

Nestor Primecare Services Limited

Allied Healthcare Brighton & Hove

Inspection report

78a Goldstone Villas
Hove
East Sussex
BN3 3RU

Tel: 01273770202

Date of inspection visit:
25 April 2017

Date of publication:
01 June 2017

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?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Allied Healthcare Brighton & Hove is a domiciliary care agency providing personal care for a range of people living in their own homes. These included people with dementia, older people, people with a physical disability or learning disability, and people who have an eating disorder, or misuse drugs and alcohol. At the time of our visit around 186 people were receiving a service.

At the last inspection on 15 July 2014, the service was rated Good. At this inspection we found the service remained overall Good. However, we did find some areas of practice which needed improvement which had not been consistently maintained. This was in relation to the maintenance of the review of people's care and support plans. People told us there was not always good communication when there were changes to the times care was provided. These are areas in need of improvement.

Staff spoke of a difficult period since the last inspection where another two of the provider's care at home services had been merged in with Allied Healthcare (Brighton and Hove.) This meant the service now covered East and West Sussex as well as Brighton and Hove. Staff we spoke with were at different stages of working through this process. Paperwork being used was not consistent and at times difficult to navigate through. They told us staffing changes had led to some delay in reviewing care and support plans, but senior staff demonstrated a robust action plan they had followed to address these issues.

Systems had been maintained to keep people safe. People and their relatives told us they felt people were safe with the care provided. They knew who they could talk with if they had any concerns. They felt they could raise concerns and they would be listened to. Assessments of risks to people had been developed. Robust recruitment practices continued to be followed to ensure enough staff had been recruited to meet people's care and support needs. Staff told us they had continued to receive supervision, and be supported to develop their skills and knowledge by receiving training which helped them to carry out their roles and responsibilities effectively. One member of staff told us they had, "Regular supervision and supervisor will come and check work on spot checks."

People's individual care and support needs had been identified before they received a service. Care and support provided was personalised and based on the identified needs of each individual. Detailed care and support plans were in place. Where people were unable to make decisions for themselves this had been considered under the Mental Capacity Act 2005, and appropriate actions continued to be followed to arrange meetings to make a decision within their best interests. Staff had a good understanding of consent. One member of staff told us when they provided care they, "Always ask even if routine." A relative told us, "They will encourage him to turn over onto his side by himself, so that they can apply his creams, I hear them telling him what they are doing and saying is that ok."

People were supported by kind and caring staff who treated them with respect and dignity. They were spoken with and supported in a sensitive, respectful and professional manner. One person told us, "Yes I am quite happy with everything, they are kind and gentle with me." Another person told us, "They are absolute

angels I would not want to change a thing." A third person said, "All very kind and caring I have no complaints."

If needed, people were supported with their food and drink and this was monitored regularly. One person told us, "I've got a list of my food in the freezer, I discuss it with them and choose daily and they cook it for me." One member of staff said when they supported people with their food and fluid intake they would try a, "Different approach and make sure likes and dislikes catered for." A further member of staff told us they would, "Make food they like. Nice presentation. If weight loss or poor appetite will give choice of foods and call office."

People continued to be supported to maintain good health. One person told us, "If I am feeling unwell I let them know like now I have a sore tendon, they will check how I am and write it in the book." Another person told us, "They noticed that I had a sore leg and called the doctor." A third person said, "If I feel unwell they will call a Doctor or we discuss what to do."

People and staff told us the service was well led. Senior staff carried out a range of internal audits, and records confirmed this. People and their relatives were regularly consulted by the provider about the care provided.

Further information is in the detailed findings below.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Requires Improvement ●

The service does not remain good.

This is because the review of people's care and support plans was not in all instances up-to-date.

Feedback from people was that communication was not always good when care calls had to be changed.

Is the service well-led?

Good ●

The service remains good.

Allied Healthcare Brighton & Hove

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 checked 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 25 April 2017 and was announced. This was so that key people could be available to participate in the inspection. Two inspectors undertook the inspection, with 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.

Before the inspection, we reviewed information we held about the service. This included previous inspection reports, complaints and any notifications. A notification is information about important events which the service is required to send us by law. The provider was asked to complete 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 contacted the local authority commissioning teams, who have responsibility for monitoring the quality and safety of the service provided to local authority funded people. We received feedback from a social care professional about their experiences of the service provided.

