

Nestor Primecare Services Limited

# Allied Healthcare Lancaster

## Inspection report

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Website: [www.nestor-healthcare.co.uk/](http://www.nestor-healthcare.co.uk/)

## 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 inspection took place on 26 and 27 January 2016 and was announced. We visited the office base on the 26 January 2016. We gave the service 24 hours' notice about our visit. We did this to ensure we had access to the main office and the management team were available.

Allied Healthcare Services (Lancaster) provides domiciliary care and support to a range of people in their own homes. The range of support provided includes assistance with personal care, domestic duties, laundry tasks, shopping, and meal preparation. They also provide support for people (re-enablement scheme) who have recently been discharged from rehabilitation services or hospital. This service is for six weeks and is part of a multi-agency programme aimed at supporting people in their own homes. At the time of our inspection visit we were informed the service provided support for approximately 40 people on the 're- enablement scheme'. They also provided domiciliary support for approximately 200 people.

There was a registered manager in place. 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.

At the last inspection on 29 April 2014 the service was meeting the requirements of the regulations that were inspected at that time.

There were appropriate numbers of staff employed to support people who used the service and provide a flexible service. For example one person who used Allied Healthcare said, "They are very good and never leave me without anyone."

The registered manager had systems in place to record safeguarding concerns, accidents and incidents and took necessary action as required. Records confirmed staff had received safeguarding training. We spoke with staff and they had an understanding of their responsibilities to report any abusive practices.

During this inspection we found there were appropriate numbers of staff employed to support people who used the agency and they provided a flexible service. Recruitment procedures were safe with checks undertaken before new staff members commenced their employment. Staff received regular training and were knowledgeable about their roles and responsibilities. One staff member said, "They provide so much training."

Staff responsible for assisting people with their medicines had received training. We confirmed this by looking at staff training records and talking with staff and the management team. This meant they had the competency and skills required to administer medicines safely.

People were supported to eat and drink where needed and staff had received relevant training. Staff

supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals. This was confirmed by records kept by the agency.

A number of audits were in place to monitor quality assurance. The registered manager and the organisation had systems in place to obtain the views of people who used the service. This was in place to ensure the service continued to develop and address any issues they identified. This meant they continually monitored the quality of care and looked to improve the service.

## 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 told us they felt safe. Safeguarding procedures were in place and staff understood how to safeguard people they supported.

Assessments were undertaken of risks to people who used the service and staff. Written plans were in place to manage these risks.

Staffing levels were sufficient to meet the needs of people who received a service from the agency.

Staff had been recruited in line with national guidelines.

Medication processes were in place should the agency be required to administer medicines.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff that were sufficiently trained, skilled and experienced to support them to have a good quality of life.

The registered manager was aware of the requirements of the Mental Capacity Act 2005.

People were supported to eat and drink according to their plan of care.

Staff supported people to attend healthcare appointments and liaised with other healthcare professionals as required if they had concerns about a person's health.

### Is the service caring?

Good ●

The service was caring.

People who used the service told us they were treated with kindness and compassion in their day to day care.

Care and support had been provided in accordance with people's wishes.

Staff were respectful of people's rights and privacy.

### Is the service responsive?

Good ●

The service was responsive.

Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences.

The service worked well with other agencies and services to make sure people received care in a responsive way.

People knew their comments and complaints would be listened to and responded to.

### Is the service well-led?

Good ●

The service was well led.

Systems and procedures were in place to monitor and assess the quality of service people were receiving.

The registered manager consulted with stakeholders, people they supported and relatives for their input on how the service could continually improve.

A range of audits were in place to monitor the health, safety and welfare of people.

# Allied Healthcare Lancaster

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection visit took place on 26 and 27 January 2016 and was announced. The registered manager was given 24 hours' notice because the location provides a domiciliary care service to people living in the community. We did this to ensure we had access to the main office and the management team were available.

The inspection team consisted of an adult social care inspector.

Before our inspection visit we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people the service supported. We also checked to see if any information concerning the care and welfare of people being supported had been received.

We went to Allied Healthcare (Lancaster) office base and spoke with the registered manager, four senior staff, the operations manager and eight staff members. We also visited two homes of people who received a service and spoke with them and three relatives. We contacted 14 people who used the agency by telephone. We also contacted four staff members by telephone.

We looked at care records of three people who used the service, training records of staff and the records of two recently recruited staff members. We also looked at records related to the management of the service. We contacted the commissioning department at the local authority. This helped us to gain a balanced overview of what people experienced accessing the service.

