

Nestor Primecare Services Limited

Allied Healthcare Milton Keynes

Inspection report

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Date of inspection visit: 9 13 & 14 July 2015
Date of publication: 17/09/2015

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

The inspection was announced and took place on 9 13 & 14 July 2015.

Allied Healthcare Milton Keynes provides personal care to people in their own homes. At the time of our inspection 15 people were receiving a personal care service.

The service has a registered manager. 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 and associated Regulations about how the service is run.

Staff had been provided with safeguarding training to protect people from abuse and avoidable harm.

There were risk management plans in place to protect and promote people's safety.

Summary of findings

Staffing numbers were suitable to keep people safe. Appropriate recruitment practices were followed to ensure suitable staff were appointed.

The service had processes in place to ensure that people received their medication at the prescribed times. Staff had been trained in the safe handling and administration of medicines.

Staff received appropriate training to support people with their diverse needs. People were matched with staff who were aware of their care needs.

People were supported by staff to access food and drink of their choice. If required staff supported people to access healthcare services.

Staff treated people with kindness and compassion and had established positive and caring relationships with them.

People were able to express their views and to be involved in making decisions in relation to their care and support.

Staff ensured people's privacy and dignity were promoted.

People received care that was appropriate to meet their assessed needs.

The service had a complaints procedure, which enabled people to raise complaints.

There was a culture of openness and inclusion at the service.

The senior staff team at the service demonstrated positive management and leadership skills.

The service had quality assurance processes in place to monitor the quality of the service provision.

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 were protected from avoidable harm and abuse by staff who knew how to report to report concerns.

There were risk management plans in place to promote and protect people's safety.

There were sufficient numbers of suitable staff to keep people safe and meet their needs.

People were supported by staff who had been trained in the safe handling of medicines.

Good



Is the service effective?

The service was effective

People were looked after by staff who had the appropriate skills and knowledge.

People were matched with staff who were aware of their needs.

There were systems in place to ensure people consented to their care and support.

Staff supported people with food and drinks of their choice.

If required staff supported people to access healthcare facilities.

Good



Is the service caring?

The service was caring

Staff treated people with kindness and compassion.

People were able to express their views on how they wished to be supported.

Staff ensured people's privacy and dignity were promoted.

Good



Is the service responsive?

The service was responsive

People received care and support that met their assessed needs.

Information on how to make a complaint was provided to people.

Good



Is the service well-led?

The service was well-led

There was an open, transparent and inclusive culture at the service.

The leadership at the service inspired staff to deliver a quality service.

There were quality assurance systems in place which were used to improve on the service delivery. .

Good



Allied Healthcare Milton Keynes

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 Allied Healthcare Milton Keynes took place on 9 13 & 14 July 2015 and was announced. We told the manager two days before our visit that we would be coming. We did this because the manager is sometimes out of the office supporting staff or visiting people who use the service.

The inspection was undertaken by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who use this type of care service.

Before the inspection the 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. We spoke with the local authority and checked the information we held about the service.

During our inspection we undertook telephone calls to 11 people who used the service and five relatives. We also spoke with four care staff, the care delivery manager, the care quality supervisor and the registered manager. We also spoke with the service's care quality assessor and visited two people in their homes to observe how care was delivered.

We reviewed the care records of four people who used the service, three staff files and other records relating to the management of the service.

Is the service safe?

Our findings

People told us they felt safe when the care staff visited them and they had never experienced any discrimination from the staff who supported them. One person said, “I feel safe when they are around.” Another person commented and said, “I have no concerns about safety.” People also told us if they had any concerns they would feel able to contact the office and discuss them with the registered manager. A relative of a person who used the service said, “We raised issues before on safeguarding and Social Services were involved and they were resolved.”

Staff told us they had been provided with safeguarding training. They were able to describe the different types of abuse; and the process they would follow if they witnessed or suspected an incident of abuse. The registered manager told us that safeguarding was included as a regular agenda item at staff meetings. He also told us that staff had been given a copy of the service’s safeguarding policy; and that staff knowledge and competencies on safeguarding had been assessed. The electronic training record made available to us during the inspection confirmed this.

