Nestor Primecare Services Limited

Allied Healthcare Newbury

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 was the first inspection of this service which took place on 20 February 2017 and was announced.

Allied Healthcare Newbury is a domiciliary care agency which offers support to people in their own homes. The service supports approximately 84 people with diverse needs who live in the community. Services offered include a wide variety of support packages, including clinical care packages commissioned by the Care Commissioning Group and Continuing Healthcare.

The service is required to have 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 2008 and associated Regulations about how the service is run. There is a registered manager running the service.

The safety of people, staff and others safety was taken seriously. They were kept as safe as possible by staff who were trained in and followed health and safety and safeguarding procedures. They knew how to recognise and deal with abuse or risk of harm. Significant risks were identified and managed to reduce them, as much as possible. The service operated a robust recruitment procedure which checked that staff were safe and suitable to provide people with care. If people needed support to take their medicine, the service made sure care staff did this safely.

People's right to make decisions and choices for themselves was upheld by staff. Care staff understood how important it was to people to give their consent and direct their own life. People's capacity to make decisions was recorded, if appropriate and necessary. Relevant paperwork was, included in care plans. People's rights were protected by staff who understood the Mental Capacity Act (2005). This legislation provides a legal framework that sets out how to act to support people who do not have capacity to make a specific decision. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People were treated with respect and care and staff understood how important it was to maintain people's privacy and dignity. Care staff made sure they provided people with care that met their individual needs, preferences and choices. People's diversity was understood and people's care reflected any special needs they may have had.

The service was well-led by a registered manager who was experienced and supported her staff team. She and her management team were described as open, approachable and very supportive by care staff. The service monitored and reviewed the quality of care they offered. Actions were taken to ensure the quality of care was maintained and improved and any necessary developments were made in a timely way.

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 who used the service and staff were kept as safe as possible.

Staff were trained in and knew how to keep people safe from all types of abuse.

Staff were recruited in a way which meant that the registered manager was as confident as she could be that the staff chosen were suitable and safe to work with vulnerable people.

People were protected, as far as possible, by the staff team identifying any risk of harm and taking action to reduce the risk.

Staff supported people to take their medicines, safely, if they needed help to do this.

Is the service effective?

Good

The service was effective.

People were supported and encouraged to make their own decisions and care staff sought their consent before offering care.

Staff were appropriately trained and supported to make sure they were skilled enough to provide good quality care.

Staff met people's needs in the way they preferred.

The service made sure they supported people, if necessary, to seek appropriate help to meet their health and well-being needs.

Is the service caring?

Good

The service was caring.

People were supported by a kind, respectful and caring staff team

People's needs were met staff who respected and promoted their privacy, dignity and independence.

The service tried to offer people support from care staff who 'matched' their choices and requirements.

Is the service responsive?

Good

The service was responsive.

People were offered person centred care, designed to meet their individual needs. The care reflected any special needs or lifestyles people had.

People's needs were regularly assessed and support plans were changed as and when necessary. People were involved in the assessment and care planning processes.

People were able to complain about the care they received if they needed to. They were confident that complaints would be listened to and acted upon.

Is the service well-led?

Good

The service was well-led.

Staff felt they were well supported by the registered manager and management team.

The registered manager and staff team made sure that the quality of the care they offered was maintained and improved.

People, staff and others were listened to and their views on the quality of care the service offered were valued.

Allied Healthcare Newbury

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 20 February 2017 and was announced. The provider was given notice because the location provides a domiciliary care service. We needed to be sure that the staff would be available in the office to assist with the inspection. The registered manager was available throughout the inspection visit.

The inspection was carried out by one inspector.

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. We looked at all the information we have collected about the service. This included notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law. We had received one safeguarding notification during the preceding 12 months.

During the inspection visit we spoke with the registered manager and eight staff. We contacted nine local authority and other professionals and received written responses from four of them. After the inspection visit we spoke, by telephone with nine people who use the service.

We looked at a sample of records relating to individual's care and the overall management of the service. These included twelve people's care plans, a selection of policies and a sample of staff recruitment files and training records.

Good

Is the service safe?

Our findings

People told us they always felt safe with care staff in their home. One person reflected the views of others when they said, "The carers are totally trustworthy." Another said, "I have never had a moment's doubt that I can trust them."

