staff] as I don't go out", "Very good, they have ID badges; they knock on the door and shout when they use the key code." One person went on to say that they had not been happy with staff using a key code, so a suitable alternative had been found.

Risk assessments were completed by staff whenever someone new started using the service, to help make sure they and the people they supported were safe. This included any risks related to people's mobility, bathing, taking medicines and dressing. We saw that the care records created from these assessments detailed the action needed to minimise any risks identified.

Staff were issued with uniforms so that people would know who they worked for and they also had up to date identity badges for easy identification. Guidance was available for staff regarding lone working and the need to be clear about any risks associated with this. Risks related to the environment and accessing the person's home through the use of a key safe had also been considered and any agreed actions to minimise or remove the risk were recorded. There was also an 'out of hour's' telephone number that staff could use to contact a senior member of staff if they had any concerns about managing risk.

Training records showed that staff had received training in safeguarding people. Staff we spoke with said that if they suspected a person they supported was at risk of harm or abuse they would inform either one of the members of the management team, the lead nurse or the registered manager. The registered manager told us that staff had used the system effectively, to raise concerns in order to keep people safe.

We asked people if they were supported to take their medicines at the correct times. In the main, people either took their own medication or their family helped them. However, three people said they received support with their medicines and that this suited their individual needs. For instance, one person said, "They [staff] leave the box on the side for me." And another person told us, "My medicines are on the table. They [staff] put them on a tray.

Care staff received training and refresher training on supporting people with their medicines and the field care supervisors checked to make sure staff did this safely. We saw records of medicines administration which were returned to the office after completion. These were checked to ensure they were accurately completed.

People were asked if there were enough staff and most responses we received were positive. However, some people made comments sympathising with staff, who they felt were, "Sometimes put upon." For instance, comments included, "They [staff] are short-handed, always rushing to another place." "They work long shifts." and "Few more [staff] needed, night time mostly." One person also told us their scheduled calls had

been missed twice, at weekends. Although, they added that they had received telephone calls from the service, so they knew what was happening.

The registered manager told us staffing levels were monitored and they continually reviewed staffing, so they could respond to changes when needed. The registered manager also confirmed there was an on-going recruitment process in place to make sure they had the staff required. Interviews for new staff were planned. This was to maintain care staff levels and create opportunities for new packages of care.

The staff rota information we saw showed that staff deployment was planned to make sure care staff had the time to meet people's needs. The arrangements were supported by a system for staff to report any delays in providing care, due to events beyond their control, such as travel time delays or staff sickness. Staff we spoke with said they worked as part of good team and were flexible, providing cover for each other. Any gaps which could not be covered were escalated to the management team, so alternatives could be arranged. Most people we spoke with told us they were provided with support from a consistent team of care staff. They said that, although there were changes in staff at times, they were usually supported by the same staff.

There was a recruitment and selection procedure, which ensured the necessary pre-employment checks were undertaken. For instance, references were obtained, where possible, one being from the applicant's previous employer, and a satisfactory Disclosure and Barring Service (DBS) check. DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. We saw that reference and checks had been obtained as part of the staff recruitment process, to help make sure that staff employed were suitable to work with the people who used the service.

We asked if staff tidied up after themselves, most people told us they did. For instance, one person said, "Always clean and tidy." Another person told us, "They are very good like that." While another person told us, "Oh, yes, they wash up for me, wash my pots." However, one person said the staff who supported them were not very tidy.

Good

Is the service effective?

Our findings

People were asked if staff were sufficiently trained to meet their needs. People's responses were positive, and their comments included, "Definitely. [Staff] are well trained." "Yes, proper training. They put a towel over me to keep me covered." And "Yes, [staff] have training. At first they are not quite as experienced, but very caring."

We saw that staff induction included completion of the national 'Care Certificate', which sets out common induction standards for social care staff. The registered manager maintained training records which showed staff training was on-going and relevant to the role they were undertaking. For example, staff had completed training related to infection control, helping people to move safely and medicines. Other training had been provided in line with people's needs, such as dementia awareness and caring for people at the end of their life. Care staff were also supported to obtain nationally recognised qualifications in care. We spoke with a new member of office staff who confirmed that their induction was thorough, and was going well.

The supervisory staff carried out regular, routine observations of care staff when they were delivering care. They gave feedback about the way the staff delivered the person's care, including the behaviours displayed by staff. Care staff told us this helped them to keep reflecting on their roles and how they engaged with and responded to people when giving any care needed.

People were supported to maintain their wellbeing and health. People told us they were supported to have the healthcare they required. The provider employed qualified nurses, who co-ordinated the care packages and reviews of the care arrangements for people who had complex health needs. They worked with a range of health and social care services, including local health care commissioners and community and specialist nurses to guide care staff in ensuring people received any additional care and treatment they required. They provided on the job training and support to staff in delivering people's care.

