Nestor Primecare Services Limited

Allied Healthcare Penzance

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

We carried out this inspection on 28 September 2018. The inspection was announced a few days in advance in accordance with the Care Quality Commission's current procedures for inspecting domiciliary care services. At the last inspection, in May 2016, the service was rated Good. At this inspection we found the service remained Good.

Allied Healthcare is a community service that provides care and support to adults of all ages, in their own homes. The service provides help with people's personal care needs in Helston and surrounding areas. This includes people with physical disabilities and dementia care needs. The service mainly provides personal care for people in short visits at key times of the day to help people get up in the morning, go to bed at night and give support with meals. At the time of our inspection 71 people were receiving a personal care service. These services were funded either privately, through Cornwall Council or NHS funding.

People we spoke with told us they felt safe using the service and told us, "We tend to have the same carers," "They are lovely girls. I feel quite safe with them they do my shopping and I am happy with it" and "Very good, we have had them (staff) a long time and would not change them for the world."

Staff had received training in how to recognise and report abuse. Staff were clear about how to report any concerns and were confident that any allegations made would be fully investigated to help ensure people were protected. There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service. The service was flexible and responded to people's changing needs.

Care plans provided staff with direction and guidance about how to meet people's individual needs and wishes. These care plans were regularly reviewed and any changes in people's needs were communicated to staff. Assessments were carried out to identify any risks to the person using the service and to the staff supporting them. This included any environmental risks in people's homes and any risks in relation to the care and support needs of the person.

People received care from staff who knew them well, and had the knowledge and skills to meet their needs. People and their relatives spoke well of staff, comments included, "I do not know what I would do without them, they (staff) are wonderful people" and "They (staff) are very kind and there is never any rush."

Staff were knowledgeable about the people they cared for and knew how to recognise if people's needs changed. Staff were aware of people's preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. Staff were kind and compassionate and treated people with dignity and respect.

The management had an understanding of the Mental Capacity Act 2005 and knew how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. However, there were some consent forms which had been signed by family members who did not

have the legal power to do this. We have made a recommendation about this in the report.

The service had robust recruitment practices, which meant staff employed were suitable to work with vulnerable people. Training records showed staff had been provided with all the necessary training which had been refreshed regularly. Staff told us they found the training to be beneficial to their role.

Staff told us they enjoyed their work and received regular supervision, appraisals and training. Staff were complimentary about the management team and how they were supported to carry out their work. The management team were also clearly committed to providing a good service for people. Staff told us there was good communication with the management of the service. Staff told us, "The office are very good at letting us know of any changes" and "You can always get support when you need it."

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed. People were provided with information on how to raise any concerns they may have. Regular contact was made with people to help ensure they were happy with the service they received.

The service had recently implemented a new electronic call monitoring system which allowed the management team to monitor the visits made by staff in real time. Any visit that had not been carried out by staff at the expected time turned red on the system, immediately alerting office staff to this so that timely action could be taken. Where the provider had identified areas that required improvement, actions had been promptly taken to improve the quality of the service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

Allied Healthcare Penzance

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.

The inspection took place on 28 September 2018. The inspection was announced a few days in advance in accordance with the Care Quality Commission's current procedures for inspecting domiciliary care services. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed the information we held about the service. This included past reports and notifications. A notification is information about important events which the service is required to send us by law. We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make.

During the inspection we visited the provider's office and spoke with the manager, office administrator, two operations support officers, the regional managing director and the trainer. We looked at care records relating to the care of four individuals, staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service. We visited three people in their homes to seek their views and experiences of receiving a service from Allied Healthcare.

Prior to the inspection we spoke with 10 people who receive a service, and three relatives on the telephone. After the inspection we spoke with two relatives and four staff.

Good

Is the service safe?

Our findings

People and their families told us they felt safe receiving a service from Allied Healthcare. Comments included, "We tend to have the same carers" and "Very good, we have had them (staff) a long time and would not change them for the world."

Staff were confident of the action to take, if they had any concerns or suspected abuse was taking place. They were aware of the whistleblowing and safeguarding policies and procedures. Staff had received recent training updates on safeguarding adults and were aware that the local authority were the lead organisation for investigating safeguarding concerns in the county.