Staff had received training and fully understood how to protect people from abuse. Their training was up-dated every three years to ensure it was current. Staff described what they would do if they had any safeguarding concerns and were confident that the registered manager would respond immediately to ensure people's safety. The service had a comprehensive whistleblowing policy that was available to staff. They knew how to use it and who to contact outside of the organisation should it be necessary. One safeguarding concern had been recorded in the previous 12 months. This had been referred to the relevant agencies and dealt with effectively.

People, staff and others were kept as safe from physical harm as possible. The service had comprehensive health and safety policies and procedures and work based risk assessments were in place. The risk assessments contributed to keeping staff and people safe by instructing staff how to work safely to minimise risks to themselves and others. General risk assessments included lone working, moving and handling and pregnancy. Staff were issued with safety equipment such as aprons and gloves to ensure they adhered to infection control procedures. The service had developed a business continuity plan which instructed staff how to deal with emergencies. These included reduced staffing levels and loss of information and technology systems.

People had individual risk assessments relating to any areas of significant risk. These included detailed environmental risk assessments of their home, skin integrity and medicine administration. Plans of care and risk assessments ensured that care was provided as safely as possible whilst supporting people's independence and choices. Examples included, mobility and washing and dressing.

Learning from accidents and incidents further contributed to the safety of people and staff. These were recorded, investigated and noted actions to be taken to reduce the risk of recurrence. Records were kept on the provider's computer system. Examples of actions taken included amending care plans, re-training staff in particular areas and reviewing administrative processes. Accidents and incidents were noted, as they occurred, by the management team and audited monthly by the registered manager and the provider. Senior staff had access to accident and incident reports at all times and responded immediately to any significant areas of concern.

People were supported to take their medicines safely, if assistance was required. Trained care staff followed the comprehensive, up-to-date medication policy and procedure. All staff, who administered medicines, had received training and their competence to administer medicines was checked every six months, as a minimum. Medicine administration sheets (MAR) were completed on a daily basis and returned to the office for auditing at the end of each month. People's individual care plans described the care staff's responsibilities for administering or supporting people with their medicines. Three medicine administration

errors had been reported in the previous 12 months. The service had taken appropriate action to reduce the risk of recurrence.

The service ensured there were enough staff to provide the correct amount of time and care to meet people's needs as identified in their care package. Each person had a specified number of hours of care paid for by the local authority or by people, themselves. Care packages were only agreed if the service had enough staff with the correct skills and experience to meet people's needs. An example was a complex clinical care package that could not be accepted until staff's training had been completed and their competence checked. Care staff had a contract for a minimum of 18 hours and worked additional hours to meet the needs of the service. Staff told us they had enough staff to give people safe care and the service applied to the funding authorities if people needed extra staffing to meet changing needs. For example people who needed two staff for moving and handling.

People were provided with staff who had been recruited using a system which ensured, that as far as possible, staff appointed were suitable to work with vulnerable people. The recruitment procedure included Disclosure and Barring Service checks to confirm that employees did not have a criminal conviction that prevented them from working with vulnerable adults. The service asked for references which were checked and verified, when necessary. Two of the work histories did not have a clear, written explanation of the gaps created when staff members were caring for their families. The registered manager was aware of the reasons for the gaps and undertook to rectify this immediately.

Good

Is the service effective?

Our findings

People told us care staff were, "Excellent" and met their care needs as they preferred. People were effectively supported to meet their health and well-being needs, as specified on individual plans of care. People told us care staff contacted GPs and other professionals if they needed help or felt unwell. People told us they were involved in their assessments and in all care planning. They, their legal representative or permitted relative signed to say they agreed with the content of the care plan. Two local authority professionals told us they had no concerns about the standard of care offered to people.

The provider had developed an early warning screening framework, which staff were trained to use, to identify people's changing needs in a timely way. Staff told us they found the framework very useful and it reminded them of the signs and symptoms to look out for to identify health or other concerns. Six signs to be alert for included behaviour, skin colour and breathing. One staff member told us they had used the framework on several occasions and immediate action had been taken to assist people. A computer system was used to alert the management team to areas that needed attention such as when people's reviews and staff's performance checks and supervisions were due.

