Nestor Primecare Services Limited

Allied Healthcare Wirral

Inspection report

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Tel: 08447368290

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection took place on the 20 September 2018 and was announced.

This was the first inspection of Allied Healthcare since moving premises.

This service is a domiciliary care agency. It provides personal care to people living in their own houses in the community. It provides a service to people living with dementia, learning disabilities or autistic spectrum disorder as well as younger and older adults with physical disabilities, sensory impairments or complex health care needs.

Not everyone using Allied Healthcare receives a regulated activity. CQC only inspects the service being received by people provided with 'personal care'; such as help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection, the service was providing 'personal care' to 187 people who were living in their own homes within the Wirral area.

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 had a registered manger in post.

We found that recruitment practices were in place which included the completion of pre-employment checks prior to a new member of staff working at the service. However, we found that although new staff who had convictions on their criminal records check underwent a provider 'panel' meeting to ensure their suitability to work, they did not have risk assessments in place. This meant that the registered manager did not have the documentation in place to effectively monitor and support the staff member.

Risks to people's safety and well-being had been identified and plans put in place to minimise risk. However, we looked at the daily logs for four people and we identified that one of these showed staff had been completing tasks that had not been risk assessed or care planned.

The provider had systems in place to ensure that people were protected from the risk of harm or abuse. We saw there were policies and procedures in place to guide staff in relation to safeguarding adults and whistleblowing. Staff received regular training and supervision to enable them to work safely and effectively.

The care records we looked at contained good information about the support people required and recognised people's needs. All records we saw were complete, up to date and regularly reviewed. We found that people were involved in decisions about their care and support. We also saw that medications were handled appropriately and safely.

People were positive about the approach and attitude of staff. We were told that staff respected people and protected their dignity.

An accessible complaints procedure had been developed and people had been provided with a copy of the complaints procedure for reference. People told us they knew how to complain in the event they needed to raise a concern.

Policies and procedures were in place and updated, such as safeguarding, complaints, medication and other health and safety topics. Infection control standards were monitored and managed appropriately. There was an infection control policy in place to minimise the spread of infection, all staff had attended infection control training and were provided with appropriate personal protective equipment such as gloves and aprons.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Appropriate recruitment policies were in place; however, it was unclear how staff with identified convictions on criminal records checks were risk assessed monitored and supported.

Daily log sheets that had been completed by staff, recorded care had been delivered that was not in the care plan.

Policies and procedures were in place to provide guidance to staff about safeguarding adults and staff understood how to recognise and respond to allegations or suspicion of abuse.

Is the service effective?

Good

The service was effective.

Staff had access to induction, training identified as mandatory by the provider and other training that was relevant to their roles and responsibilities.

Staff supported people with their nutrition and assisted people to maintain their health and well-being.

Systems were in place to liaise with GPs and to work in partnership with other health and social care professionals when necessary.

Is the service caring?

Good

The service was caring.

People were treated with respect and their dignity and privacy was respected and promoted by the service.

People we spoke with said staff were kind, very caring and helpful.

People's information was held according to confidentiality policies and guidelines.

Is the service responsive?

Good

The service was responsive.

Systems had been developed for managing and responding to formal complaints.

We saw each person had a care plan that met their individual needs.

People who used the service told us they were involved in their plan of care and, where appropriate, their support needs were assessed with them and their relatives or representatives.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The quality of some of the processes was monitored continuously by visits to people who used the service giving them opportunities to express their views. However, the auditing processes were not always robust.

The service had a manager who was registered with the Care Quality Commission.

Staff were generally positive and confirmed they felt supported by the registered manager who was committed to providing a quality service.

Allied Healthcare Wirral

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 20 September 2018 and was announced. We gave 24 hours' notice as this was a domiciliary care company and we needed to be sure that they would be in as the registered manager sometime carries out care or supports staff in the community.

During our inspection we visited the office location to see the manager and office staff; and to review care records and policies and procedures. We also contacted people supported by the service by telephone to gather their feedback.

The inspection was carried out by one adult social care inspector and an expert by experience contacted people using the service by telephone. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection, we requested the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was completed by the registered manager.

