

Nestor Primecare Services Limited

Allied Healthcare Brigg

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?	Requires Improvement ●

Summary of findings

Overall summary

Allied Health Care Brigg is registered to provide personal care to people in the community.

This comprehensive inspection was completed on 19 and 27 June 2017. It was the first inspection of the service since its registration.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was not always well-led. During this inspection we found that the provider's governance systems were not used effectively. When concerns with call delivery times were identified, appropriate action had not been taken to ensure people received their care at agreed times. Audits had failed to highlight that staff had not stayed for the full duration of care calls. People who used the service and their relatives were asked to provide feedback on the service; their opinions were used to improve the service when possible. Team meetings were held regularly and staff told us they felt supported in their roles. The registered manager was aware of their responsibilities to report notifiable events to the Care Quality Commission.

The service was safe. People were supported by staff who had been trained to recognise the signs that could indicate abuse had occurred and understood their responsibilities to report any poor care they became aware of. Risk assessments had been created to ensure people were supported safely and potential risks were mitigated. Staff were recruited safely and could be deployed in suitable numbers to meet people's assessed needs. Staff had been trained to administer medicines safely and had their competencies assessed regularly which, helped to ensure people received their medicines as prescribed.

The service was effective. Staff received appropriate training, supervision and appraisal. Clinical skills training was completed by staff to ensure they could meet people's individual needs. People or their appointed representative provided consent for the care they required. People received care and treatment from a range of healthcare professionals as required. People were encouraged to eat a healthy, balanced diet of their choosing. When concerns with their nutritional intake were identified appropriate action was taken to monitor them.

The service was caring. People were supported by caring staff who understood their needs and knew their preferences. The majority of staff had worked at the service for a number of years which helped to ensure people had continuity in their care. Staff understood the importance of treating people with dignity and respect. People were enabled to make choices in their daily lives. Private and sensitive information was handled and stored appropriately.

The service was responsive. People or their appointed representative were involved in the initial and on-

going planning of their care. Care plans and risk assessments were updated as people's needs changed to ensure staff were fully aware of their needs. The provider's complaints policy was given to people at the commencement of the service. We saw evidence to confirm that when complaints were received, appropriate action was taken to investigate and respond in line with the provider's policy.

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 who used the service were protected from abuse and avoidable harm. Staff had completed safeguarding training and knew what action to take if they suspected abuse had occurred.

Suitable numbers of staff could be deployed to meet people's needs. Safe recruitment practices were operated.

Known risks were mitigated to ensure people received the care and support they required safely.

People received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

Staff had completed training to equip them with the skills to deliver care and support effectively. Staff received effective levels of support and professional development.

People's consent was gained before care and support was provided. The principles of the Mental Capacity Act were followed.

People's needs were met by a range of healthcare professionals.

People were encouraged to eat a varied and balanced diet. When concerns with people's nutritional intake were identified appropriate action was taken.

Is the service caring?

Good ●

The service was caring.

Staff had developed positive caring relationships with people who used the service.

People told us they were treated in a caring way and were encouraged to maintain their independence.

People were treated with dignity and respect by staff. Their privacy was maintained.

Is the service responsive?

Good ●

The service was responsive.

Assessments of people's needs were completed and used to develop a range of person centred care plans.

People's needs were reviewed on an on-going basis and their care records were updated to reflect their current level of need.

The provider had a complaints policy in place and we saw complaints were responded to appropriately.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

The provider's quality monitoring systems were not used to highlight shortfalls and drive continuous improvement within the service.

The registered manager submitted notifications to the Care Quality Commission as required.

Staff told us they were clear about their roles and responsibilities and felt supported.

Allied Healthcare Brigg

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 registered provider was 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 comprehensive inspection took place on 19 and 27 June 2017 and was unannounced. The first day of the inspection was carried out by two adult social care inspectors. The second day was undertaken by one adult social care inspector.

Before the inspection, we reviewed all the information we held about the service which included notifications submitted to the Care Quality Commission by the registered provider. The registered provider had completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authority commissioning and safeguarding teams to gain their views of the service.

During the inspection, we spoke with three people who used the service and two people's relatives. We spoke with the registered manager, the business development manager, the assistant manager and three members of care staff.

We looked at four people's care plans and their Medication Administration Records (MARs). We looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) to ensure that when people were deprived of their liberty or assessed as lacking capacity to make informed decisions, actions were taken in line with the legislation.