We spoke with 17 people using the service, and two relatives. We spoke with the operations manager, the care delivery manager, two care quality supervisors, 11 care staff and a coordinator. We spent time reviewing the records of the service, including policies and procedures, 10 people's care and support plans, the recruitment records for three new care staff, complaints recording, accident/incident and safeguarding recording, and staff rotas. We also looked at the provider's quality assurance audits.

Is the service safe?

Our findings

People and relatives consistently told us they felt safe and that staff made them feel comfortable. A relative told us, "I am confident in the care he receives I don't feel I have to be in the room, they know what they are doing and he looks forward to the chat."

Systems had been maintained to identify risks and protect people from harm. Each person's care plan had a number of risk assessments completed which were specific to their needs. The assessments outlined the associated hazards and what measures could be taken to reduce or eliminate the risk. Care staff were able to confirm with us they had received training, had detailed guidance in place, and of procedures they were to follow. Risks associated with the safety of the environment and equipment were identified and managed appropriately. They told us that the correct equipment such as a hoist had to be in place. One member of staff told us when using a hoist they were aware of their responsibility to check equipment before use. They had undertaken training in moving and handling and the use of moving and handling equipment. They would not use if equipment had not been maintained or did not have a sticker with a date recorded to indicate when it had been serviced. Another member of staff told us when using moving and handling equipment they checked the date of service before use and would not use if out of date from not being serviced.

People remained protected from the risk of abuse because staff understood how to identify and report it. Staff had access to guidance to help them identify abuse and respond in line with the provider's policy and procedures if it occurred. They told us they had received detailed training in keeping people safe from abuse and this was confirmed in the staff training records. Staff told us they would have no hesitation in reporting abuse and were confident that management would act on their concerns. One member of staff told us they would, "Monitor and report. Document any bruising. Go into the office and write a statement."

Procedures had been maintained for staff to respond to emergencies. One member of staff told us if they had a concern staff were, "Very supportive and understanding in office. There when needed. They answer queries quickly. There is good support out of hours too." Staff continued to take appropriate action following accidents and incidents to ensure people's safety and this was recorded in the accident and incident book. We saw specific details and any follow up action to prevent a reoccurrence.

We looked at the management of medicines. Staff were trained in the administration of medicines. A member of staff described how they completed the medication administration records (MAR). We saw these were accurate. Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines. Nobody we spoke with expressed any concerns around their medicines. One member of staff told us, they remind people if they did not want to take their medicines what it was for. They would record if declined and inform office. One person told us, "Yes they give me my medication, they put it in an egg cup and write it in a book once I have taken it." Another person told us, "They always check that I have taken my medication."

Senior staff told us about the on-going recruitment programme in place to ensure there were adequate care

staff to cover the care calls. They told us there had been some changes to staff which had effected the consistency of staff covering some care calls for one area where care was being delivered. But on-going recruitment of new staff would resolve this. The provider used a system of real time telephone monitoring. This system required care staff to log in and out of their visits via the person's telephone when they arrived and left. This system created data to reflect the time taken with each person and the time to travel in between visits.

Staff was consistently recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included a criminal records check. These checks identify if prospective staff had a criminal record or were barred from working with children or adults. Staff had obtained proof of identity, employment references and employment histories.

Is the service effective?

Our findings

People and their relatives felt staff continued to be skilled to meet the needs of people and provide effective care. One person told us, "They seem professional they seem to know what they are doing." Another person told us, "Oh yes they definitely seem to know what they are doing, they have a good routine between them." A third person said, "They seem well trained they know I have arthritis and will be extra careful when getting me into my wheelchair."

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. We checked whether the provider was working within the principles of the MCA. Staff had a good understanding of the importance of enabling people to make decisions. Staff had knowledge and understanding of the Mental Capacity Act (MCA) and had received training in this area. People were given choices in the way they wanted to be cared for. One member of staff told us they were, "In a routine with regular clients. Get to know how they like things done. Aware of dignity and always ask if things are ok and get consent." Another member of staff told us, "Always give choices regarding clothes, food etc. Always keep up dialogue of what I am doing and ask if client is ok." A third member of staff said, "Clients may need support to make decisions. We will get family involved where appropriate."

When new staff commenced employment they underwent an induction, were coached by and shadowed more experienced staff until they felt confident to carry out tasks unsupervised. One member of staff told us this was, "One week in branch training. Two weeks shadowing." Staff continued to undertake essential training to ensure they could meet peoples care and support needs. Staff comments included, "Training is always up to date. They are very good at keeping on top of it before time runs out," "Information and advice always good," "Brilliant training," "Take time to explain things," "Good access," "Office staff on top of training." and "Always reminded. Can't work if training is out of date so is always done on time." Care staff had been supported to complete professional qualifications such as a National Vocational Qualification (NVQ) or Qualification Credit Framework (QCF) in health and social care. Staff told us they were well supported by the management team. There continued to be a system of appraisal, individual supervision and team meetings. One member of staff told us, "Appraisal and supervision regular with good opportunities for training." Another member of staff told us, "Appraisal and supervision regularly. Quarterly meetings and will get minutes if can't attend."