Assessments were carried out to identify any risks to people using the service and to the staff supporting them. This included environmental risks and any risks in relation to the health and support needs of the person. People's individual care records detailed the action staff should take to minimise the chance of harm occurring to people or staff. For example, staff were given guidance about using moving and handling equipment, directions of how to find people's homes and entry instructions. Staff were always informed of any potential risks prior to them going to someone's home for the first time.

Staff were aware of the reporting process for any accidents or incidents that occurred. We were told by the manager that there had been no incidents or accidents reported.

There were sufficient numbers of staff available to keep people safe. Staffing levels were determined by the number of people using the service and their needs. The service recruited staff to meet the needs of people using the service and new care packages were only accepted if suitable staff were available. At the time of the inspection the service was in the process of recruiting to a care quality supervisors role. The service had recently implemented a new electronic system to record care plans, visit requirements and detail which staff were due to visit each person and when. A paper copy of people's care plans remained in use at this time in their homes and at the office. The result of some key staff having been off work recently was that regular care plan reviews, which had taken place, were not always evident in people's paper based care files. The manager was aware of this issue and was taking action to address it.

The service produced a staff roster each week to record details of the times people required their visits and what staff were allocated to go to each visit. This was sent out to people receiving a service so that they knew which care staff were due to visit them. Staff told us they had regular runs of work in specific geographical areas and if travel time was needed this was allocated on their rota.

People told us they had a team of regular staff and their visits were mostly at the agreed times. People were positive about the service they received. Comments included, "I do not know what I would do without them, they (staff) are wonderful people" and "They (staff) are very kind and there is never any rush."

A member of the management team was on call outside of office hours and carried details of the roster and telephone numbers of people using the service and staff with them. This meant they could answer any

queries if people phoned to check details of their visits or if duties need to be re-arranged due to staff sickness. People had telephone numbers for the service so they could ring at any time should they have a query. People told us phones were always answered, inside and outside of office hours.

Recruitment systems were robust and new employees underwent the relevant pre-employment checks before starting work. This included Disclosure and Barring System (DBS) checks and the provision of references.

Care records detailed whether people needed assistance with their medicines or the arrangements for them to take responsibility for any medicines which had been prescribed. The service had a medicine policy which gave staff clear instructions about how to assist people who needed help with their medicines. Daily records completed by staff detailed exactly what assistance had been given with people's medicines. Staff had received training in the administration of medicines.

Good

Is the service effective?

Our findings

People received care from staff who knew them well, and had the knowledge and skills to meet their needs. People and their relatives spoke well of staff, comments included, "They (staff) never miss me out, very kind and always stay for the time agreed and do anything I ask of them" and "They are wonderful, can't say better than that."

People's needs and choices were assessed before they started to use the service. This helped ensure people's needs and expectations could be met by Allied Healthcare. Relatives told us they were confident that staff knew people well and understood how to meet their needs.

Staff completed an induction when they commenced employment. The service had an induction programme which was in line with the Care Certificate framework. New employees were required to go through the three day induction programme. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work alone.

There was a system, which was monitored by the provider, to make sure staff received relevant training and refresher training when required. We saw training scheduled for the weeks after this inspection was advertised in the office. The service had their own trainer who delivered much of the training face to face. Electronic learning packages were also used.

Staff supported some people at mealtimes to have food and drink of their choice. Staff had received training in food safety and were aware of safe food handling practices. For most people food had been prepared in advance and staff re-heated meals and made simple snacks as requested.

The Mental Capacity Act 2005 (MCA) provides a legal framework for acting, and making decisions, on behalf of individuals who lack mental capacity to make particular decisions for themselves. Care records showed staff recorded whether people had the capacity to make decisions about their care. Staff told us they asked people for their consent before delivering care or treatment and they respected people's choice to refuse treatment. People confirmed staff asked for their agreement before they provided any care or support and respected their wishes to sometimes decline certain care. Care records showed that people had signed to give their consent to the care and support provided. When a person was unable to consent, due to their healthcare needs, other people with the appropriate legal powers were asked to sign on behalf of the person. However, in some care plans we saw family had signed some consent forms when they did not have the relevant power of attorney in place. This meant they could be asked to make decisions, on behalf of their relative, when they did not have the legal power to do this. We discussed the issue of signed consent with the manager who did have an understanding of the MCA and they assured us that all staff would have the issue of signed consent raised with them at their next supervision.