The people received different levels of care around their meals. Some people told us they prepared their own meals, or their family helped out. A small number told us staff supported them in a way that suited their needs. For instance, one person said, "They grill and serve it to me." Another person indicated that staff encouraged their independence. They said, "I get the meal on cooking. They [staff] just get it out and serve it to me for lunch. They make me a sandwich for tea, again, I put the soup on, and they serve it."

Information was available in people's care plans regarding any help they needed to eat and drink enough to keep them healthy. Records detailed any particular dietary needs, likes or dislikes and any identified risks associated with people eating or drinking, for example in relation to food allergies and swallowing food. When it had been required staff had also received more specialised training to enable them to support people with specific needs. For example, some staff were trained in supporting people to receive nutrition through specialist equipment, directly into their stomachs.

We asked if staff always asked for consent about the care they gave. Most people confirmed that they did. Comments included, "Always. First." "[Staff] ask, what are we doing today?", "Oh, they do. They don't take

anything for granted." "I tell them, but they also ask if I need anything else." and "[Staff] know the routine and fall in with what I ask."

When people had started to use the service, the provider had assessed their capacity to consent to their care and support, and people had information in their care plans to show they consented to their care. Through our discussions with the registered manager and staff it was clear they had an understanding of 'best interests' processes and The Mental Capacity Act 2005 (MCA). The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment. The service had a policy in place for monitoring and assessing if the service was working within the Act.

Staff received training and updates in regard to MCA. When people needed any additional support with their decision making this had been recorded. For instance, some people had a personalised best interest plan and decisions were made in people's best interest through the involvement of key people in their lives, such as their close relatives.

Good

Is the service caring?

Our findings

People were asked what they felt about the care staff. Their comments were very positive and included, "They are very kind, very good." "Friendly." "Brilliant, couldn't wish for better." "Brilliant, always got my dignity, never felt they were in my face." "Good natured, but people are different." One person told us they had not had a good experience a few years ago, but now got on very well with the care staff who provided their support. One person gave very positive feedback about the kindness of staff. They illustrated this by saying. "One of the carers dropped a glass and broke it. They bought me two new glasses."

Care plans we saw included information about people's wishes, preferences and maintaining their independence. People told us they were encouraged to be independent. For instance, one person responded, "Oh, definitely, still independent." Another person said, "I do what I want myself." and another person said staff, "Encourage and try to let me do it."

People were supported to express their view and make their own decisions about how they wanted to be cared for. People also told us they were involved in care planning and reviews. They confirmed that they received copies of their care plans and reviews. People said, "I'm actually having someone come today to go through one [a review]." "I was sent a copy [care plan] in the post, I have read and signed it. Not long since I had one [a review]." and "I had a lady come out and ask questions and have signed a copy." People confirmed that they felt involved in having a say about the care they received.

Everyone we spoke with confirmed that their privacy and dignity was respected by the staff. People's comments included, "We have a laugh, the carer covers me, I can't grumble." "Shower, doors are locked; no one else comes in." "Oh, yes they [staff] ask, 'do you want the curtains closed?' They are very careful."

If people needed any additional help to express their views they and the staff team would provide information for people to access advocacy services. Advocates are people who are independent of a service and who support people to make and communicate their wishes. Information was available in the office for visitors and staff to see and the 'Service user guide' was provided to everyone who used the service.
The registered manager told us one of the staff had taken on the role of dementia champion for the service. The role of a dementia champion is to advocate for people living with dementia and to be a source of information and support for co-workers.

The registered manager and staff we spoke with protected the information they held about the people they cared for. The care plan records we looked at showed information recorded by staff for each visit they had completed was factual and did not disclose any personal or private information which the people did not want to be shared. We saw copies of records and personal care files were stored securely in the office.

Good

Is the service responsive?

Our findings

People were provided with the support and care they needed and spoke of being involved in creating their care plans. People were asked if they could make choices about their daily routines. All were positive in their feedback, saying they felt they could make choices and were able to decide when they wanted a shower for instance. People's comments included, "That does happen, still my own choices." "Yes, I can decide, the carer asks me what I want." "They [staff] ask me first, I have a shower at night." "Yes, I can decide, I get a shower every day." "I shower in the evening, by choice and they respect my dignity."

Staff we spoke with knew about the care needs of the people they cared for. We looked at care records for five people. The records were written in a person centred way and some of the sections had been recorded using the person's own words. People's likes and dislikes were recorded for staff to be aware of and where more complex needs were identified the records were clear about how staff should support the person.