Where required, staff continued to support people to eat and drink and maintain a healthy diet. One person told us, "They will ask me what I want to eat I have ready meals but I decide what I want, they will cook it for me." One member of staff told us they would, "Always call office if concerned (if a person wasn't eating well). Where appropriate they will discuss with the family. One lady doesn't always drink much so will inform office who will contact her family." Another member of staff told us, "I will try alternatives if poor appetite. Show

people the ready meal before cooking. I will change foods if appetite poor, and offer alternatives. "

People continued to be supported to maintain good health and have on-going healthcare support. Care staff monitored people's health during their visits and recorded their observations. They liaised with health and social care professionals involved in their care if their health or support needs changed. One person told us, "I tend to get frequent urine infections and they will recognise the symptoms and talk to me about calling a doctor." Another person told us, "I have had pressure sores and they suggested calling the doctor." A relative told us, "One day just after dad came out of hospital they rang me and said he did not seem well so they called a doctor and he went back in." We spoke with staff about how they would react if someone's health or support needs changed. One member of staff told us, "I will phone office if concerned. For regular clients it is so easy to tell if things have changed. "

Is the service caring?

Our findings

People and relatives gave us positive views about the care provided and told us they felt staff were kind, considerate and caring. One person told us staff were, "Absolutely brilliant, spot on, so kind and caring." Another person told us, "They will do anything I ask, they are all very kind and willing to help." A third person told us, "I have no complaints about any of my ladies and until recently I lived independently now they help me a lot by doing things I can't manage, I look forward to them coming, some of them will show an interest in my life and chat to me about it." One relative told us, "If he's down they buck him up there is lots of banter." One member of staff told us they "Love clients and love the work."

People were cared for by care staff who knew their needs well. People were treated with dignity and respect. People told us they were involved in decisions that affected their lives. Observations and records confirmed that people were able to express their needs and preferences. Staff had a good understanding of the importance of promoting independence. Records confirmed that people were able to express their needs and preferences. One person told us, "Some of the girls who come I have a very good rapport with we have a laugh and they are very kind to me, they will do my hair the way I like it done." Another person told us, "I have a problem with my back but they know I like to be independent so they will let me do what I can and then help me with what I can't manage like my shoe laces." A third person said, "She will assist me with washing me, she encourages me to do what I can, I let them know what I can do and what I need help with."

Peoples' privacy was respected and had been consistently maintained. People confirmed that they felt that staff respected their privacy and dignity. One person told us, "I can't fault the carers they are kind and respectful they put cream on and make sure my privacy is respected by being professional about it." Another person told us, "They will put towels over the bits they are not washing they are gentle with me because of my arthritis." A third person said, "Yes they show me respect they speak nicely to me and they will always pull the blinds before doing my wash." One member of staff told us, "I always talk to clients about likes and dislikes. Use towels to keep covered and warm when washing."

People told us they were involved in decisions that affected their lives. One person told us, "I choose what to wear for the day and they will help me to dress." Another told us, "They will have a joke with me and say right, right so what are we wearing to day and they will go through my wardrobe and ask me what I want to wear." Records confirmed that people were able to express their needs and preferences. Information was available where people might need additional support to be involved in their care; they had involved peoples' relatives when appropriate and explained that if people required the assistance of an advocate. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights.

Information continued to be kept confidentially and there were policies and procedures to protect people's personal information. Records were stored in locked cupboards and offices. There was a confidentiality policy which was accessible to all care staff and was also included in the care worker handbook. People received information around confidentiality as well. One person told us, "They are very good at confidentiality, you never hear them talking about other clients."

Is the service responsive?

Our findings

People told us they were listened to and the service responded to their needs and concerns. People's regular care staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. One member of staff told us, "What's good is there's lots of choice for clients. Really good continuity of care." However, we found areas of practice in need of improvement in relation to the review of people's care and support plans and communication where changes to care had been made.