We recommend that the service take guidance from the Mental Capacity Act 2005 Code of Practice to ensure that people's rights are protected.

There was a system in place to support staff working at Allied Healthcare. This included regular support through one-to-one supervision, annual appraisals and observations of their working practices. Staff told us they felt supported by the management. They confirmed they had regular one-to-one meetings and an annual appraisal to discuss their work and training needs.

The recently implemented call monitoring system meant staff used mobile phones, supplied by the service, to log their arrival and leaving. Staff could also see a summary of each person's care plan and their needs and preference for the time of their call on the phones. The running of the service could be monitored in real time by the management team. If any visit was not made at the time expected the slot on the system turned red to highlight a late arrival. This helped ensure people received an effective service.

Good

Is the service caring?

Our findings

People received care, as much as possible, from the same care worker or team of care workers. People and their relatives told us they were happy with all staff and got on well with them.

People told us staff always treated them respectfully and asked them how they wanted their care and support to be provided. Staff were kind and caring. Staff had a good knowledge and understanding of people. Staff had regular visits to the same people, which meant they knew people and their needs well. Staff spoke with passion and enthusiasm about their work. They told us, "I enjoy my work, I get good support from the office and can get to my clients in time mostly. There have been traffic issues recently but the clients understand" and "I get along with the girls, we are all committed to doing a good job, we know our clients well and so it's nice."

Staff respected people's wishes and provided care and support in line with those wishes. People told us staff always checked if they needed any other help before they left. For people who had limited ability to move around their home staff ensured they had everything they needed within reach before they left. For example, drinks and snacks, telephones and alarms to call for assistance in an emergency.

Some people who used the service lived with a relative who was their unpaid carer. We found staff were respectful of the relative's role as the main carer. Relatives told us that staff always asked how they were coping and supported them with practical and emotional support where they could. The service recognised that supporting the unpaid carer was vital in helping people to continue to be cared for in their own home. One relative told us, "They (staff) are good as gold, lovely girls, we can have a nice chat and a laugh when they come" and "My husband really likes them which is good."

People knew about their care plans and a manager regularly asked about their care and support needs so their care plan could be updated as needs changed. One relative told us, "The care plan is here in the house and sometimes someone comes over from the office to check we are happy." Care plans detailed how people wished to be addressed and people told us staff spoke to them by their preferred name. For example, some people were happy for staff to call them by their first name and other people preferred to be addressed by another name. People told us staff always called them by the name of their choice.

Good

Is the service responsive?

Our findings

Before, or as soon as possible after, people started using the service senior staff visited them to assess their needs and discuss how the service could meet their wishes and expectations. From these assessments care plans were developed, with the person, who was asked for their agreement on how they would like their care and support to be provided.

Care plans were personalised to the individual and recorded details about each person's specific needs and how they liked to be supported. Care plans gave staff clear guidance and direction about how to provide care and support that met people's needs and wishes. Details of people's daily routines were recorded in relation to each individual visit they received. This meant staff could read the section of people's care plan that related to the visit they were completing. People's care plans also included information about their hobbies and interest and their life histories. This gave staff useful information about people backgrounds and interests to help them understand the individual's current care needs.

When visiting people in their homes we noted that some care plans did not always reflect the current service provided. For example, one person had changed their third visit of the day to an earlier time and the fourth later visit was now carried out by another service. This was not updated in the care file in the person's home. However, the office care plan and the information on staff phones was accurate. We also noticed that some of the paper care files in the office were not always completely accurate. We discussed this with the manager who told us that the electronic system had only been in place for just over a week and this was the most accurate care plan for each person. The paper files in people's homes and at the office had not been reviewed as often as the manager would have wished due to recent challenges faced by some key staff which meant they had required some time away from work. We were assured that a print off of the electronic care plan would be placed in all homes and office files in the near future.

