Nestor Primecare Services Limited

Allied Healthcare Nottingham

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This announced inspection was carried out on 27 and 28 March 2017.Allied Healthcare Nottingham provides support and personal care, to people living in their own homes in Nottinghamshire and Derbyshire. This includes some people who have complex care packages. When we carried out the inspection visits there were 119 people using the service who received personal care.

The service had a registered manager in place at the time of our inspection. 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.

People were supported by staff who understood the risks people could face and knew how to make people feel safe. People were encouraged to be independent and risks were mitigated in the least restrictive way possible.

People were provided with the care and support they required by staff who were trained and supported to do so. People provided consent to their care when needed.

People were supported to consume a sufficient amount of food and fluids that promoted their wellbeing. People received support from staff who understood their health needs.

People were treated with respect by staff who demonstrated kindness and understanding. People were involved in making decisions about their care and support. They were shown respect and treated with dignity in the way they wished to be.

People were usually able to influence the way their care and support was delivered. People were supported and encouraged to share any issues or concerns they had so these could be investigated and acted upon. Where it had been identified that people did not know how to complain action was underway to rectify this.

People who used the service and care workers were able to express their views about the service which were acted upon. The management team provided leadership that gained the respect of care workers and motivated them as a team.

There were systems in place to monitor the quality of the service and make improvements when needed. The registered manager was making improvements to the way records were audited.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People felt safe using the service because staff looked for any potential risk of abuse or harm and knew what to do if they had any concerns.

Risks to people's health and safety were assessed and staff were informed about how to provide them with safe care and support that maintained their independence.

People were supported by a sufficient number of staff to meet their needs.

People who required support to ensure they took their medicines as prescribed were provided with this.

Is the service effective?

Good

The service was effective.

People were supported by a staff team who were trained and supported to meet their varying needs.

People's right to make decisions for themselves was encouraged and they were asked for their consent as required.

People were supported to maintain their health and have sufficient to eat and drink.

Is the service caring?

Good

The service was caring.

People were supported by staff who respected them as individuals.

People were involved in shaping the care and support they received.

People were shown respect and courtesy by staff visiting them in their homes in a way that suited them.

Is the service responsive?

Good

The service was responsive.

People were involved in planning their care and support and this was delivered in the way they wished it to be.

The registered manager was reissuing people with information on how to make a complaint to ensure they were aware of how to do so if needed. Complaints made were investigated and responded to.

Is the service well-led?

Good

The service was well led.

People used a service where staff were encouraged and supported to carry out their duties.

Systems were in place to monitor the quality of the service people received, however these were not always effective.

Allied Healthcare Nottingham

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 27 and 28 March 2017 and was announced. The provider was given 24 hours' notice because the location was a domiciliary care agency and we wanted to ensure there was someone available to assist us with the inspection. The inspection was carried out by one inspector.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We contacted some professionals who have contact with the service and asked them for their views. We sent out survey forms to some people who use the service, their relatives, staff and healthcare professionals and we took their comments into consideration during the inspection.

During the inspection we spoke with 17 people who used the service and three relatives to ask them about their views and experiences of using the service. We had discussions about the service with eleven staff consisting of seven care workers, two care coordinators and a field supervisor. We also spoke with a regional clinical lead nurse who supervised the complex care packages, the registered manager for this service and the care delivery director who managed services belonging to Nestor Primecare Services Limited in this region.

We considered information contained in some of the records held at the service. This included the care records for four people, staff training records, three staff recruitment files and other records kept by the registered manager as part of their management and auditing of the service.

Good

Is the service safe?

Our findings

People told us they felt safe using the service and they were treated well by the staff who visited them. One person told us, "I feel safe with all of them (care workers) they all know how I am." People also spoke of feeling comfortable with the care workers they were visited by and trusting them. Another person said, "Of course of I am (safe) they all do their job." A third person told us they had been, "Frightened at first in case they don't do what you want them to" but said this had not happened and they felt safe now. A relative said their relation was "treated very well indeed".

There were systems and processes in place to minimise the risk of harm and abuse. Care workers said they always made sure the first thing they did was see the person to ensure they were safe and well. Care workers were able to describe the different types of abuse and harm people may face, and how these could occur. They told us they had completed training on protecting people from abuse and harm and how to use safeguarding procedures if they had any concerns. Care workers told us that if they suspected a person they supported was at any risk of harm or abuse they would inform their care coordinator. Some care workers told us about concerns they had reported and care coordinators told us these had been reported to the relevant local authority, who lead on any safeguarding issues, for where the person lived.

