Nestor Primecare Services Limited

Allied Healthcare Wombourne

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We inspected this service on 9 and 10 August 2016. The service provides care to older people in their own homes. The service is available in the South Staffordshire region. At the time of the inspection 84 people were using the service. The service had not been inspected since registering with us in September 2014.

The service did not 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.

When people could not make decisions for themselves mental capacity assessments were not always in place and specific to the decision.

People felt safe and when risks to people were identified action was taken to reduce these risks. Staff understood how to recognise and report potential abuse and there were procedures in place to ensure these were followed. Medicines were managed in a safe way and support was offered by staff when needed.

People felt staff were kind and caring towards them and there were enough of them to offer the required support. We found staff received an induction and training that was relevant to support people. People's privacy and dignity was upheld and staff encouraged people to remind independent. The provider had procedures in place to ensure staffs suitability to work with people.

When needed people were offered support to eat and drink and with to participate in hobbies and pastimes they chose. Staff supported people to make and attend health appointments if requested.

Quality monitoring and spot checks were completed by the provider. This information was used to make improvements to the service. The provider sought the opinions of people who used the service to make improvements for them. Staff felt they were listened to and were given the opportunity to raise any concerns. There was a complaints procedure in place and when complaints had been made the provider had responded to them in line with their policy. The provider understood their responsibilities around registration with us.

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.
There were enough staff available to people. People felt safe and there were procedures in place to ensure any potential abuse was recognised and reported appropriately. Risks to people were managed in a safe way and staff had information available to them to guide them. There were enough staff available to support people. When needed, there were procedures in place to support people with medicines.

Is the service effective?

Requires Improvement

The service was not consistently effective.
The principles of the Mental Capacity Act 2005 were not always followed to ensure people's needs were addressed. Staff received an induction and training that helped them to support people. When needed people were offered support and monitoring of eating and drinking. People received support from health professionals when needed.

Is the service caring?

Good

The service was caring.
People and relatives were happy with the staff and felt they were treated in a kind and caring. People's privacy and dignity was promoted and they were encouraged to remain independent.

Is the service responsive?

Good

The service was responsive.
People's preferences were considered and people were involved with planning and reviewing their care. When needed people were offered support to maintain their interests. People knew how to complain and the provider responded to complaints in line with their policy.

Is the service well-led?

Good

The service was well led
Quality checks were in place to bring about improvements. The provider sought the opinions of people who used the service to make changes. Staff felt supported by the management team and the provider understood their responsibilities around

registration with us.

Allied Healthcare Wombourne

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 visit took place on the 9 and 10 August 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure staff were available to speak with us. The inspection was carried out 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 uses this type of care service.

We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service and information we had received from the public. We used this to formulate our inspection plan.

The provider had 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 used a range of different methods to help us understand people's experiences. We made telephone calls to fourteen people who used the service and two friends and relatives. We visited two people in their homes. We also sent out questionnaires to people who used the service and used this information to make a judgement about the service.

We spoke with four members of care staff and the operations support manager. We looked at care records for nine people to see if their records were accurate and up to date. We also looked at records relating to the management of the service including quality checks.

Good

Is the service safe?

Our findings

We found there were enough staff available to provide people with the agreed level of support. One person said, "Someone always comes". Another person said, "I have never had a missed call". Staff confirmed there were enough staff to support people. Records we looked at confirmed there were enough staff available. For example, rotas showed staff were available to make the necessary calls to people. People who used the service felt staff were sometimes late for their call and when changes to the rotas were made this was not always communicated effectively. One person said, "The carers are changed on a rota. The general one comes three or four times a week and then there are three different carers for the other days. I know most of them now. Most Saturdays the rotas come, I like to stop at the times I have and not have a different time. If the office sends a different time on the rota I can't always have that support, I have to cancel, as I have things to do, like go out". Another person told us, "I have spoken to the office and I have been told that the care can be a quarter of an hour late or it could be early. Sometimes the carers have a different time on their rota to the time I have on mine. There is nothing worse than sitting waiting for someone to call". We saw at the start of people's contracts they were made aware of the timeframes calls could be within. We spoke with staff who confirmed if they were running late then they would communicate this to the office and the office staff would contact the person and let them know. The provider used a system to monitor people's visits and when staff arrived they were to ring in to the office. We looked at records for this system and did not see any missed calls, on occasion staff arrived late to their visits however this was always within a fifteen minute timeframe as per their agreement at the start of their care package.

Staff knew how to recognise and report potential abuse. One member of staff told us, "It's about people's well-being. If I found something out of character or any marks on the person that were unexplained, I would report that". Another staff member said, "We would let the office know and then they would report it appropriately, I know they would. If I was really concerned I could go to other professionals". We saw there were procedures displayed around the office advising staff what actions to take if they had concerns. We saw that when needed concerns had been raised appropriately by the provider and in line with these procedures.