We reviewed a selection of documentation relating to the management and running of the service. These included quality assurance information, minutes of meetings, staff training records, supervision and recruitment information for three staff, questionnaires and complaints information.

Is the service safe?

Our findings

People who used the service told us the care and support they received from Allied Healthcare Brigg enabled them to remain in their own homes and made them feel safe. One person said, "I don't know what I would do without them [the care staff]. Honestly, I would be lost without them; I think I would probably have to go in to a home." Another person said, "The girls check on me and make sure I have everything I need, it's comforting to know I'm not alone."

People who used the service were protected from abuse and avoidable harm by staff who had completed relevant training and knew how to keep people safe. Accidents and incidents were recorded appropriately and the provider had developed systems to ensure they were reviewed and actioned in a timely way. The registered manager explained, "Incidents are recorded on the CIAMs (complaints, incidents, accidents monitoring) system. Depending on what has happened, I will review them and set actions but the head of safeguarding and health and safety see them as well. If there is anything I have missed or anything else that needs doing they feed that back to me." This helped to ensure investigations in to incidents were comprehensive and unbiased.

During discussions it was clear the registered manager was aware of the local authorities reporting requirements and we saw evidence that confirmed specific accidents or incidents were reported to the local authority to enable them to be investigated. Learning from internal and external investigations was used to prevent the re-occurrence of incidents and promote people's safety.

The provider had developed continuity plans for a range of foreseeable emergencies which helped to provide assurance people who received the care and support they required during and after an emergency situation. The registered manager told us, "Some of the people who use the service need a lot of care so we have plans in place with the district nurses and night roving teams so we know if we have any issues people will still get the care they need."

People who used the service told us they received their medicines as prescribed and records we saw confirmed this. We look at several people's Medication Administration Records (MARs) and saw they were completed accurately without omission. At the commencement of the service people's ability and desire to self-medicate was assessed and the registered manager confirmed appropriate plans would be developed to support people's independence in this area as required.

Records showed staff had completed training in relation to the safe handling of medication and their abilities were assessed on a continual basis. A person who used the service said, "They [the care staff] sort everything out for me, I have too many tablets and creams and potions to remember at my age."

The recruitments records we saw confirmed that the provider operated safe and effective recruitment systems. The staff recruitment process included a formal interview, reference requests and a Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out criminal record and barring checks which, helps employers make safer recruiting decisions and also to minimise the risk of unsuitable people

from working with children and adults at risk.

Suitable numbers of trained and experienced staff were available to meet the needs of the people who used the service. Records showed people were supported by small, dedicated care teams who had worked in the service for long periods of time. We reviewed people's log books which included the times staff arrived and left each call. We saw that on some occasions staff had left the call earlier than expected. Although staff clearly recorded that all care tasks had been completed; we raised our concerns with the registered manager that if staff completed the care calls earlier than expected on a regular basis this may indicate that the care package was not reflective of people's current care and support needs. The registered manager assured us that this matter would be investigated and appropriate action would be taken.

Is the service effective?

Our findings

People who used the service told us that were supported by competent and capable staff who knew how to meet their needs effectively. One person said, "I have had the same staff for a long time now. They all know me really well and do an amazing job; I'd be lost without them." Another person said, "The staff that I see are first class. They do everything just how I want it doing."

Records showed staff had undertaken a range of training that equipped them with the skills and abilities to carry out their roles. Refresher training was completed on a periodical basis which, helped to ensure staffs knowledge was based on current best practice guidance. A number of staff had received additional 'clinical skills' training that enabled them to support people with specific needs. The training was delivered by the provider's lead nurse and staff competencies were assessed on an annual basis or sooner if required.

Staff told us they were supported in their role. A member of staff we spoke with said, "I think we get lots of support, I can speak to my manager any time I want." Records showed staff received a minimum of three one to one meetings with their line manager and an annual appraisal. The meetings focused on staff's needs, training and support they required as well as looking at personal development and achievements through the year.

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, 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. For people in the community who needed help with making decisions, an application should be made to the court of protection. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of our inspection no one who used the service was being deprived of their liberty.

