

Nestor Primecare Services Limited

# Allied Healthcare Southampton

## Inspection report

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09 March 2016

22 March 2016

23 March 2016

31 March 2016

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement**



Is the service effective?

**Good**



Is the service caring?

**Good**



Is the service responsive?

**Good**



Is the service well-led?

**Good**



# Summary of findings

## Overall summary

This inspection took place on 09, 22, 23 and 31 March 2016 and was announced. The provider was given 48 hours because the location provides a domiciliary care service; we needed to be sure that someone would be available in the office.

Allied Healthcare Southampton provides personal care and support to people in their own homes. At the time of this inspection the agency was providing a service to 266 people with a variety of care needs, including people living with physical frailty or memory loss due to the progression of age. The agency is managed from a centrally located office base in Southampton.

The agency 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 service was currently in the process of registering the manager for the regulated activity of personal care.

The registered manager was assisted by care delivery managers and field care supervisors for separate branches within the service, which the service referred to as 'pods'.

We received positive feedback from people about the service. Those people who used the service expressed great satisfaction and spoke very highly of the staff.

People told us they felt safe and secure when receiving care. However, people's medicines were not always recorded appropriately when staff were applying creams and records did not always show where creams needed to be applied to. Staff received training in safeguarding adults and child protection for when they came into contact with children. Staff knew how to identify abuse and who to report concerns to.

Safe recruitment practices were followed and appropriate checks were undertaken, which helped make sure only suitable staff were employed to care for people in their own homes. There were sufficient numbers of care workers to maintain the schedule of care visits. Staff told us they felt supported and received regular supervisions and support. Staff meetings were held every quarter.

People's risk assessments and those relating to their homes' environment were detailed and helped reduce risks to people while maintaining their independence.

People who used the service felt they were treated with kindness and said their privacy and dignity was respected. People were supported to eat and drink when needed and staff contacted healthcare professionals when required. Staff had an understanding of the Mental Capacity Act (MCA) and were clear that people had the right to make their own choices.

Staff were responsive to people's needs which were detailed in people's care plans. People felt listened to and a complaints procedure was in place. Regular audits of the service were carried out to assess and monitor the quality of the service. Staff felt supported by the registered manager and felt they could visit the office any time and be listened to.

The manager demonstrated strong values and a desire to learn about and implement best practice throughout the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not always safe.

Staff were trained and assessed as competent to support people with medicines. However there were some gaps in medicine administration records and no guidance on where creams should be applied.

People felt safe and secure when receiving support from staff members. Staff received training in safeguarding adults and knew how to report concerns.

Staffing levels were sufficient to take account of people's needs and recruiting practices were safe.

### Is the service effective?

**Good** 

The service was effective.

Staff received appropriate training and one to one supervisions. People were supported to access health professionals and treatments, and were supported with eating and drinking.

Staff sought consent from people before providing care and followed legislation designed to protect people's rights.

### Is the service caring?

**Good** 

The service was caring.

People and their families felt staff treated them with kindness and compassion.

People were encouraged to remain as independent as possible. Their dignity and privacy was protected at all times.

### Is the service responsive?

**Good** 

The service was responsive.

People received personalised care which met their needs. People's choices and preferences were respected.

People's views were listened to. An effective complaints procedure was in place.

**Is the service well-led?**

**Good** ●

The service was well led.

People and staff spoke highly of the registered manager, who was approachable and supportive.

There were systems in place to monitor the quality and safety of the service provided.

The service had appropriate policies in place.□

# Allied Healthcare Southampton

## **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 09, 22, 23 & 31 March 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure someone would be in.

The inspection was carried out by two inspectors and an expert by experience who had experience of caring for older people. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection, we asked the provider 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 reviewed the completed PIR before the inspection. We also checked other information we held about the service and the service provider, including previous inspection reports and notifications about important events which the provider is required to tell us about by law.