People confirmed they felt safe. One person said, "I do feel safe when the carers are here, yes. There is nothing untoward and I am happy with the care I am given'". Another person told us, "I do feel safe when the carers are here, they are lovely and polite and kind". Staff gave examples how they ensured people were safe. One member of staff told us they checked the home to ensure everything was secure for the person before they left. They said, "We check the key locks to make sure they are not broken; they were, people's homes may be insecure. We would report it to the families or the office so it could be fixed". Where people had a number code to enable staff to enter their property we saw there were systems in place to maintain people's safety and security. This demonstrated staff knew how to support people in a safe way.

We saw risks to people were managed in a safe way. For example, when people had specialist equipment it was in place and staff knew about this. One member of staff said, "[Person] is at risk of getting sore skin. So we make sure their position is changed. They have a specialist mattress and other equipment they need to wear. We make sure it's working and they use it correctly. It's all in the person's care plan". We looked at

records for this person and the care plan confirmed the information the staff member had told us. This demonstrated staff had information to ensure risks to people were managed. We saw there were risk assessment in place for people's home environments to ensure staff had guidance to keep themselves and people safe. This included information on lighting, pathing and potential risks that had been identified in people's homes. For example, it was identified that a person was a 'heavy smoker'; the provider had made a referral to the local fire and rescue service, with consent from the person. The fire service then carried out an assessment to identify potential fire hazards within the home. This showed us that when risks were identified action had been taken by the provider to reduce these risks.

There were procedures in place to ensure people received their medicines as prescribed. A person said, "They do my creams for me, they sign the form when they have done them. They know what they are doing". Staff told us they had medicines training and their competency checked to ensure they supported people in a safe way. One staff member said, "We have training and spot checks to make sure everything is correct and up to date". When required medicines records were in place to show that risks had been considered. For example, one person's medicines were locked away due to the risks associated with them. We saw there was a care plan and a risk assessment in place for staff to follow. When people had medicines on an 'as required' basis we saw there was guidance in place, known as a PRN protocol, for staff to follow.

We spoke with staff about the recruitment process. One member of staff said, "I had to wait for my checks before I started, It took ages. They wouldn't let me start I couldn't even shadow". We looked at two recruitment files and saw pre-employment checks were completed before staff could start working in people's homes. This demonstrated the provider completed checks to ensure the staff were suitable to work with people in their homes.

Requires Improvement

Is the service effective?

Our findings

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 or 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 to see if the provider was working within the principles of the MCA. Staff told us they had not received training on The Mental Capacity Act and did not always show an understanding of this. One member of staff said, "I'm not sure about that, I haven't had any training I don't think". We spoke with the operations support manager who stated this was an area for development. It was identified in the PIR that the provider had completed, that staff would undertake this training. We saw that training had been arranged and some staff had completed it. When people lacked capacity to make certain decisions we saw that some capacity assessments had been completed. However the information recorded was not always specific to the decision. For example, staff told us that one person lacked capacity to make certain decisions. We did not see a capacity assessment for this person. We saw in the care file that this person had signed various consent forms to agree with the care that was provided, however we did not see capacity assessments to show they could consent to this. This meant that people's rights under the MCA were not always addressed.

Staff received an induction and training that helped them to support people. One member of staff told us about their induction. They said, "We had training at another office and then I went out with a member of staff to see how things were done". They went on to tell us this had been useful. They said, "It takes the fear factor out of going into people's homes you don't know". Staff also told us the training was good and gave examples of what they had learnt. One staff member said, "The training is good, especially the moving and handling. You have to go in the hoist, so it's real. It made me so much more aware, now when I hoist people I think about that. I am so much more aware". This demonstrated staff received both an induction and training that was relevant to meeting people's needs.

Staff told us, when needed, they would support people to prepare their meals and monitor how much they drank. One staff member said, "We have a person that we support to eat and drink. We have to record everything they have drank for the district nurse. It helps to keep them well and not to dehydrate". Another staff member said, "We support some people with breakfast, we know what they prefer and offer them a choice". We saw records that showed us the levels of support people needed with eating and drinking. This meant when people needed support to eat and drink it was provided for them.

People were responsible for managing their own healthcare needs however staff told us they would offer support to people if they requested it. For example, a staff member told us if a person asked them to make an appointment for them or take them to a health appointment then they would be happy to support with this. They also said that if other professionals were involved and they were unsure about something they

would seek advice from them.

Good

Is the service caring?