Staff told us before people were provided with a service, risks to their safety were assessed. These included environmental risk assessments, as well as, skin integrity, safe handling of medicines, moving and handling, trips and falls, communication, eating and drinking, financial, outdoor activities and washing and dressing. Staff also told us that people were involved with the development of their risk assessments. We saw they had been signed to confirm people’s involvement. We also saw evidence that there were up to date risk assessments within the care plans we looked at. They included information on what action staff should take to promote people’s safety and independence; and to minimise any potential risk of harm.

Staff told us they were aware of how to contact the service in the event of an emergency or out of office hours. One staff member said, “In the evenings and at week-ends the calls get diverted to a call centre. I have had to use the on call number a few times and have had a satisfactory response.” The registered manager told us that staff working at the call centre were usually able to deal with any emergencies; however, if they were not able to, they

would contact him for advice. He also told us that the call centre staff had access to the service’s computer system. This ensured all emergencies dealt with were recorded electronically with the actions taken.

People said there were sufficient numbers of suitable staff to care for them. One person said, “If there is a problem with staffing they phone to let me know. Last year this used to be frequent, but not anymore.” Another person commented, “The staff arrive on time.” Staff told us there were occasionally staff absenteeism due to sickness. One staff member said, “We get problems when three staff phone in sick at the same time. I think we can do with a couple more staff to cover for sickness and annual leave.” The registered manager said the service would not accept a care package unless the appropriate numbers of staff were available to meet the individual’s needs. We saw evidence that the service had a specific tool which was called Scheduling Key Performance Indicators (SKPIs). This was used to identify the number of unallocated calls for the current week; and whether the staffing numbers available were appropriate to meet people’s needs consistently.

Staff were able to describe the service’s recruitment practice. They said before they began to work for the service they completed an application form and attended an interview; as well as provide references and a Disclosure and Barring Service (DBS) certificate. The registered manager told us that all new applicants had to pass a telephone screening interview and their competencies were assessed before they were considered to attend a face to face interview. In the staff files we examined we saw references, proof of identity and Disclosure and Barring Service (DBS) certificates had been obtained.

People told us they received their medicines at the prescribed times. Staff told us they had received training and their competencies had been assessed in the safe handling and administration of medicines. The registered manager told us that the district nurse was responsible for auditing people’s Medication Administration Record (MAR) sheets and took them away when auditing had been completed. The registered manager also told us that there had been seven medication errors; however, there had not been any noted within the last six months.

Is the service effective?

Our findings

People said that staff had the knowledge, skills and the right attitude to carry out their roles and responsibilities. One person said, “They seem to know what they are doing. I think they get training and have the right skills.” Another person commented, “Some of them are really good at their job especially the regulars.” People also told us that new staff were shadowed by an experienced worker.

Staff told us they had received training to enable them to perform their roles and responsibilities. One staff member said, “The training we get is pretty good.” The registered manager told us that the service had its own in-house trainer and some training was delivered via e-learning. He also told us if staff’s essential training on the core subjects was not up to date, they were not allowed to provide care until the training had been updated.

People told us they were appropriately matched with staff who were aware of their needs. One person said, “I get the same carer every day unless she is on annual leave. She always makes sure I am dressed right.” Staff told us they were aware of the needs of the people they were supporting. One staff member said, “Before starting a new care package, the care quality supervisor provides us with information about the person. We sometimes get introduced to them and we are always reminded to read the care plan to make sure we are aware of how they like things to be done.”

The registered manager told us the service had an induction programme which all staff were required to undertake. This was to make sure that staff acquired the appropriate skills to meet people’s individual needs. At the end of the induction staff competencies on the subjects covered were assessed. They were then allocated to shadow an experienced staff member called a care coach, until they felt confident to work alone. During the shadowing and probationary period the care quality supervisor carried out spot checks in week three and seven of the shadowing period. Further monitoring of staff’s practice was carried out until the probationary period had been completed. Within the staff files we examined we saw copies of completed induction training.