During the inspection we spoke to fourteen people who used the service, or their relatives, by telephone and visited one person in their own home. We received completed surveys from seven people and one relative. We spoke with the registered manager and seven staff members. We looked at care records for seven people. We also reviewed records about how the service was managed, including five staff training and recruitment records.

We last inspected Allied Healthcare Southampton on 11 April 2013, where no concerns were identified.

# Is the service safe?

## Our findings

People told us they felt safe and felt the company provided staff who kept people safe whilst providing them with personal care. Everyone responded positively to the survey question 'I feel safe from abuse and or harm from my care and support workers', showing that they felt safe with their care. One person told us, "Staff look after me very well." Another person said, "I have no concerns regarding the staff or care on offer." One family member told us, "I'm very happy with the agency as the time keeping allows for meals and medicines to be planned accordingly."

We identified some areas for improvement around medicines. There were medication administration systems in place and people received their medicines when required. However, on some medicine administration records (MAR) there were missing signatures for creams applied to people's skin. The daily care records showed creams had been applied. Records also showed that for some people there was no guidance on where creams should be applied. We spoke to the registered manager about our concerns who informed us the staff involved would be spoken to and retrained.

The registered manager informed us that staff were observed administering medicines annually to check they were competent to administer medicines. However we found a small number of staff had not been checked on their safety to administer medicines for a long time. We spoke to the registered manager who told us, "It had been inputted in the computer system incorrectly, so it hadn't come up as a warning to be refreshed and they would update the system straight away and check other records."

People benefited from a safe service where staff understood their safeguarding responsibilities. A safeguarding policy was available and care workers were required to read this and complete safeguarding training for adults as well as children as part of their induction. Staff members were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. One staff member said, "If I saw anything I would report it to the office and document it."

The service had introduced a training tool to be more pro-active around safeguarding for all staff known as the 'The Early Warning System'. This involved staff identifying and reporting concerns to the central office and relevant health professionals. Some example's staff would need to identify were, if someone had problems with their speech or breathing, or concerns with eating and drinking. One staff member told us, "It's a simple screening tool to help you spot any signs of deterioration." Another staff member said, "Check to see if people are happy or have any signs of bruising or break down in skin. If I notice, I will ring the office and the district nurse and log it in the book." A third staff member said, "Teaches you to observe, be alert and mindful."

People received a weekly schedule of when staff would be visiting them and knew in advance which member of staff it would be. One staff member told us, "I get enough time to deliver care within the time allocated. I do a lot of double ups with [colleague] and we work well together. If we need more time we let the manager know."

Robust recruitment processes were followed that meant staff were checked for suitability before being employed by the service. One staff member told us, "Interview good, they went through my employment gaps." Staff records included an application form, two written references and a check with the disclosure and barring service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff records also included copies of staff's business car insurance; this meant that staff were insured to use their vehicle to drive around to people's homes.

There were sufficient numbers of care workers available to keep people safe. Staffing levels were determined by the number of people using the service and their needs. These could be adjusted according to the needs of people using the service and we saw that the number of staff supporting a person was increased when required. The registered manager informed us that they offer guaranteed hours to staff on a part time and full time basis to provide staff with security as well as the option of a zero hour contract for those staff that would prefer flexibility in their employment.

Assessments were undertaken to assess any risks to people who received the service and to the care workers who supported them. These included environmental risks and any risks due to the health and support needs of the person. Risk assessments were also available for moving and handling, infection control, skin integrity, medicines, falls and equipment. For example a risk assessment for the environment, provided staff with information of any trip hazards in the home, and to 'be aware of the clutter in the lounge and bedroom.' The registered manager told us, "We are continually risk assessing as a branch, and if a person's needs changed we would re assess and make sure health professionals are informed."

The service had a business continuity plan in case of emergencies. This covered eventualities where staff could not get to people's homes. For example, flooding and the risk of roads blocked by snow and ice. This contained a set of procedures to follow and the main contact numbers for emergency services.