Our findings

People and relatives told us they were happy with the staff. A person told us, "The staff are kind and respectful". A relative said, "The carers are polite and helpful and I can't fault them". People gave examples of how staff offered support to them. One person said, "They go the extra mile". They went on to say, "They will put my bins out for me, to save my legs I never ask they see it's full so just offer, its kind". Another person told us about when they were unwell and staff waited with them until the ambulance arrived. They said, "I sent an office to the card to say thank you". This showed us people were treated in a kind and caring way.

People told us they were encouraged to be independent. One person said, "They don't take over, they let me do what I can for myself, even on days when I don't fancy it they encourage me". Another person gave an example how staff supported them with their walking aid. Staff understood the importance of promoting people's independence and gave examples of how they did this. One staff member told us, "If I know they can do it for themselves I encourage them to, we make it in to a laugh and a joke, but in the end they do it for themselves". The care files we looked at had information in relating to people's levels of independence and what they could do for themselves and what they needed support with. This showed us people were encouraged to be independent.

People told us they privacy and dignity was promoted. One person said, "They always shut the curtains for me so no one outside can see". Another person said, "The carers always knocks and shouts out before coming in". Staff gave examples of how they promoted people's privacy and dignity. One staff member said, "I am respectful when undertaking personal care with people, so use towels and clothes to cover people". Another staff member told us, "Even though I let myself in I always knock and then call so they know it's me and I am here".

Good

Is the service responsive?

Our findings

Staff knew about people's preferences. One staff member said, "We go to the same area most of the time, it's good that we are consistent. We get to know these people really well, the way they like things doing and more importantly what they don't like". Another staff member told us, "As a staff team we share information and keep each other updated. It's good that we share information. Things are written in the care plans which is good, but the small things people like are important too". The records we looked at showed us that people's likes and dislikes were taken into account to ensure people received personalised care and support.

People were involved with reviewing their care. One person said, "There is a care plan here and the carers write it up. I told the agency what I needed at the start of the care package". Another person told us, "If I tell them anything's changed they contact the office and update them. There is a sheet and they ask me the questions on it a few times a year, they tell me it's a review, to make sure everything is still correct". We looked at records and we saw that people were involved with planning and reviewing their care. Where possible people had signed to agree with the care plans that were in place. This demonstrated the provider ensured peoples care and support continued to meet their current needs.

People were supported with leisure activities if needed. One staff member said, "It's not something we really support people with but if someone wanted to go for a walk or to the shops we would support them". Another staff member gave examples how they supported people with their hobbies. They said, "We ensure people have their audio books with them before we leave, or the remote control in reach so they can watch their favourite programmes" This showed us when needed people were supported to pursue their hobbies and interests.

People and their relatives told us they would be happy to raise any concerns or complaints. One person said, "If I'm not happy I ring the office, they look into my concerns and respond to me". Another person told us "If I had a complaint I would contact the office". The provider had a complaints policy in place and a system to monitor and review these complaints. We saw that when needed complaints had been responded to and action taken in line with the policy.

Good

Is the service well-led?

Our findings

There was not a registered manager in post. The operations support manager was acting as the branch manager in the interim while this position was recruited to. Staff told us they felt supported by the management team and this had improved recently. One staff member said, "The girls in the office are very good, we feel much more supported now. There have been lots of changes but this is for the better". Another staff member said, "I can talk about anything, there's no pressure on us anymore and our concerns are listened too". Staff confirmed they had the opportunity to raise their concerns through meetings such as annual appraisals. The provider understood the responsibility of their registration with us and they had reported significant information about events in accordance with the requirements.

Staff were happy to raise concerns and knew about the whistle blowing process. Whistle blowing is the process for raising concerns about poor practices. One member of staff said, "I understand that procedure, and would be happy to do this if needed". We saw there was a whistle blowing procedure in place. This showed us that staff were happy to raise concerns and were confident they would be supported and appropriate action would be taken.

Quality checks were completed by the provider. These included checks in relation to incident and accidents, safeguarding's and care plan reviews. The senior carers also completed spot checks within people's homes with staff around quality. Where concerns had been identified we saw action had been taken. For example, we looked at a self-audit tool which identified that a person's care plan and review was out of date. We saw actions had been set to complete this within a set timescale. We saw this action had now been completed and a care review had taken place and the records updated. This demonstrated that when areas for improvement were identified action was taken to bring about these changes.

The provider sought the opinions of people who used the service. For example, one person had requested that a certain carer did not attend their call for personal reasons. We saw that this had been identified on the rota system to ensure this person was not rostered on to this call. The provider was in the process of completing an annual survey and had sent out questionnaires to people who used the service. Some of the questionnaires had been returned and the operations support manager told us this information would be collated. The provider would then use this information to identify areas that needed addressing. This showed us the provider sought the opinions of people who used the serveries and used this information to improve the service for them.

People's rights to confidentiality were protected. All personal records were stored securely in the office. Each person had a copy of their records in their homes which they maintained responsibility for.