# Is the service safe?

## Our findings

All the people we spoke with told us they felt safe when using the service. Comments included, "I do trust the agency. I feel secure knowing someone from Allied will be visiting me." Also, "I look forward to them coming it is a safety valve to me this agency."

The organisation had a system and procedures in place to minimise the potential risk of abuse or unsafe care. Staff told us they were confident reporting any concerns or safeguarding issues. Staff records we viewed confirmed personnel had received safeguarding vulnerable adults training. Training schedules of staff identified when staff required their safeguarding training updated. Staff members we spoke with understood what types of abuse and examples of poor care people might experience. The service had a whistleblowing procedure. Staff spoken with told us they were aware of the procedure. They said they wouldn't hesitate to use this if they had any issues or witnessed poor practice.

We looked at the way the service used their staff and rotas of staffing levels. We found staffing levels were suitable with an appropriate skill mix to meet the needs of people using the service. This was confirmed by talking with staff and people who used the service. For example a relative told us they had received a service from the same staff member for a number of years. They had recently left. They told us the registered manager found a suitable replacement staff member with similar interests and skills to the employee who left. We spoke with the relative who said, "[Relative] is so happy as the new carer is brilliant with him."

A variety of risk assessments had been developed and were present at the office and in the homes of people we visited. For example they covered environmental risks such as, lighting, driveways, carpets and pets. This helped to ensure people were safe and reduced the risk of injury or accidents. Risk assessments were reviewed should there be a need to.

The agency operated an electronic call logging system to monitor staff visits to people's homes. Staff were required to log on the system when they arrived at a person's home and log off when they left. This enabled the service to check staff were arriving on time and people were safe. The registered manager told us the system alerted the office if a staff member hadn't logged in at the correct time. The staff member would then be contacted to establish the cause of the delay. This meant the office staff or registered manager would be able to contact the person who received a service and pass on information.

We looked at two recruitment records of staff. Required checks had been completed prior to any staff commencing work at the service. This was confirmed from discussions with staff. Recruitment records examined contained a Disclosure and Barring Service check (DBS). These checks included information about any criminal convictions recorded. The application form completed by the new employee's had a full employment history including reasons for leaving previous employment.

We spoke with staff that had recently been recruited. They explained the induction process and felt the information and support they received at the start of their employment was very good. Comments included, "From the start the support was very good." Also, "We shadowed experienced staff for a while before we

went out on our own."

We checked to see if medicines were managed safely. We saw care plans contained information to ensure the responsibilities of family, staff and the people who received care and support were clear. This helped ensure people were supported to take their medicines safely.

Staff we spoke with told us they had received training to enable them to administer medicines and this was refreshed to ensure their skills were maintained. We saw documentation which confirmed this took place. Staff told us no one was allowed to give out medicines or prompt people to take their medicine without formal medication training.

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# Is the service effective?

## Our findings

People told us they were satisfied with the service they received from Allied Healthcare (Lancaster). They told us staff were knowledgeable and aware of what support was required. One person said, "The carers are generally great and supportive." Comments from other people who used the service were positive and included, "I don't want to think what it would be like without them. They are a lifeline to me and my husband." Also, "Good staff who know what they are doing."

Comments from relatives were positive about the effectiveness of the service. For example one relative said, "We were consulted about the personality of the staff we wanted and whether we had anything in common. We thought that was great. They really tried to match us up with people."

People confirmed they had agreed to the support plan of care and had input into times staff were required. They were also informed of what staff would be visiting. They told us staff asked them if they were happy with support being provided. One person who received a service said, "It was very professional at the start. We knew what was required and had our wishes discussed and agreed."

A training programme was in place for all staff. We looked at the training programme for 2015-2016. Records were kept on the computer system for all staff. Each individual had a programme of training courses to complete. On-site training was accessible. The organisation had their own qualified in house trainers. One staff member said, "They provide so much training. What is good about it is they provide the courses here by their own staff." We discussed mandatory training and their programme included food and hygiene, infection control and health and safety. These courses were regularly updated every two to three years. All staff we spoke with told us there were no issues with access to further their skills by attending training events.

The computerised plan of training had a 'traffic light' system. This highlighted training courses that required completion or updating. For example if a person had a green light it meant their training schedule was up to date. Amber showed training was due. The red light indicated training was overdue and should be completed. The management team told us the system worked well and they were able to keep up to date with staff training.

Staff received support to understand their roles and responsibilities through supervision sessions with the management team and an annual appraisal. Supervision consisted of individual one to one sessions with senior staff. The one to one meetings discussed individual development and any issues staff wanted to discuss. One staff member said, "We have supervision with the manager on a regular basis." All staff we spoke with confirmed they received one to one sessions with one of the management team.