# Is the service effective?

## Our findings

People were confident that all care staff had the skills to care for them effectively. Everyone responded positively to the survey question, 'I am happy with the care and support I receive from this service.' One person told us, "All the people that come here are good." Another person told us, this is the fourth agency they have used and said, "Allied is by far the best." A family member told us, "The staff have gone above and beyond expectations showing a wide spectrum of knowledge and skill."

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. One staff member told us, "They are really hot on the training and updates. The trainers are brilliant. You can also access parts of the induction for an update if you want. They helped me get my NVQ 2." Another staff member said, "Training very good. The trainer was wonderful. I felt confident and was as prepared as I could have been to go out." The registered manager told us, "We have a good training team and provide a wide range of training formats such as on-line and class-room. We do learning styles assessment of staff to find the best way they learn. We also offer one to one training."

In addition staff were completing training linked to the Qualification and credit Framework (QCF) in health and social care to further increase their skills and knowledge in how to support people with their care needs. Staff were able to demonstrate an understanding of the training they had received and how to apply it. For example how they supported people who were living with a cognitive impairment to make choices and maintain a level of independence.

New staff were supported to complete an induction programme before working on their own. Training was provided over four days and was classroom based, where staff were completing the Care Certificate. The Care Certificate is awarded to new staff who complete a learning programme designed to enable them to provide safe and compassionate care. New staff then received a minimum of twenty hours of care coaching by working alongside an experienced carer with the people they would be supporting. Management would then look at which person the member of staff would fit with by skills, interests and experience. When staff completed their first lone visit, their supervisor would ring them and arrange to meet with them for feedback. The supervisor would also talk to the person or relative for feedback about the member of staff.

People were supported by staff who had supervisions (one to one meetings) with their line manager. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. One member of staff said, "I have regular supervisions every three months with my supervisor. I find supervisions useful as have goals so something to work towards." Another staff member said, "They do spot checks as part of your supervisions. They are good for picking up how you are working and can identify some training needs."

The registered Manager told us, "Supervisions are arranged for every three months and a six monthly review. We use mentoring exercises with staff and have an open door so staff are always able to contact a manager by phone or by coming in to the office."

People were supported at mealtimes to access food and drink of their choice. The support people received, varied depending on people's individual circumstances. Some people lived with family members who prepared meals. In other cases, staff members reheated meals and ensured they were accessible to people who received a service from the agency. Where people were identified as being at risk of malnutrition or dehydration staff recorded and monitored their food and fluid intake. Care plans contained information about any special diets people required and about specific food preferences.

Staff had received training in the Mental Capacity Act, 2005 (MCA). The MCA provides a legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision should be made involving people who know the person well and other professionals, where relevant. Staff showed an understanding of the legislation in relation to people with mental health needs. Before providing care, they sought verbal consent care from people and gave them time to respond. Staff were aware people were able to change their minds about care and had the right to refuse care at any point. People and their families told us they had been involved in discussions about care planning and we saw people had signed their care plans agreeing to the care the agency intended to provide.

People were supported to access healthcare services. Staff told us they would always inform the office to keep them updated about any changes in people's health. If any health professional had visited staff told us they would call the office to let them know, so the next staff member was aware of the person's current health needs and any action needed. The registered manager said, "We had a staff member receive a shining star award, as they noticed a lump on a person's breast and informed their GP who got involved and they were treated in time." The shining star award is where managers can put forward staff who have gone the extra mile, which is then awarded at the manager's annual conference for outstanding carers.

## Is the service caring?

### Our findings

People were treated with kindness and compassion in their day-to-day care. Comments received included: "The girls are marvellous "Absolutely first class and my carer is really lovely.", "The staff are always polite and kind." A family member told us, "The staff are really lovely and treat my husband very well."

People told us staff were kind and caring and confirmed the staff always treated them with respect and dignity. In further discussion, people who use the service were extremely positive about the care they received and spoke highly of their care workers.