People received their care and support in a way that had been assessed for them to receive this safely. Several people described how care workers helped them with their mobility and to have a bath or shower safely. One person told us, "They are fantastic at helping me so I don't fall". A relative described how a care worker helped their relation to "be steady" when walking. People also confirmed that their home environment had been assessed to ensure their care and support could be provided to them safely.

Care workers told us any risks to people were identified and assessed. They told us there were risk assessments which described how to provide people with support that enabled them to do the things they wanted to do as safely as possible. Care workers told us when needed the risks associated with the care they provided were assessed, such as moving and handing support, using equipment and how many staff were needed to provide the support. One care worker told us they would not like to support a person without the risk having been assessed first.

In the care files we inspected there were a list of mandatory risk assessments completed to assess people's needs for their emotional wellbeing, any allergies, risk of trips and falls and an environment assessment. There were additional risk assessments completed when required depending on each person's needs. These included assessments for people's skin integrity and moving and handling.

We received mixed feedback about staffing levels. Some people said they had regular care workers whereas some other people told us they would like more consistency with care workers who visited them. One person said they had been told they would have the same care workers to visit them, but said this was not happening. Similarly some people spoke of care workers being punctual and some others said they were late on some occasions. People and their relatives told us they understood if care workers had to stay longer on a previous call. A relative commented, "I would want them to stay here if we needed them to." However

people also spoke of occasions care workers were late because they did not seem to have enough time allowed for them to travel between one call and the next to arrive on time. One person told us, "I think it is cutting corners by not allowing enough travel time."

Despite this feedback we did not find any evidence that this had a significant impact on the care of people who used the service. The registered manager said they tried to provide continuity of care workers where they could but there were some occasions when this was not possible. This was either due to some people's usual care workers not being available for work, or because they needed to provide a package of care at short notice. In these circumstances they needed to rely on which care workers were available at the times needed to provide the person with their support. Care workers said they saw a number of regular people as well as some they saw less frequently.

Some care workers told us there were enough staff employed to provide people with their planned care and support. Some other care workers told us they did not feel there were sufficient care workers to cover when there were unexpected absences from work. Care coordinators told us they were always able to to cover people's calls and they were "continually recruiting" to maintain their compliment of staff.

Most care workers said they had enough time allowed to travel between calls and we were assured by care coordinators that if a care worker said they did not have enough time this would be adjusted. Some care workers told us they had spoken with care coordinators about not having enough time to travel between calls and this had been adjusted for them. The registered manager said they would remind all care workers to inform their care coordinator if they did not have enough travelling time allowed between calls.

People were supported by staff who had been through the required recruitment checks to preclude anyone who may be unsuitable to provide care and support. These included acquiring references to show the applicant's suitability for this type of work, and whether they had been deemed unsuitable by the Disclosure and Barring Service (DBS). The DBS provides information about an individual's suitability to work with people to assist employers in making safer recruitment decisions. Care workers described having undergone the required recruitment process and recruitment files showed the necessary recruitment checks had been carried out.

People were encouraged to manage their own medicines, but support was provided to people if required to ensure they took their medicines safely. Some people told us they did not need any assistance to manage their medicines, which they continued to do independently. One person told us they were able to take their medicines correctly but needed a care worker to collect these for them each week from the pharmacist. Another person we spoke with had needed care workers to support them to take their medicines in the past but they were now able to manage this themselves.

Care workers were clear about what support people needed with their medicines and described following safe practices in the administration of these. They told us they had received training on how to support people with their medicines safely and staff training records confirmed this. The registered manager told us that in addition to attending training care workers were observed to administer people their medicines to assess their competency in doing this. We saw some of these competency assessments which had been completed. The registered manager told us that due to some staff changes they had "fallen behind" with some competency assessments so they had arranged an additional training session where people were assessed for their competency in providing medicines support whilst the 'in field ' competency assessments caught up.

Each person who was supported with their medicines had an assessment completed to determine what

support was needed. We saw medicine administration records (MAR sheets) had been completed to record when someone had been supported to take their medicines and a separate MAR was used to record when care worker had applied any prescribed creams.

Good

Is the service effective?

Our findings

People were cared for and supported by staff who had the skills and knowledge to meet their needs. Relatives told us that care workers "know what they are doing" and "they seemed to be trained." One person said they had not had, "Anyone who is not good at the job, one girl I thought had been with them for ages had only been with them for three weeks." Another person said, "They have proper training and it is refreshed."