We reviewed all the information which the Care Quality Commission already held on Allied Healthcare, such as intelligence, statutory notifications and/or any information received from third parties. We also contacted the local authority to obtain their view of the quality of care delivered by the service. We took any information provided to us into account.

During the inspection, we spoke with five staff as well as the registered manager and area manager. Furthermore, we also contacted seven people and seven relatives via the telephone to seek their feedback on the service.

We also looked at eight staff files, nine care files and other records relating to the management of the service. Records included training information, complaints and auditing processes.

Requires Improvement

Is the service safe?

Our findings

Everyone we spoke with said they felt they or their relative felt safe with their care workers. Comments from people using the service included, "Absolutely not [ever unsafe]. The carers always wash their hands when they come in, before they help you with anything", "There's never been anything [that upsets me]. I'd call the office if I felt like that", "I always feel safe but I would speak to them at the office if there was any problem with that." Relatives also commented "We got a call from the office to say the carer couldn't get an answer at the door. We were in but there was a problem with the doorbell so we didn't hear the carer. I thought it was very good that they checked that everything was all right and didn't just go away", "The first thing is their admin support is fantastic. For example, if the carers can't get in, they contact you immediately" and "[My relative] definitely feels safe with the carers and would let you know if not."

Records showed that all staff had completed training about safeguarding adults and the provider had a policy on safeguarding. Staff we spoke to were aware of the need to report any concerns to a senior person and they had knowledge of their own responsibility to report any concerns about their workplace to an outside body if necessary. We also asked staff if they felt comfortable whistle blowing. Whistleblowing protects staff who report something they believe is wrong within the work place. Each staff member said yes.

We looked at a sample of eight staff files. Records showed that recruitment and checking processes had been carried out when staff were recruited. This included a Criminal Records Bureau (now Disclosure and Barring Service) disclosure and the requesting of two references prior to employment as was stated in the services policies. We saw that the provider had a thorough checking process in place following the interview by a 'panel' of people if a potential new staff member did not have a clear DBS. However, we did not see any risk assessments carried out for staff whose conviction check had identified previous criminal convictions. This meant that although the staff had been cleared to work the registered manager did not have the risk assessment in place to effectively monitor and support the staff member. This was brought to the registered managers attention who assured us this would be immediately actioned.

Risks to people's safety and well-being had been identified and plans put in place to minimise risk. Risk assessments had been completed with regard to moving and handling, the environment, people's personal care and medication needs. However, we looked at the daily logs for four people and we identified that one of these showed staff had been completing tasks that had not been risk assessed or care planned. This was immediately brought to the registered managers attention who assured us that this would be actioned.

The service was in the transition period of changing to a new electronic rota system. This had caused some changes to the staff delivering peoples care. However, we were able to see that office staff and IT staff were working together to minimise any changes to people's care.

Most people said they felt they were familiar with the carers who came, although the number of different carers allocated seemed to vary between people. Some said they saw only the same few people whilst others reported having a lot of different carers. One family member felt very unhappy with this, and commented that their relative, who lived with dementia, needed more regularity and continuity in response

to their needs. Similarly, some people spoke confidently of having a clear rota, whilst others felt they weren't being given one or that this was unreliable. Comments included, "There seems to be different ones but I know most of them anyway. It depends on the time of year – holidays affect the rotas a bit. I haven't had a letter with the rota for a while, I don't think", "I think over the year [staff] have been pretty regular. Just once or twice a week it goes a bit wrong" and "Originally there was a main carer plus a few other known faces [my relative] had got used to. Now there are about eight different carers plus 'relief'. They receive a rota once per week and 80% of the time knows who is coming but where there's someone off, it just says 'relief' and [my relative] gets upset and says they don't know who these people are, or who is walking into their house using the key safe. There are changes without explanation; different people all the time."

We identified during the inspection that not everyone using the service had been receiving a rota that told them who was attending to their care. This was brought to the registered managers attention who immediately started investigating the reasons.

Most people said they found carers to be reasonably punctual and any delays within a reasonable time frame. Most also said that if the carer was getting very late, they usually had a call from the office to inform them. Two people said there had been at least one occasion when carers hadn't turned up at all but the office quickly responded to this and ensured a replacement carer attended. One person told us "There was only once when the carers were not here for the full time, and I raised it with the office. It hasn't happened since."