Staff told us they had received training on a variety of subjects, which included health and safety, infection control, dementia awareness, management of medication,

safeguarding, emergency first aid, supporting people to eat and drink, fire safety, security and lone working. We saw there was an electronic system in place that monitored the training staff had undertaken. It listed the names of staff and the training delivered. It also included when training was due to be updated.

The registered manager told us that staff were provided with three face to face supervisions, two spot checks and an annual appraisal. Staff confirmed they had been provided with supervision and spot checks. Within the staff files we looked at, there was evidence that staff had been supervised.

We saw that the service had policies and procedures in relation to the MCA and DoLS to ensure that people who could not make decisions for themselves were protected. Staff had a good understanding of MCA and DoLS and how it worked in practice. The registered manager said that at the time of our inspection no one using the service was being deprived of their liberty unlawfully.

People told us that staff always asked for their consent before assisting them with personal care. Staff told us people signed consent forms to be supported with their care needs. In the files we looked at we saw agreement forms had been signed.

People told us staff supported them with food and drink of their choice. They said that they chose what they wanted to eat and main meals consisted of microwave ready meals that required little preparation other than heating through. Staff said that most people had frozen meals purchased for them, or their relatives would leave them a prepared meal that required heating in the oven or microwave. One staff member said, “One of my clients likes fresh meals so we get extra time to cook their meal from scratch.” Another staff member said, “We always leave the clients adequate amount of fluids and snacks so that they can eat and drink throughout the day.” During this inspection we visited two people in their homes and observed before leaving staff left adequate amounts of fluids and snacks within people’s reach.

People told us they had access to healthcare services to maintain good health. One person said, “I make my own appointments. If I have a hospital appointment my friend accompanies me.” Staff told us if required they would support people with GP or medical appointments. One staff member said, “I recently accompanied a client to

Is the service effective?

review their medication at the medical centre.” We saw that people’s care records included the contact details of their GP so staff could contact them if they had a concern about a person’s health.

Is the service caring?

Our findings

People told us they were happy with the care they received from staff. They also said that staff treated them with kindness and compassion. One person said, “My carer has been with me a long time. She is caring and conscientious and more like one of the family.” The person commented further and said, “I don’t have to tell her what to do and she always leave my kitchen very clean.”

During this inspection we visited two people in their homes. Staff were able to tell us about people’s individual needs and how they wished to be supported. We saw people were supported in a kind and patient manner. We observed good interactions and found that staff listened to people and spoke to them in a respectful and kind manner. It was evident that staff knew the people well and had a good rapport with them. People looked at ease and relaxed in the company of staff.

People said they were supported to express their views and be involved in making decisions about their care and support. One person said, “I always tell them what I want and they listen to me.” Staff told us that the support provided to people was based on their individual needs. One staff member said, “I talk and listen to people and develop a trust. I also give them choices. For example, If they don’t want porridge for breakfast and would like toast I give it to them.” We found the care plans we looked at outlined people’s needs and how they wished to be supported.

The registered manager told us if anyone receiving care and support requested the services of an advocate, they would help them to get one. He explained that he would contact the social worker or the advocacy agency directly to meet their request.

People said that staff respected and promoted their privacy and dignity. One staff member said, “I always make sure when I am assisting clients with personal care that the curtains are drawn and they are not exposed.” Another staff member said, “If a client is using the toilet I make sure that the door is closed. We saw evidence that people’s wishes on how they wished to be supported with personal care to promote their privacy and dignity were recorded in their care plans.

Staff told us they had been provided with confidentiality training and were aware of their responsibility to ensure that information relating to people’s care was not discussed outside the service. One staff member said, “Information about clients is shared on a need to know basis.” The registered manager told us that people’s files were kept locked in filing cabinets and the computers in the office were password protected to ensure confidentiality was promoted.

People told us that staff encouraged them to promote their independence. One person said, “The carer knows what I am able to do for myself and they do not rush me.” Staff told us if people expressed a wish to assist with their personal care they were encouraged to do so; and would provide assistance when needed. The care plans we looked at contained information on the level of support people required to maintain their independence. For example, some people were able to dress independently with minimum support from staff.