Care workers told us they were provided with the training and support they needed to carry out their work. This included induction training when taking up employment to prepare them for the work they would need to undertake. The induction involved an initial three day block of training followed by a period of 'shadowing' an experienced care worker who was assigned to be their 'care coach'. The care coach assessed the new care worker's competency in key areas of care and signed them off as competent when they had observed them to be so. One recently recruited care worker said they had felt "ready to go" when they had completed their induction. They said that if they had wanted some further time shadowing this would have been arranged for them. One person we spoke with said that a new care worker had come out that morning to shadow their experienced carer worker as part of their induction.

The registered manager explained how once care workers had completed their induction they then completed some further training modules, which led to them completing the Care Certificate. This is a set of national standards for staff working in health and social care to follow and equip them with the knowledge and skills to provide safe, compassionate care and support. Care workers told us they had the training they needed. Some care workers told us they would like more frequent updates in some areas, particularly if they did not use these regularly to ensure they did not forget anything. The registered manager said care workers were able to request additional training and their training needs, including any additional training needed, were discussed as part of their supervision. Office staff told us they also had the training they needed.

People were visited by care workers who were supported in their work. Care workers told us they had opportunities to discuss their work individually with a care coordinator. They told us this had provided them with opportunities to discuss their training needs and work based issues. Care workers also spoke of being able to gain support from other staff and managers more informally in telephone calls or when visiting the office, and they told us they had the support they needed. Care workers also spoke of independently researching issues to find out information they needed.

The provider had a system where staff had to be up to date with all the planned training and receive regular supervision in order to undertake any visits to people. A care coordinator told us the rostering system would not allow them to allocate any work to a member of staff who was not up to date with their training and supervision. This ensured people were visited by staff who had completed the required training.

People had their rights to be asked for their consent and make decisions for themselves promoted and respected. One person told us how care workers found out what they wanted and always asked for their permission first. A relative said their relation would say if they were in agreement or not before any care was

provided. The registered manager showed us a 'client care plan consent form' and explained that, apart from in exceptional circumstances, where a service needed to be put in place immediately, people's service did not begin until they had signed the consent form. One person told us they had "been through" the care plan to ensure they were in agreement with this and said they had "signed it off".

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. The registered manager told us there was not anyone who used the service at present who did not have the capacity to make decisions and consent to their care for themselves.

Some people said they did not require any assistance with preparing meals, others told us care workers would provide them with the assistance they needed to have a meal during their visit. One person said, "I get everything out and ready to make sure I have things that suit me, then my carer prepares it." The person said they liked this arrangement as it gave them some independence. Another person told us care workers, "Do my breakfast, and get me something if I want anything (to eat) at night." A different person said care workers would make them something to eat if they were not feeling well and did not feel up to cooking themselves.

Care workers told us they prepared meals for some people they supported and encouraged them to eat these. Care workers said this usually involved heating up a ready meal, making sandwiches or preparing a light snack. They also told us there was not anyone who required a specific diet for cultural or religious reasons, but one person required a diet to be of a soft consistency so they could eat this without the risk of choking. The registered manager told us that if they had any concerns about someone's nutrition they would monitor their food and fluid intake. If needed they would involve the person's GP to obtain nutritional supplements or to access specialist services such as a dietician.

People's physical and mental healthcare needs were known, and they received support with regard to their health and wellbeing. A relative told us care workers had read their relation's medical history and understood how this affected them. People spoke of care workers "understanding" their health and finding out how they were feeling when they visited. One person said care workers, "Seems to understand my condition" referring to a physical illness and another person who told us, "I need support with my mental health" confirmed that they received this. A third person told us how one care worker knew how they were feeling "the minute they walked through the door". They then added the care worker, "treats me just right for whatever mood I'm in."

Care workers told us they always asked people how they were feeling and said they could normally tell if someone was not feeling well. They also said that they understood people's health care needs and recognised signs and symptoms that may indicate they may need to seek further support. Care workers received first aid training and staff told us if needed they would call the emergency services. One care worker told us they had done so recently when a person had been unwell.

There were a small number of people who used the service with complex care needs. A clinical lead nurse described how they managed the care needs for these people. This involved providing 24 hour care and having staff trained to undertake any complex and invasive procedures a person using this part of the service may require.

Good

Is the service caring?