Daily care records, kept in the folders in people's homes, were completed by staff at the end of each care visit. These recorded details of the care provided, food and drinks the person had consumed as well as information about any observed changes to the persons care needs. The records also included details of any advice provided by professionals and information about any observed changes to people's care and support needs. These records were regularly returned to the office for auditing.

Some people had difficulty accessing information due to their health needs. Care plans recorded when people might need additional support and what form that support might take. For example, some people were hard of hearing or had restricted vision. Care plans stated if they required hearing aids or glasses.

Staff confirmed the care plans contained all the information they needed to provide the right care and support for people. They were aware of people's preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. The service was flexible and responded to people's needs. People told us that they were able to cancel some visits or change the times of visits with no problem. People told us they were able to tell the service if they did not want a particular care worker. Management respected these requests and arranged permanent replacements without the

person feeling uncomfortable about making the request.

When needed the service provided end of life care for people. People's wishes regarding this were documented appropriately.

People said they would not hesitate in speaking with staff if they had any concerns. Details of how to make a complaint were in the care file in people's homes. People knew how to make a formal complaint if they needed to but told us issues would usually be resolved informally. No visits had been reported as missed. The manager told us there had been no formal complaints received.

Good

Is the service well-led?

Our findings

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 and associated Regulations about how the service is run. There was a manager who had been in post for the past few months and who was responsible for the day-to-day running of the service. This manager was in the process of registering with the Care Quality Commission to be the registered manager.

There was a management structure in the service which provided clear lines of responsibility and accountability. The manager had overall responsibility for the day to day running of the service. The provider supported the manager. Representatives of the provider were present in the offices at the time of this inspection.

Staff told us there was good communication with the management of the service. Staff said of management, "We can always get support when we need it" and "The office are great always able to help. The manager is approachable and has been out with some of us to visit the clients." There was a positive culture within the staff team and staff spoke positively about their work. The management team were also clearly committed to providing a good service for people. Staff were complimentary about the managers and how they were supported to carry out their work.

The service had effective systems to manage staff rosters, match staff skills with people's needs and identify what capacity they had to take on new care packages. This meant that the service only took on new work if they knew there were the right staff available to meet people's needs. At the time of the inspection the service had an advert out for care staff to increase the number of staff available to carry out potential new packages of care. A new person was about to take up the role of Care Quality Supervisor (CQS). The service had recently had a shortage of CQS staff. This had led to the manager supporting the care staff out in the community and carrying out part of the CQS role visiting people in their homes and updating care plans.

The provider monitored the quality of the service provided by regularly speaking with people to ensure they were happy with the service they received. A survey had been sent out to them in October 2017 and another was due to go out the week after this inspection. People and their families told us the management team were very approachable. People told us someone from the office rang and visited them regularly to ask about their views of the service and review the care and support provided.

The manager was in the process of taking action to address a concern with a member of staff and their working practices. The investigation into this concern was still in process and the member of staff was suspended at the time of this inspection pending the outcome. This demonstrated the manager took action to address concerns and was constantly striving to improve the service provided to people.

Members of the management team carried out observations of staff working practices during a shift and completed spot checks at specific visits. We saw evidence of spot checks having been made in the past and

people and their families confirmed this had taken place. The spot checks also included reviewing the care records kept at the person's home to ensure they were appropriately completed. This work had been effected recently by the absence of key staff but we were assured that this monitoring role was due to return to full capacity in the near future, with the support of the newly recruited CQS.

Regular staff meetings were held at the office for all staff to encourage communication and sharing of information. A Carer of the Month award had been started. Staff could nominate each other for this award. If a staff member was chosen they received reward in the form of discounts and vouchers.

The manager audited the service. Daily logs were audited when returned to the office. Medicine records were also audited regularly.

The service promoted equality and inclusion within its workforce. Staff were protected from discrimination and harassment and told us they had not experienced any discrimination. There was an Equality and Diversity policy in place. Staff were required to read this as part of the induction process. Systems were in place to ensure staff were protected from discrimination at work as set out in the Equality Act.

People's care records were kept securely and confidentially, in line with the legal requirements. Services are required to notify CQC of various events and incidents to allow us to monitor the service. The registered manager had ensured that notifications of such events had been submitted to CQC appropriately. The rating of the last inspection was displayed at the service as required.