Care reviews were completed to make sure the information about the care needed was up to date and reflected the care being given. Records reflected that often, people's close relatives had been involved in the reviews. Where people had complex care needs reviews were undertaken more regularly so that the management team could check on and confirm if the care being provided was at the right level for the person.

People were clear about how to make a complaint if they were not happy with the service. The registered manager kept information to show the number of compliments and complaints they had received. We saw that the concerns that had been raised had been taken seriously and followed up by the registered manager in line the company policy.

We asked if people had made a complaint and if they felt they were listened to if they had. Four people had raised a complaint. It was evident from what people told us that the service took people's concerns seriously and addressed them appropriately. For instance, one person told us a member of care staff had behaved inappropriately when offered a sweet. They phoned the office and this resulted in the staff member being dismissed. Another person said, "Just phoned up a couple of times, they sent me a new person who hadn't read the care plan, or had any shadowing. They listened and phoned me back to apologise." and another person told us, "I have had some carers late twice now, and they [managers] are looking into it for me." Two people said they hadn't made a complaint, and one added, "I have never had anything to complain about."

Good

Is the service well-led?

Our findings

There was an established registered manager in post, who worked with a senior support team to co-ordinate and deliver the care agreed for people.

Although the registered manager told us they had an open approach to being contacted, what people told us gave the impression that members of the management and senior support team were not very accessible to the people using the service. Some people were not sure who the manager was and only two people knew the names of other staff in the office. However, people were clear that all office staff were kind and helpful. For instance, one person said, "[Staff name] in the office is very kind." Another person told us, "All [office staff] seem very helpful with everything." The registered manager told us they were finding ways to make sure people who used the service and staff knew who everyone was in the office, and that this included putting up a photo board.

One person said, "Nice people." They added that care staff were particularly nice. We saw that for the most part, the care staff had consistent, regular visits and several people told us they had had the same care staff for many years. People described the atmosphere at Allied Healthcare as positive, saying; "Never known two carers more cheerful and having a joke." "Normally quite happy." One person said office staff were 'chatty' even when busy, or short staffed.

The senior support team monitored the quality of the service by regularly speaking with people who used the service to make sure they were happy with the service they received. They undertook spot checks to review the quality of the service provided to people in their homes. This involved arriving at times when the staff were supporting people in order to observe the standard of care provided, as well as getting feedback from the person using the service. The spot checks also included reviewing care records to make sure they were appropriately completed.

The provider undertook 'customer satisfaction surveys' which were usually completed after a service had been provided for eight weeks and then annually after that. Most people recalled providing quality assurance feedback; by telephone calls, or by filling in a questionnaire, or a family member filled in a survey on their behalf. Comments included, "My daughter fills one in." "They rang me to go through a survey." and "I have filled in one and am happy, they're very good." Most people we spoke with were happy or very happy with the service and one person said they had not been in years past, but were happy now.

Surveys were also sent out to staff and used to invite feedback on how they were being supported to do their jobs and how the service was working overall. The registered manager told us the results from the surveys helped them to monitor the arrangements in place to support staff. They also had a system to manage staff annual leave and any sickness absence, to ensure staff were supported when needed and that staffing levels could be maintained.

We spoke with the registered manager about the checks they made to ensure the service was delivering good quality care. They told us care records and medicine records audits were completed regularly. In

addition, the lead nurses and the supervisors visited people to check the service was meeting people's needs. We found that any actions identified through these visits were completed in a timely way. This included improving communications, changes in care staff and adjustments to the call times.

The registered manager told us they met regularly with the regional manager to discuss any issues, the development of the service overall and to agree any actions needed. Staff we spoke with told us that they were clear about how the organisation worked and they felt well supported in their roles.
As part of their strategy for managing the service the provider and registered manager had developed an on-going audit action plan, which was kept under review and updated regularly through reports to the agency's directors.

Staff we spoke with told us they felt able to raise any concerns they had with the registered manager and the senior support team who supported them on a day to day basis. They said if they had any concerns they would be listened and responded to appropriately. Staff also confirmed they had access to a confidential whistle-blowing procedure to enable them to report any concerns they had without fear of any recrimination.

Staff received regular support and advice from their line managers via phone calls, texts and face to face meetings. There was a company web site, which included information to help keep staff up to date with good practice guidance. Staff felt the registered manager was accessible, approachable and they were comfortable to tell them if they had any concerns. They said the office staff kept them informed of any changes to the service provided or the needs of the people they were supporting. Quarterly staff team meetings were held and records of the meetings were circulated to staff who were unable to attend, so that all staff were aware of any information they needed to know about.

The registered manager told us the provider had improved staff recognition and retention through a carer award, and by giving incentives linked to a staff reward scheme.