Our findings

People described the care workers who supported them as fantastic, wonderful, sensitive and caring. One person said, "There has not been one of them that I could say has not been so nice." Another person told us care workers who visited them were so good that, "I hold a candle to them." People also told us they enjoyed having their visits from the care workers. One person described how they got on well with one care worker, "[Name] makes me howl laughing, we gel together. It makes it really good." Another person told us how care workers were always, "Having a laugh with me and cheer me up if I need it."

Care workers spoke of 'making a difference' and how they found this rewarding. They gave examples of feeling good when they had helped someone to have a shower or to go out for walk which "put a smile on their face." One care worker told us how they had felt pleased when a person had agreed to take some medicines they needed after initially saying they would not take these. Care workers told us they had not seen any indication that people they visited had received poor care on an earlier visit. They told us if they did so they would report this to one of the office staff immediately. One care worker said, "If I had any suspicion a person I visited had not received the care they should have at an earlier visit I would call the office and report it."

People told us they were involved in planning their care and support and making decisions about this. A person said that, "If I want them to do anything they do it." One relative said their relation was "completely involved in the planning of their care. People also said that if something was not right they told the care worker. One person commented, "I can't stand anything not being right, I tell them if it isn't", and another said, "If I have to remind them I do."

Staff said people chose and decided the care and support they wanted and how this was provided to them. A field supervisor said they involved people when they prepared their care plans and then went through these with them when they were written. The field supervisor said this provided the person with an opportunity to say if there was anything they wanted to change or add. Care workers told us people could request if there was anything extra they wanted during their visit. One care worker said in the past they had been "handed a list of things people wanted to be done".

The registered manager told us no one who used the service at present had the support of an advocate. There was information displayed in the office about advocacy services and the registered manager told us they had an advocacy policy and they would arrange for anyone wanting an advocacy service to be put into contact with one. Advocates are trained professionals who support, enable and empower people to speak up about issues that affect them.

People who used the service said they felt they were treated with respect and that staff were polite and respectful. One person told us, "My dignity is respected, definitely." Another person said they liked to see to their personal care needs in private and this was respected when they were able to do so. People also spoke of care workers being respectful in their homes. This included tidying up after themselves and putting things away.

Care workers described how they provided any personal care in a way that promoted people's privacy, encouraged their independence and respected their modesty. A recently appointed care worker told us they had discussed how to promote people's privacy and dignity as part of their induction. Another care worker said, "If they can and are willing to do it (personal care) they do it themselves so we don't take away their independence. We are there for support when they need us."

Some people we spoke with referred to circumstances they were aware of involving other people who used the service they said had been mentioned to them by care workers. These had usually been mentioned when giving an explanation for being late. Care workers we spoke with confirmed they knew and understood the provider's policy on confidentiality and said these types of explanations should not be given. The registered manager told us they would address this issue as a matter of priority with staff.

Good

Is the service responsive?

Our findings

People told us they received the care and support that had been planned for them and this met their needs. One person said, "I can't think of anything they could do more or better." Other people told us that their needs were met and that they could vary their care if they wanted, for example one person said they sometimes preferred a 'good wash' rather than having a shower if they were not feeling up to it and care workers respected this.

People's needs and how these should be met were described in their care plan. These were kept under review and updated when needed. One person told us that any new care worker goes through their care plan and ask any questions they had. The care plans we looked at had been reviewed as intended, with the exception of one care plan that had not been updated when a person's need for care and support had reduced, and the field supervisor made an appointment to go and review this the following day.

A recently appointed care worker told us they found the care plans informative and helpful and said "I always refer to them, they tell me what I need to know." Another care worker told us they were taking some care plans out to some new people using the service. They said they had looked through these and they provided the information they would need to be able to provide these people with the care and support they required.

Care workers told us a lot of people's care plans had been updated over recent months. They told us that if they identified anything that had changed or was not correct they would notify office staff who would arrange for a further assessment to be undertaken to update the care plan. One care worker said the care plans were a lot clearer than they used to be and there were fewer pages which made them easier to refer to. Another care worker said they felt the care plans provided the information they needed but would like more time to be able to read these "thoroughly".

People were provided with opportunity for social interaction and staff understood what was important to people. Care workers told us they always tried to bring in some social aspects to their visits. They said they would engage in every day conversation topics, such as what had the person been doing and asking how their family were. They said they would talk about things people were interested in such as any pets, hobbies or interests they had as well as television programmes.