Is the service responsive?

Our findings

People received care that met their needs. They told us they were involved in the assessment of their care and how they wished to be supported. One person said, “Someone came to see me I think it was the manager.”

The registered manager told us before people received care and support they and their family members were visited by the care quality supervisor who would assess their needs and develop a care plan with their involvement. The information gathered was checked for accuracy and then entered on the electronic system. The care plan was discussed with staff to ensure the appropriate care would be delivered. We found the care plans outlined how people’s care needs were to be met. They were written in a personalised manner and included information on people’s background, preferences and interests.

The registered manager told us that staff supported people to maintain links with the local community and to avoid social isolation. For example, some people were supported with social calls. This involved accompanying them on shopping trips, or social outings. We found where people attended day centres; staff visited them earlier to accommodate their attendance.

People told us that their care needs were kept under regular review. One person said, “I had a review meeting recently. I said I was happy with my care and the carers who look after me.” The registered manager confirmed that people’s care needs and care plans were reviewed at least yearly or as and when their needs changed.

People told us they were aware of how to make a complaint and felt confident to raise one if the need arose. One person said, “I raised a concern once and it was addressed.” Another person said, “I know how to make a complaint but have never had the need to make one.”

The registered manager told us that the service had a complaints policy and people were issued with a copy of the policy when they started to use the service. He also explained that the service had an internal system that monitored any complaints made. We saw complaints made were given a red, amber or green rating, which enabled staff to be aware of any complaints that had been investigated, pending or had exceeded the provider’s timescale and had not been investigated. There had been three complaints made and we found they had been addressed in line with the provider’s policy.

Is the service well-led?

Our findings

The service promoted a culture that was open, inclusive and empowering. One person said, “The new manager is approachable and has turned things around for the better.” Staff told us that the registered manager and senior staff members were open and transparent. One staff member said, “The manager is approachable and operates an open door policy. I can go into the office at any time to speak to him.”

Staff told us that regular staff meetings were held and that the manager acted on suggestions made. For example, as a result of a suggestion made all new staff now received a welcome pack that contained their uniform and Personal Protective Equipment (PPE). Staff also told us that they were aware of the whistleblowing procedure and would feel able to use it, if they had to.

The registered manager told us that he ensured staff were aware of the service’s vision and values, which were to provide people with the choice of care that would give them their freedom to stay in their own homes. He also told us that he valued the staff team and as a result had introduced a care worker of the month scheme. This ensured staff members were able to nominate colleagues who went above and beyond their role of duty. He went on further to say, “I would like to say the care we deliver is of a high standard and just how I would want my own mother to be cared for.” Staff confirmed their care practice was regularly monitored to ensure that the service’s vision and values were promoted.

People told us they were regularly asked to complete questionnaires to comment on the quality of the care provided. One person said, “I feel listened to and communication with the manager has improved.” The

registered manager confirmed that people’s feedback was acted on. An example given was some people had requested the names of staff who were visiting them. We were told that weekly schedules were now sent out to those people.

Staff told us when mistakes occurred they were dealt with in a transparent manner. One staff member said, “I don’t hide anything. If I make a mistake I hold my hand up and learn from it to make sure it does not happen again.” Staff also said they received feedback from the registered manager and senior staff members in a constructive manner. A staff member said, “We receive feedback on an individual basis via the telephone, face to face, during supervision and spot checks.

Staff told us that the registered manager and the senior staff demonstrated good management and leadership. One staff member said, “If you are experiencing difficulty in your day to day duties, they will come out and work with you to provide support.” The registered manager confirmed that he regularly worked with staff and observed their practice.

The registered manager told us that the service had quality assurance systems in place and these were used to monitor the quality of the care provided to improve on the service delivery. We saw evidence that staff practice was regularly monitored to make sure they were delivering care in line with people’s support plans and current best practice. There were processes in place to audit people’s daily log, care plans and medicine sheets.

The service had a registered manager who had been in post since January 2015. The registered manager told us that he was aware of his responsibility to ensure legally notifiable incidents were reported to the Care Quality Commission (CQC), as required.