A detailed assessment had continued to be completed for any new people wanting to use the service. This identified the care and support people needed to ensure their safety. The care quality supervisors undertook the initial assessment, and discussions then took place about the availability of and the person's individual care and support needs. Care and support plans had been maintained and were comprehensive and gave detailed information on people's likes, dislikes, preferences and care needs. These described a range of people's needs including personal care, communication, eating and drinking and assistance required with medicines. Feedback from people and care staff when asked if this information was regularly updated and reviewed was varied. Some people told us their care plan had been reviewed. One person told us "I have a care plan and it was updated recently they came and discussed it with me, they come once a year." Another person told us, "(Staff member's name) comes round sometimes to discuss if I am happy with everything, I assume that goes in my care plan." However, we also received feedback care plans had not been reviewed. One person told us, "I have got a care plan but it's not been updated for quite a while." Another person told us, "My care plan was last done two years ago it's not updated with my needs." A third person said, "I don't have an up to date care plan the girls that used to do it have left. My circumstances have changed which do not reflect in my care plan." We discussed this with senior staff who acknowledged some reviews had fallen behind, but they demonstrated to us a robust action plan which had been followed to address this and ensure people's care and support needs were regularly reviewed. This is an area in need of improvement.

The majority of people told us always got their visit from regular care staff. However, feedback was varied about communication when there were any changes to the times care was provided. One person told us, "End of last year they missed a visit, they were due 7.30pm I phoned on-call at 8.45 pm 10pm still no one in the end I said forget it I will manage." Another person told us, "At the moment I know who is coming this week but a week or so ago they didn't let me know, one girl turned up at 9.30 am when it should be 11.30 am and it was someone I didn't know. They do usually come on time if it's the regular girls. My biggest gripe is that they leave me just sitting here, two hours late the other day, it was two weeks ago, all it takes is a phone call, It was am so my medication was late as well. I do worry sometimes as I can't see the person so if they send someone new I only hear their voice, how do I know they are genuinely from Allied." A third person said, "The carers tell the office if they will be late but they don't call me." This is an area in need of improvement.

Staff demonstrated a good level of knowledge of the care needs of the people. We looked to see if people received personalised care that was responsive to their needs. People had been supported to maintain independence their independence. One member of staff told us they encouraged people to do things for

themselves. They needed to remind people with dementia, and encourage them to 'give it a try'. It was Important to build confidence. One person told us, "I will wash my top half and they help with lower half and encourage me to do what I can and just assist with sponges. She will assist me with washing me, she encourages me to do what I can, and I let them know what I can do and what I need help with."

People and their relatives were asked to give their feedback on the care provided through spot checks of the work completed, reviews of the care provided and through quality assurance questionnaires which were sent out. One person told us, "Allied have called me in the past and I told them how happy and grateful I am." We found the provider had maintained a process for people to give compliments and complaints. One member of staff told us they, "Always contact office and encourage client to share their concerns." One person told us, "I have in the past refused two carers once last year, they never came again." Another person told us, "I only speak to the office if I am not happy with a carer on my rota, they are usually quite good and try to help."

Is the service well-led?

Our findings

People, relatives and staff all told us that they were happy with the care and support provided at the service and the way it was managed and found the management team approachable and professional. One person told us, "I don't really deal with the office much but they seem helpful when I call to change something." Another person told us, "I deal with (Staff member's name) she is brilliant always so helpful."

The service had 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. The registered manager was not present during the office visit but was contacted and contributed to the inspection process. There was a clear management structure with identified leadership roles. The registered manager was supported by a care delivery manager and three care quality supervisors. All the staff told us they felt the service was well led and that they were well supported. One member of staff told us, "There is a lot of support. Office staff are helpful."

Senior staff continued to monitor the quality of the service by regularly speaking with people to ensure they were happy with the service they received and completing regular reviews of the care and support provided and records were completed appropriately. The recruitment process and regular supervision ensured that the care staff understood the values and expectations of the provider. Staff meetings were held through the year and were used as an opportunity to discuss problems arising within the service as well as to reflect on any incidents or accidents that had occurred. Quality assurance audits were embedded to ensure a good level of quality was maintained. We saw audit activity which included medication, care planning. The results of which were analysed in order to determine trends and introduce preventative measures. People were asked to complete a quality assurance questionnaire each year. The information was then collated and analysed quarterly. The information gathered from regular audits, monitoring and feedback was used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered. Work had been identified to improve the consistency of information held on people care and support documentation and staff files to ensure ease of navigation through the information detailed.

Policies and procedures were in place for staff to follow. Senior staff were able to show us how they had sourced current information and good practice guidance, which had been used to inform the regular updates of the services policies and procedures.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. Senior staff had continued to inform the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.