We looked at how the service supported people with their medication. People who required support with medication were supported effectively and those people who self-medicated were identified through their risk assessments. We were told by everyone we spoke to that there were no problems with medicines. Staff had received training in medication administration and the service had a medication policy and procedure available for staff to refer to.

We saw that personal protective equipment such as gloves and aprons were available to staff and staff had attended infection control training. This helps to minimise the risk of spreading infection.

Good

Is the service effective?

Our findings

Allied Healthcare had an up-to-date policy in place regarding the Mental Capacity Act 2005. The registered manager was able to discuss with us the support people were receiving and whether they had capacity or not for specific decisions. The service were aware of their responsibilities and were able to give staff guidance when providing care for people who may not have capacity to make some of the decisions needed in relation to their support. Everyone we spoke to told us their choices were respected.

We saw that care plans held peoples documented consent to their care and that this was regularly reviewed. People and their relatives commented "When I first moved to Allied, [the carers] would ask if I wanted this or that, but there's a shared understanding now. We don't need to discuss it", "[My relative] wouldn't wash or shower at first but the carers know how to encourage them in a way that family can't and [my relative] now has a shower nearly every day, which is a big improvement. Believe me if my [relative] doesn't want something, they wouldn't have it done", "The carers are very respectful, every time and with everything they do. They would never make [my relative] do anything that they hadn't agreed to" and "When the carers and my relative go up for the shower, they're all happy and chatty, so there isn't a problem with consent, it's a given."

We asked people who used the service and their relatives if the service provided by Allied Healthcare was effective. People spoken with confirmed their care needs were effectively met by the provider comments included "The carers get everything done and most times they are flexible. For example, they stayed an extra 10 minutes last week to help me get ready to go out. There's sometimes time for a chat. With the lads we have a bit of banter and when it's one of the ladies we have a gossip", "The carers know what they're doing and are really good with [my relative]. They know how to use the stand aid, so they're very safe" and "There's been a big improvement in [my relative's] well-being. Since the carers have been in it's been excellent."

A programme of staff training and development had been produced for staff to access which covered a range of areas such as induction, what the service identified as mandatory training, national vocational/diploma level qualification and other role specific training that was relevant to individual roles and responsibilities. This included training surrounding health and safety, fire awareness, fluids and nutrition and moving and handling. Staff were also provided with an employee handbook and other key information upon commencing employment with the provider.

Staff who had recently joined the team had started the Care Certificate. The Care Certificate is designed to help ensure care staff that are new to working in care have initial training that gives them an understanding of good working practice within the care sector. Staff also learned about people's needs through a shadowing period and by working alongside more experienced staff. The competency of staff was checked before they worked alone and through regular reviews and spot checks on their practice during a 12-week probationary period. Ongoing support for staff was achieved through individual supervision sessions and an annual appraisal. This measured staff development and identified any additional training needs.

Everyone we spoke to was happy with their support with eating and drinking. Comments included "I can

mainly manage but most days the carers put breakfast out for me and in the evening, I put the meal on and they dish it up for me. It works fine" and "Carers get breakfast and cook the evening meal from what [another relative] gets in." We saw that there was specific guidance in peoples care plans if a thickening agent was needed for people to drink safely and each care file we looked at had a nutritional care plan in place. This meant that staff had the appropriate guidance to support people to access food and drink safely.

We saw examples of how the service had worked in partnership with other teams and services to ensure the delivery of quality care and support for people using the service. For example, local commissioning teams, health and social care professionals such as social workers, GPs, and district nurses subject to individual need.

Staff were trained on an 'early warning system' (EWS) that meant staff had the ability to recognise issues such as recurrent health issues or deterioration. The effectiveness of this was supported in discussions with people who used the service.