People's nutritional requirements, if any, were clearly noted in their care plans. Care staff supported them with their food and fluid intake, as required. Care plans included all the information needed by staff to ensure people were offered the right amount of help to eat and drink. Appropriate daily records were kept as necessary. Staff were trained in food hygiene and other nutritional issues, as necessary.

The staff team upheld people's rights because they understood issues of consent and decision making. Care plans included information with regard to people's capacity and ability to make decisions about their care. If others were legally able to make decisions on people's behalf (power of attorney for finances and /or health and welfare), the paperwork to confirm this was held on people's files. Care staff described how they encouraged and supported people to make their own decisions and choices. People confirmed that they made their own decisions.

The service understood the Mental Capacity Act (2005). 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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In the community people can only be deprived of liberties if agreed by the Court of Protection. The service had made no applications to the Court of Protection via the local authority, as people's liberties were not restricted. Staff had received mental capacity training and were able to describe what action they would take if people's capacity appeared to be deteriorating.

People were supported by care staff who had received appropriate training to enable them to meet people's diverse and changing individual needs. Staff members told us they had good opportunities for training and

refresher training was provided when required. Of the 30 care staff, 15 had obtained a relevant qualification in health and/or social care. Staff told us they could request any specialist training they felt they needed to meet the needs of individuals. Specialised training provided included, dementia awareness and diabetes awareness. Some care staff were specially trained by the provider's clinical lead to enable them to support people with clinical needs such as specialised feeding systems. Care staff's competence in these skills was assessed by the clinical lead every three months, as a minimum.

Staff were provided with robust induction training which ensured that staff did not work with people until they were confident they were able to do so safely and effectively. Care staff completed a three month probationary period supported by care coaches. Care coaches acted as mentors and supported new staff with practice and learning. New staff had one to one meetings with managers after four, eight and twelve weeks of their probationary period. Staff's skills, attitude and knowledge were tested prior to them being able to work alone.

Staff felt they were well supported by the registered manager and management team. This enabled them to provide good quality care to people. Care staff were provided with one to one supervisions approximately four times a year. All staff completed an annual appraisal which identified any training and development needs. Care staff told us the registered manager was very supportive of their development. This was evidenced by carers receiving promotion and progression opportunities within the service.

Good

Is the service caring?

Our findings

People told us care staff were, "Absolutely wonderful." They said staff always treated them with the greatest respect and maintained their dignity. One person said, "My carer is so kind and does not make me feel embarrassed or self-conscious, they're brilliant." Another said, "My carer is very, very good I would not want to lose her."

People were supported to maintain as much independence as they were able to. People told us care staff helped them when required but always gave them time to do as much as they could for themselves. Care plans noted how care staff were to help people in ways which promoted their independence and helped them to maintain control over their daily life.

People's life history, religious, cultural and lifestyle choices were noted in care plans, as appropriate to the care package they were receiving. The service tried to match people with staff who had the skills, training and characteristics to meet their individual needs. If people's needs changed the service made sure care staff understood how to meet people's current requirements. Daily notes were of good quality although they were task focussed rather than person centred. The registered manager was aware of this and undertook to remind staff to include people's emotional as well as physical well-being in the daily notes (log books).

Care staff established effective working relationships with people and were fully aware of people's needs and wishes. Staff were able to describe how they protected people's privacy and dignity whilst offering the necessary support. Examples given included giving people time to choose for themselves, asking for permission before proceeding and using modesty towels to cover people. One staff member described how a person asked them to leave the room at particular times during intimate care.The staff member respected this request but waited close by so they could hear the person was safe. They waited to be called to support the person when required. Care staff spoke very positively and respectfully about the people they supported.

People were given information about the service such as recruitment procedures and services offered. People were encouraged to give their views of the service in various ways. The management team completed 'spot checks' on care staff and people were asked their views of the staff at that visit. Surveys were sent to people and other interested parties and they were telephoned by office staff to ensure all was well.

Personal information relating to people was kept securely and confidentially in the care office. People kept their own records in their home in a place of their choice. The provider had a confidentiality policy which care staff understood and adhered to.

Good

Is the service responsive?

Our findings

The service offered responsive and flexible person centred care. People's views, choices, current and changing needs were included in detailed plans of care that enabled care staff to support people appropriately. People told us the staff always, "Listen to me and do what I want them to and how I want to them to, on the day." Another said, "They are always helpful and do as I ask." Local authority staff told us the service was flexible and responsive to people's needs.