The majority of people told us they did not recall being told about how they could make a complaint if they were not happy with something about their service. Despite this most of these people said if they did have a complaint they would ring the office.

Care coordinators told us the field supervisors informed people about the complaints procedure in case they wished to raise a complaint. However a field supervisor told us they did not include any information about the complaints procedure in people's care plans when they compiled these. The care plans being taken out to the new people using the service did not have any information about how to make a complaint in. The registered manager said there had been an updated 'welcome pack' introduced which included

information on how to make a complaint and how any complaint would be managed. The registered manager said some people may have missed out during this change over, however they would distribute the updated welcome pack to everyone who used the service to ensure they had this information.

Care workers said they presumed people were told how they could make a complaint, but they were uncertain as to when or how this was done. Most of the care workers we spoke with said they would suggest a person phoned the office staff if they had a complaint and they would give them this phone number if necessary.

People could be assured that complaints would be recorded and responded to appropriately. Complaints were recorded including details of any investigation and the outcome. Whilst most people we spoke with said they had not made a complaint about their service, two people told us they had. Both people said they were still waiting to hear back about these. We discussed one of these with the care delivery director who contacted the person and arranged for the field supervisor to visit them to discuss this further. The care delivery director said there appeared to have been some confusion as to who the person made the initial complaint to, and it may have been made to someone other than one of their staff. We discussed the other compliant with the registered manager who told us they had responded to this and showed us the record of them doing so.

Good

Is the service well-led?

Our findings

The majority of comments we received about how the service was run were positive, although we were told by two people they had not been informed that a call was going to be later than planned and that a message to call back had not been responded to. We were also told about some occasions when a person who used the service or a relative had contacted the office staff and their issue had been addressed and resolved promptly for them, such as cancelling or rearranging an appointment.

Care workers described the service as being efficient and said they got the information they needed, for example their rotas which were provided in good time. They told us when they raised any problems or difficulties these were dealt with and addressed. Care workers said they attended staff meetings and felt able to raise issues and contribute to discussions that took place. The registered manager said they held branch meetings where office staff discussed issues and made plans for the service.

Care workers said they felt welcomed when they came to the office and any resources they needed, such as personal protective equipment (PPE), were always available. Care workers told us they could always contact one of the office staff for advice, including out of hours when there was an 'on call' service provided. The registered manager told us they had an arrangement to meet each week with staff who were located some distance from the office to collect time sheets and deliver any resources they needed, such as PPE and forms, charts and other paperwork. Care workers were aware of their duty to pass on any concerns externally should they identify any issues that were not being dealt with in an open and transparent manner, this is known as whistleblowing and all registered services are required to have a whistleblowing policy.

People were supported by a well organised and effective staff team. People who used the service told us when they contacted the office they would usually speak with the care coordinator for their area. Care coordinators said the office staff worked together well and had clear lines of responsibility. The registered manager told us part of their responsibilities included being the care coordinator for one of the service's geographical regions.

The provider complied with the condition of their registration to have a registered manager in post to manage the service. We found the registered manager was clear about their responsibilities, including when they should notify us of certain events that may occur within the service. Our records showed we had been notified of events in the service the provider was required to notify us about.

People were given the opportunity to provide feedback on the service, however it was not clear how this information was used to make improvements. Some people who used the service told us they had been asked for comments about their service through survey forms, telephone calls or asked during a visit from a care coordinator. However people said they had not received any feedback on the results of these. The registered manager showed us the results displayed in the office, however these were included with the responses from other services belonging to the same provider. This meant there was not information available about how this service was performing and how any feedback made about this service was acted upon. The registered manager said they would be looking to implement an additional survey which would

produce results for this service independently, and they would feedback the results of this locally.

There were systems in place to monitor the quality and safety of the service however these were not always effective in identifying areas for improvement. The care delivery director demonstrated the electronic monitoring systems used by the provider which showed how they monitored various aspects of the service, including ensuring people's care plans had been reviewed, staff training and supervision were up to date and care workers had attended team meetings. People's daily notes and MAR sheets were brought back to the office where they were audited according to the provider's guidance. This system required each person's records to be audited every six months to ensure they were completed correctly and accurately. A field supervisor told us they selected a sample of dates to audit within that time period. We looked at a sample of the audited records and found these did not identify some discrepancies in how people's care was recorded. The registered manager said they would provide staff with some guidance about what should be recorded in people's daily notes, and how these should be audited.