Several people told us that care staff had either noticed they were unwell and advised them to seek medical help or acted upon it themselves, such as ringing for an ambulance or suggesting an appointment with the doctor. Comments included "They see so much of you they know your ways and can spot something out of character. Many a time a carer has said 'I think we'd better do something about this' and phoned the doctor for me and made an appointment. Once or twice I've felt really poorly and they've rung the ambulance for me", "When the carers first started to come, [my relative] had [specified medical problems] and I had a few phone calls to alert me that [my relative] was acting strangely and might need a doctor" and "They seem to have very good links with [another support] team and there was no time lag at all between [my relative] being supported by the one then transferring to Allied Healthcare. They also have very good links with adult social care."

Good

Is the service caring?

Our findings

Everybody we spoke with commented on the generally caring and respectful attitude of care staff; the vast majority also said they found office staff to be equally friendly and kind. Comments included "Very much so, you're treated with respect. We have a good relationship in the main. I look forward to [the care worker] coming", "The staff do treat you with respect. They talk to me like a person and I don't feel awkward around them" and "Dignity's the main thing. The care staff have a great way of asking me what I want or need and not telling me."

Relatives also told us "The carers are fabulous with [my relative] in everything they do. They give them a wash, do the medication [and other specified care tasks] and they sit and chat with them and have a laugh – they don't just rush off. [My relative] looks forward to them coming and they are absolutely fabulous" and "[The carers] treat [my relative] really well and they've built up a relationship with them. The staff are lovely across the board – absolutely fabulous."

We saw that people's confidential private information was respected and kept secure. For example, people's care plans were securely stored in the office and information held on computers was password protected. This treated people with dignity and respect.

Information available for people who received a service from Allied Healthcare included an overview of the service, the type of support that could be provided, service user rights and how the service delivers care. The 'customer guide' also included information people's rights to complain dignity and information on staffing. We also saw that there was information surrounding equality and diversity and when we spoke to people receiving the service we were told that staff respected them.
Each person we spoke with confirmed they were able to communicate with their care staff and engage with office staff directly if needed. We were told that communication between the service and people and their relatives was good. Comments included "The company's accessibility to families is really, really good. They're very nice, lovely people" and "I've had a few letters from the office to tell me about changes to the company."

We asked if people's independence was respected and if their daily routines were as they wanted them to. Everyone we spoke to said that the carers did not interfere with their daily routines. We were told by a relative "Allied have the capacity to take [my relative] out every week, to places [relative] like. They give the person the option or choice, and the carer the autonomy to decide if that's doable." People using the commented "If I have a bad day I can stay in my room, in bed, while the carers do the domestic stuff, shopping and so on. Then they help me get up when I'm ready" and "[The carers] say 'Ok, you tell us what you want and we'll do it'. I think that's important; it means we don't have to comply with them, they're there for us."

Staff we spoke with confirmed they had attended training to help them understand their role and responsibilities and the needs of people using the service. Staff also informed us that they had been given opportunities to familiarise themselves with information on the needs of people using the service such as

their assessments, care plans and risk assessments. We asked people and their families if people's needs were being met and we were told 'yes'. Comments included "I think they do meet my needs; some more so than others of course. It goes back to them asking me what I want and being able to respond. The carers help me to function as a person", "The service has made a really big difference to [my relative's] health and general well-being. [My relative] was very unresponsive but now you can have a chat with them – it seems to have 'livened' them up" and "They do absolutely everything that we asked for and agreed."

Good

Is the service responsive?

Our findings

Allied Healthcare had a clear written complaints policy a version of this was included in the 'customer guide' given to people when they started using the service. The complaints procedure advised people what to do regarding concerns and complaints and what to do if they were not satisfied with any outcome.

Most people said they had no complaints about the service. One person was able to describe an incident that the service took this very seriously and had carried out a full investigation. Comments included "I would phone the office. I did once and the office sorted it out" and "My relative has had a couple of carers in the past where [person] has asked for them not to come again – a personality clash with one of them, for example. The company responded straight away saying no problem at all. The complaints policy is in the back of the service book."

We spoke with the registered manager and a co-ordinator who told us the processes followed when a referral was received. This included making appointments with people and family for initial assessments, developing care plans and risk assessments. We saw records of these assessments in people's care files. The assessment forms had been completed in detail and recorded agreement for the service to be provided. People spoken with confirmed they had been involved throughout the assessment and care planning process and this was evidenced via consent forms.