Staff told us they enjoyed working for the agency. One staff member told us, "I absolutely love the people and families. They treat you like a friend." Another staff member said, "I love this job, especially helping clients. Sometimes I feel that I have made their day a lot easier and I always like to leave them feeling happy and comfortable."

People received care and support from staff who had got to know them well. One staff member told us, "I've worked with some people for seven years now. They like the continuity and I have a great relationship with them and other professionals involved with them." Another staff member said, "I have been working here for eight years. I have a number of people who I have been supporting all that time. I have a really good relationship with them and almost feel like I am family."

Staff told us that people were encouraged to be as independent as possible. One staff member told us, "It's very important that we don't take away people's independence, we are here to assist where needed." Another staff member said, "I treat everyone as an individual and assist with what they want, I look after one man who likes to shave himself, and I just assist by making sure he is shaving in the right place."

Staff explained how they respected people's privacy and dignity, particularly when supporting them with personal care. Staff told us that information was contained in the person's care plan, including their personal likes and dislikes. They would knock on people's doors and identified themselves before entering. They ensured doors were closed and people were covered when they were delivering personal care. One member of staff told us, "I always treat someone how I would like to be treated, making sure curtains and blinds are closed and covered up." Another staff member said, "It can be quite intrusive giving personal care and I try to give them as much dignity and respect as I can." Care plans guided staff to how people's dignity should be respected, for example one said, 'I would like my personal care delivered on my bed with the curtains closed, as it is very important to me that my dignity is respected when assisting me with personal care.'

Information regarding confidentiality, dignity and respect formed a key part of staff's induction training for all care staff. Confidential information, such as care records, was kept securely within the care agency's office and only accessed by staff authorised to view it. Any information which was kept on the computer was also secure and password protected. Daily records were collected monthly and stored securely in the relevant care files.

## Is the service responsive?

### Our findings

People received individualised care which met their needs. One person said, "I felt included in my care plan." Another person said, "I'm very happy and have no concerns with the staff or care on offer." A third person said, "The staff are flexible and will occasionally stay longer if it is required which is exceptionally good."

Care plans provided information about how people wished to receive care and support. They gave detailed instructions about how they liked to receive personal care, how they liked to dress and were personalised with how people liked things to be done. For example, one plan stated, 'I would need a straw to drink my tea and I would like it luke warm.' However, some care plans contained too much information and staff could find it difficult to access important information quickly. The registered manager had recognized this and had introduced a more concise record which was easier for staff to gain information needed about the person and still had all the important information recorded.

People received care that had been assessed to meet their specific needs. The registered manager told us, "Care planning involves finding out as much information as possible. Listen to the individual and identify their wishes. People with dementia all have differing needs and we need to treat them as individuals. Gain people's confidence and try to give them independence." A staff member told us, "The care plans are okay. Clients always know where they are. We had a new person and the supervisor met us at the home for the first visit. She was able to introduce us and help the person to tell us what they wanted us to do." Care plans reflected people's individual needs and were not task focussed. For example, in one care plan we read, 'I can sometimes press the wrong button and can't get back to the right channels, so please help me to get back to right channels.' This showed what was important to that person, as they enjoyed watching the television during their day. Copies of care plans were seen in people's homes allowing staff to check any information whilst providing care.