During discussions with staff it was clear they understood the importance of gaining consent from people before providing care and support. Records showed people who used the service or their appointed representative had formally consented to their care. We saw records of best interest meetings which helped to provide assurance that when people lacked the capacity to make informed decisions themselves appropriate action was taken to ensure they received the care they required.

People who used the service had their health needs met by a range of health care professionals. Records showed advice and guidance had been gained from GPs, district nurses, occupational therapists, dieticians, speech and language therapists and the falls team. We saw evidence in care records to confirm that when people's needs changed, referrals to other health care professionals were made in a timely way. The registered manager told us, "The staff do EWS (early warning signs) training which teaches them to

recognise changes in people's presentation. It was introduced to reduce or prevent hospital admissions; because the staff pick things up quicker we can make referrals to professionals before people deteriorated."

People who used the service were supported to eat a balanced diet of their choosing. Staff told us and records confirmed people were encouraged to choose healthy options but their preferences were catered for. When concerns with people's dietary intake were highlighted appropriate action was taken and their intake was monitored.

Is the service caring?

Our findings

People who used the service told us they were supported by caring and attentive staff. One person said, "They are the best carers you could get, they are very good, no, they are brilliant." Another person said, "They [the care staff] are very kind, they always have a smile on their face and they never fail to cheer me up."

People and their relatives confirmed they or their family members were treated with dignity and respect. Their comments included, "Oh yes they are very respectful, we do have a laugh and joke but they know not to over step the mark", "The girls are professional but still very caring, they knock on the door and shout that they are there when they come in and they are respectful in the house, you know they tidy and keep the place clean" and "They do protect her dignity."

During discussions with staff it was apparent that they understood their responsibilities to treat people with dignity and respect. A member of staff told us, "I always try and imagine how I would feel. If people who I didn't know had to come and give me care I don't think I would like it, because of that I try and be as thoughtful and considerate as I can." Another member of staff commented, "I just treat everyone how I would want to be treated."

Records showed staff turnover was low and the majority of staff had worked at the service for a number of years. This helped people to develop trusting relationships with the staff who supported them. The registered manager told us, "We try and do what we can to match up the staff and the clients. We have a person who needs a lot of care and they are very involved in deciding who supports them."

The care plans we saw contained suitable information to enable staff to support people in line with their preferences. Information about people's lives such as where they grew up, went to school, previous occupations and their families and friends were available to staff which, helped them create meaningful and supportive relationships. A member of staff we spoke with said, "The care plans do have a lot of information in them; they [the people who used the service] are always involved with their development so they are accurate and let us know how people want things doing."

During our discussions with people, their relatives or appointed representatives and reviewing care plans and other care records; we could see that people were receiving care and support which reflected their diverse needs in respect of the nine protected characteristics of the Equality Act 2010 that applied to people living there which included age, disability, gender, marital status, race, religion and sexual orientation.

Advocacy information was available in the service as well as being given to people at the commencement of their service. The registered manager explained, "If we think that people lack capacity we will complete an assessment, we check if anyone has lasting power of attorney and if not we involve families but have to use advocates."

We saw people's confidentiality was maintained, care records were only accessible by relevant people and

the provider had developed policies around data protection and confidentiality that staff had to adhere to. The registered manager commented, "If I ever heard that staff were discussing any of the service users I would bring them in immediately, it is not acceptable."

Is the service responsive?

Our findings

People told us the care they received was responsive to their changing needs. They confirmed they were involved in the initial and on-going planning of their care. One person said, "It's my life; I am involved in all the decisions, big and small and I wouldn't have it any other way." A relative we spoke with said, "We have regular reviews and meetings with Allied and social services, I attend them all." They also said, "I am always informed if there are changes and know I can speak with the staff about any concerns I have."

All of the people we spoke with confirmed they knew how to raise concerns and make complaints. One person said, "I would raise any concerns I had with the staff directly or with their supervisors when they visit." A second person added, "I have never needed to complain about a single thing and I can't think of any reason why I would ever need to. I am very happy with the support I get and the carers who deliver it."

We saw evidence to confirm an assessment of people's needs was undertaken before care and support was delivered. The registered manager told us, "Typically we are contacted by the commissioners and see the care plan they have created and their assessment of the person's needs. The first thing we do is contact the care staff and discuss their availability and possible call times. If we have capacity then one of the care quality supervisors will make an appointment to visit the person and complete an assessment."