Some people we spoke with and their relatives were able to report confidently about regular care plan reviews. Some indicated that the plan would be changed in response to information shared by phone as well as through meetings. Several people commented that the service was able to be flexible in meeting day to day changes to their needs. Comments included "We have reviews for example if my medication needs changing", "There is ongoing discussion about my condition. We had a meeting and reduced the provision because we agreed it was not really needed at night. Sometimes I have a bad morning or night and they're flexible about responding to that, putting in a bit more care if I need it" and "There was a care plan review and they update it every time there's a change in meds, for example."

The file that was place in a person's home had personal details, a social history of the person, a personalised assessment that documented scheduled visits and visit summaries. Care plans were in place for the care people required, this included personal care, support with dressing and communication. Specific communication needs were identified, examples were one person having tinnitus and needing glasses to enjoy their pastime of doing crosswords. This meant the provider looked at ways to make sure people had access to the information they needed in a way they could understand it. This complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given.

There were other personalised care plans surrounding continence, use of mobility equipment and the persons environment. The documentation was clear and had been reviewed. Care staff completed a visit log after each visit, and these were then archived.

Allied Healthcare at the time of inspection were not providing end of life care, however the provider had a comprehensive policy in place and the registered manager was able to tell us how they would prepare for this by accessing end of life training for the staff and by working with other professionals such as the district nurses.

Requires Improvement

Is the service well-led?

Our findings

The service had a registered manager who had been in post since 2010 and was supported at the time of inspection by one care co-ordinator, three field supervisors, an administrator who was not in attendance on the day of inspection, two operational excellence team members who were scheduling for all areas. There was also support from two field care supervisors who were not in attendance on the day of inspection. The service had a vacancy for one coordinator and an additional administrator. They also spent time working directly with people who used the service. The provider was transitioning over to an electronic rota system so there were technical operational staff based in the office and so had taken responsibility for staff rotas.

We looked at the quality assurance processes the provider and the registered manager had in place. We saw evidence that the planning and carrying out of service reviews and spot checks were undertaken by field supervisors. We also saw evidence of six monthly telephone reviews of care and quarterly satisfaction reviews. Care plans and staff files had not been audited by the registered manager at the time of the inspection, however they had been regularly checked by the field supervisors. We discussed that we had identified care tasks that had been carried out and noted in the daily log sheets that was not specified in a person's care plan. These log sheets had been checked and signed to say they were correct. This made us question the effectiveness of the quality checks. We discussed with the registered manager their responsibility to oversee the quality assurance processes and they informed us that there was a plan for them to implement an auditing system that would sample the documents being used by the staff.

We asked people if they had been asked to review the service and most people said 'yes'. We were told "I've had a few [questionnaires] actually – anonymous, you know" and "We have had to fill some forms like questionnaires in a couple of times."

Overall, people spoken with confirmed they were satisfied with the way the service was managed. Comments included "The service is great; I would recommend it", "Generally speaking, I've got to say, the service is quite satisfactory", "I'm pleased with the support I get because it helps me to stay independent and they do things with dignity" and "[Relative] seems very happy with the carers and I'm very happy; I can't fault the service at all."

The registered manager regularly liaised with others to ensure their own knowledge and practice was up to date. This included regular attendance at provider meeting and regularly meeting with the local authority.

The registered manager had contingency plans in place that had recently been reviewed. This included action to be taken in case of telephone failure, computer failure, branch sickness and carer sickness.

We saw that staff meetings had been held and the minutes showed that staff were comfortable speaking out and airing their views. One staff member told us "[Registered manager] is always approachable", another commented "I feel really confident and relaxed here."

The registered manager had instigated initiatives surrounding social values and to forge community links.

These included support for a clothes bank collection, food Bank collection for the local food bank, a memory walk - Walking for a world without Dementia and they were utilising their training room to establish links with local/voluntary/third sector organisations. This was to use this space they require for meetings.

The service had policies and procedures in place that included complaints, end of life care, health and safety, confidentiality, mental capacity, medication, whistle blowing, safeguarding, recruitment and lone working. These were regularly updated and this meant staff had access to up-to date guidance to support them in their work.