The care plans were updated regularly to ensure a true reflection of the person's current needs. They provided clear guidance to staff about the person, and provided them with clear instructions on how to manage specific situations. A staff member told us, "Care plans are fit for purpose. They are very clear and are up to date. People can change their plans as their priorities change. For example after surgery for one person we had to re-evaluate how we helped them to move around their home." Another staff member said, "Any changes needed we will ring the office and the field care supervisor will change them." A third staff member said, "Care plans have improved. When they were reviewed they were not always updated quickly. This is much better now." We observed a person's care plan review in their own home. This was conducted very professionally and the staff member was putting the person at ease. The person was given choice all the way through checking if their care plan still met their needs and if they had any changes. The person was very happy with the service they were receiving from the agency. People were involved in regular reviews of their care and encouraged to provide feedback on the service they received.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. The provider had an appropriate complaints procedure in place. There had been a few complaints in the past year and these had been investigated thoroughly and the person and their relatives were satisfied with their

response. One person told us, "I have no complaints whatsoever." A staff member told us, "If someone were to make a complaint, I would get them to phone the office and I would speak to my branch manager." Any required actions from complaints such as changes to a person's care plan, for example, had been completed. People had been provided with information about how to complain, staff understood their role and the service had been responsive to any issues raised.

## Is the service well-led?

### Our findings

People and staff believed the service was well-led. One person told us, "All the office staff are friendly and efficient." A staff member told us, "Office staff are really supportive. They really understand and they listen. The boss is absolutely brilliant." Another staff member said, "Managers are always available when you come into the office."

The service promoted a positive culture and had an 'open door' policy. Staff said managers were approachable and were always made welcome at the office. For example we observed two staff members who told us, "We always have lunch at the office to catch up with our manager and for a break between visits." The registered manager told us, "Our philosophy for managers, is 'one best way' – Take ownership of dedicated roles. Monitor and support each other." They also told us their mission was, 'to be the choice for care that gives people the freedom to stay in their own home.'

There was a clear management structure including a registered manager. The registered manager was assisted by care delivery managers and field care supervisors for separate localities across the city, which the service referred to as 'pods'. The registered manager told us, "I have a team of twenty two – twenty nine office based staff. I am responsible for their training, supervisions and appraisals. The field care supervisor is responsible for allocating work to individual staff." People and staff had confidence the registered manager would listen to their concerns, which would be received openly and dealt with appropriately. One staff member told us, "Management very good. Listening ear and can call any time." Another staff member said, "The locality pods are working well and you know exactly who you need to talk to about any concerns."

Staff meetings were held quarterly. Staff meetings were used to discuss concerns about people who used the service and to share best practice. The registered manager informed us, we nominate each month a 'carer of the month' and these nominations are narrowed down to a carer who has gone above and beyond their role responsibilities. They are recognized at a team meeting and presented with a certificate and gift vouchers. The registered manager said, "This is to value staff for their commitment to care of people." The registered manager told us they also held weekly meetings with management in the office. Audits and complaints would be discussed, as well as staffing and any health and safety issues.

The registered manager used a system of audits to monitor and assess the quality of the service provided. These included medicines, care plans, staff files, training and health and safety. Where issues were identified remedial action was taken. An audit plan was then generated with actions updated monthly until all the actions have been completed. A report was published of this audit with actions for the manager or staff to carry out to improve the service if necessary.

There were processes in place to enable the registered manager to monitor accidents, adverse incidents or near misses. This helped ensure that any themes or trends could be identified and investigated further. It also meant that any potential learning from such incidents could be identified and cascaded to the staff team, resulting in continual improvements in safety.

People's experience of care was monitored through regular telephone calls from the office and field supervisors, as well as annual quality visits to people in their home. The service also sent out an annual survey to people in order to gather feedback. An action plan would then be drawn up, and any outstanding actions monitored monthly. Staff also completed feedback surveys, which allowed the registered manager to identify and areas of concern or specific training needs.

The register manager informed us they shared best practice and kept up to date with latest practices by attending monthly 'better care meetings' with the local council where health professionals from a variety of different fields get together and discuss best possible outcomes for people. The provider and registered manager understood their responsibilities and were aware of the need to notify the Care Quality Commission (CQC) of significant events in line with the requirements of the provider's registration.

People benefited from staff who understood and were confident about using the whistleblowing procedure. There was a whistleblowing policy in place and staff were aware of it. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. The provider had appropriate policies in place which were updated regularly.