The initial assessment was used with the information from the local authority commissioning team to develop a number of personalised care plans in areas including communication, mobility, nutrition, washing and dressing, medication and continence. All of the care plans we saw included people's needs, levels of independence and abilities. Each care plan had a corresponding risk assessment which helped to ensure staff understood how to mitigate known risks and provide care safely and consistently. The care plans were then used to create 'visit summaries' which included step by step guidance regarding how to deliver each care call.

Records showed people's care was reviewed regularly. When people's needs changed or deteriorated their care plans and risk assessments were updated. We saw that people or their appointed representative were asked to sign review records and care plans to show that they had been involved with and consulted on any changes.

People who used the service told us that they were encouraged and supported to maintain their independence. A person said, "The staff come and help me with everything I can't do but don't take over, I still do a lot of things myself." A member of staff explained, "Everyone can do certain things themselves and that may change from day to day but I always encourage people to do what they can and try and involve them in things so they don't just rely on us." Other staff told us they promoted people's independence by offering them choices regarding their meals, what to wear and other daily tasks.

The provider had a complaints policy in place which provided information in relation to acknowledgement and response times. It also stated how a complainant could escalate their concerns if they felt the response they received was unsatisfactory. A copy of the complaints policy was provided to people in their welcome

pack. The registered manager told us, "We have only had two complaints in two years. One was because the client and staff member didn't gel very well, so we just stopped them going."

We saw that complaints were managed using an internal system that helped to ensure they were responded to and investigated in line with the provider's policy. The registered manager explained, "When we put a complaint on the system it creates timescales for when we need to have them completed, all response letters are reviewed by my regional director and we have to do a root cause analysis to look at why it happened and how we can prevent them happening again." A person who used the service told us that they had made a complaint in the past; that they were satisfied with the provider's response and the subsequent changes to their care.

Is the service well-led?

Our findings

People who used the service told us they thought the service was well-led. One person said, "I think they all do a marvellous job, you won't ever hear me say one bad word from me." A relative commented, "We are very happy with the service and always have been."

The provider utilised a range of quality monitoring tools to assess the level of care and support people received. This included audits, spot checks, reviews and compliance monitoring. However, we found these systems were not used effectively and that they had not driven the continuous improvement of the service. For example, when we looked at the three monthly log book audits we saw that no issues had been identified. When we reviewed people's log books it was clear that staff were not always staying for the full duration of the care call and had failed to document the reason for this.

The registered manager informed us that spot checks were carried out for all staff on a six monthly basis. They told us it had been identified at previous spot checks that some care staff had changed the order or their care calls. When we reviewed the log books we noted that some calls were delivered over an hour early. This showed the action taken following the identification of the re-ordering had not been effective in ensuring staff delivered care at agreed times.

During the inspection the registered manager provided assurance that the issues we identified would be rectified. Following the inspection the registered manager sent us a series of updates which confirmed that appropriate action had been taken to ensure calls were delivered for the required duration and as scheduled.

Staff we spoke with told us they believed the service was well-led and that they were supported in their roles. One member of staff said, "We work in the community so don't always see the manager but we get support from care quality supervisor and know the manager is at the other end of the phone." We saw that team meetings were held on a periodical basis and were used to ensure staff had a forum to, amongst other things, discuss people's needs and any changes to the support they required.

People who used the service were asked to provide feedback on the service at their reviews and through questionnaires. We saw that people's comments were collated and used to improve the service whenever possible.

We saw evidence to confirm managers team meetings occurred on a monthly basis. A range of subjects were discussed such as the quality of care delivery, business growth, recruitment, clinical updates and carer involvement. The registered manager told us, "The meetings are very good, we can talk about any issues we are having and how they have been dealt with in other services." They also said, "The way the company is set up means there is always someone to help us with anything we need. My regional director is very supportive. I can talk to them about anything." It was clear from our discussions with the registered manager the provider was aware of and involved in the day to day management of the service.

The service was led by a registered manager who was aware of their responsibilities to report accidents, incidents and other notifiable events that occurred within the service. We reviewed records within the service and found that the Care Quality Commission had been made aware of specific events as required which, helped to ensure we could conduct our regulatory duties.

The provider had created incentives and recognised dedicated staff as well as innovative ways of working. The registered manager told us that 'shining star' and 'care coach' awards were used to praise and acknowledge staff who had gone the extra mile and delivered high quality care to people.