People were included in the assessment and care planning process. People told us their needs were assessed and care was planned with them. They said they were always included in the review process. Care plans were reviewed a minimum of six monthly or more frequently if people's needs changed. People told us they could ask for a review of their care plan if they felt they needed something or their needs were changing. One person described the process taken when their needs deteriorated. They said, "I needed more and more help with personal care and this was responded to as it happened, sometimes on a daily basis."

People's changing needs were communicated to staff by a variety of methods which included, daily notes, staff meetings and three 'huddles' a day. These were similar to handover meetings to check that the day's work was covered and if there were any additional staffing requirements. These formed part of the early warning system which noted if people needed more support or their needs were changing. An early warning system form was completed whenever any concerns were noted. These included people's illnesses, accidents and incidents. The management team ensured any important issues were conveyed to care staff. Staff told us there was very good communication between the staff team and the office and said they were always kept up-to-date with any changes in people's needs and/or other important issues.

Care staff and people told us they were never rushed and care staff could stay with them for more than the allocated time if they needed emergency assistance. People gave examples of when this had occurred such as illness where staff waited with the person until medical help or family members arrived. One person told us they felt they needed more care as their personal care was beginning to feel rushed because they had slowed down. They said the care staff were dealing with this on their behalf.

People told us they knew how to make complaints and some people had done so. They said if they raised a concern it was dealt with quickly and efficiently. The service had a robust complaints policy and procedure which they followed when they received a complaint. The service had recorded eleven complaints and nine compliments in the preceding 12 months. Complaints were managed and dealt with appropriately. The service recorded whether people were satisfied with the outcome of the complaint.

The registered manager had identified that the majority of complaints were in regard to the timing of visits. Two people (of the nine) told us their only concerns about the service they received were that calls could be late or early. One person said this was improving. The registered manager had identified this trend in a particular geographic area. Action was being taken to reduce the incidence of poor timing. A new computerised system, which raised an alert if calls were not logged at the correct times or for the correct

durations, was being used.

Good

Is the service well-led?

Our findings

The service's registered manager managed two services in the same geographical area. She was qualified and experienced and had been the registered manager since registration in February 2015 and previously when the service was run by a different provider. She was based in Allied Healthcare Newbury and spent approximately three days a week there. People and staff were complimentary about the skills of the registered manager. Staff said, "The [name] registered manager is very approachable, supportive but can be firm. Especially about the quality of care we provide." Other staff described the registered manager as, "efficient", "competent" and, "One of the best managers I have worked with." People told us they felt the registered manager was easily contactable and approachable.

The views and opinions of people who use the service and the staff team were collected and listened to. Staff told us they felt their views and opinions were valued and action was taken as appropriate. People were encouraged to tell the service what they thought about their care by a variety of methods. These included six monthly quality surveys, six monthly care plan reviews and regular 'spot checks' where people were asked their views on individual staff. People said they could talk to the care staff or the office at any time. The service had identified specific staff as care quality supervisors. Their role was to conduct quality reviews with people and audit and amend care plans and other person related paperwork. The service was developing open days to which people, other professionals and staff would be invited to encourage further presentation of views and ideas. The service held regular staff meetings and office meetings.

The service ensured they reviewed, maintained and improved the quality of care people received. A number of quality assurance systems were used to review the service. Auditing and monitoring systems included client files every six months, carer files every six months and medicine administration sheets every month. Additionally, complaints, incident and accidents were completed on the provider's computer system so that senior managers could have oversight of them. A quality audit was completed monthly by the registered manager. Actions were taken as a result of the auditing systems and listening to the views of people, staff and other interested parties. These included providing schedules of the staff completing care visits for people who wanted them, improved communication systems and methods to improve the timing of visits.

People's individual needs were recorded on detailed and up-to-date care plans. They informed staff how to provide care according to their specific choices, preferences and requirements. Records relating to other aspects of the running of the service such as audit and staffing records were, accurate and up-to-date. All records were well-kept and easily accessible.

The registered manager understood when statutory notifications had to be sent to the Care Quality Commission and they were sent in the correct timescales. The service sought advice from the Commission if they were in any doubt of the requirement for a notification. Local authority staff told us the service worked co-operatively with them in people's best interests.