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 demonstrated an understanding of the legislation as laid down by the Mental Capacity Act (MCA). Discussion with the registered manager informed us they were aware of the process to assess capacity. However this had not been applicable to their service at the time of the inspection visit.

Staff who prepared food as part of the support package had completed food and hygiene training. We spoke with the registered manager who confirmed this. Care plans seen confirmed people's dietary needs had been documented.

Care plans we looked at contained contact details of other health professionals relevant to the person's support plan. We saw details of doctors and other health professionals including social services. We found a description of their role in supporting people was included. All the staff we spoke with told us if they were concerned about a person's health, they would contact the office. This was to ensure they had the information. They also told us they would contact the person's family member or other health professionals if the need arose. This demonstrated staff were aware of the action to take if a person became ill.

People we spoke with said their general health care needs were co-ordinated by themselves or their relatives. However, staff were available to support people to access healthcare appointments if required. This was confirmed by talking with staff and people who used the service.

# Is the service caring?

## Our findings

People who received a service told us they felt the support provided to them was by caring staff. One person who received a service said, "Excellent carers so kind and caring." A relative said, "[Relative] is so well cared for. I don't have any issues with the staff they are so kind and helpful."

Care records of people who received a service we looked at, identified they were involved in the development of their support plan. When we visited the homes of people we found they were signed by the person or carer. This was to agree to the support and care provided. People told us the senior staff members visited them to discuss the support plans and involved them in what areas of support they required. One person who received a service said, "We discussed times and what was needed to help me."

Care plans contained information about people's current needs as well as their preferences. We saw evidence to demonstrate people's care plans were reviewed and updated. Care plans were changed when a person's needs changed. A staff member said, "We would always change care plans to suit the individual if their needs altered."

Care plans reflected what support people required from other agencies such as GP's or other health professionals. This meant staff were aware of all the needs and support individuals required when visiting people in their own home.

People who received a service told us staff at Allied Healthcare (Lancaster) were always polite and courteous. For example one person said, "They announce themselves and always knock before they come into my home." We spoke with approximately 18 people who used the agency. We had no negative responses in relation to the caring attitude and kindness of staff.

Before our inspection visit we received information from external agencies about the service. They included the commissioning department at the local authority. Links with these external agencies were good and we received positive feedback from them about care provided by the service.

Staff told us they had ongoing training in relation to dignity and respect towards people they supported. This ensured staff had guidance and knowledge on how to treat people with respect. One staff member said, "It is part of our training. It is as important as we are visiting people in their own houses. You have to be aware and respect that."

We spoke with staff about the re-enablement programme and the affect it had on people in relation to their daily living. Staff told us the programme was rewarding as they could see a difference in the six weeks they provided support and assessed the person's ongoing needs. Comments from staff included, "I love working as a team on the re-enablement programme it can be rewarding. You can see the difference at times from when they first come home to the end of the six weeks support." Staff told us you have to be patient and supportive so that people have the chance to ensure they can manage independently if possible.

As part of the caring approach from the agency we found they employed a person who was a 'carer/coach'. This person supported staff who had recently started with the service and found they required extra support following a time out on their own. The staff member would shadow the person and observed their practice and offer guidance or training where identified. One staff member said, "It is really good it helps if people feel the need for extra support."

## Is the service responsive?

### Our findings

Comments from people who used the agency and their relatives told us they were satisfied in the way support was provided. For example one person told us they responded to changing times they wanted support provided to them. They required different times on one day as they started to attend a day centre. They required personal care support earlier to ensure they were ready for the transport. We spoke with the relative of the person who said, "The staff and manager were great. They changed the time so that [relative] could be ready earlier in the day. It was not an issue for the staff."

We looked at care records of two people we visited. They were up to date, with copies available in the office. Good assessments of support had been undertaken prior to the package of care provided. This meant staff had as much information as possible in order to provide quality support and care. Senior management had visited people to assess their needs. This was to identify what support people required before the service started. Care plans were person centred with input evident from the person who received a service. For example the person signed the care plan to confirm they agreed with the support provided.

Care plans were reviewed and updated on an annual basis. However any changing needs could result in a full review of support they received. Care records were detailed, person centred and clear. Staff we spoke with confirmed this. Staff told us they felt care records of people they supported contained information necessary for them to help people in their daily lives. We found when we visited peoples homes information was up to date and easy to follow should staff need to refer to the care plan. This was confirmed by talking with staff members.

The service responded to peoples needs following discharge from rehabilitation homes and hospital. This was by a specialist 're-enablement team' set up by the agency. This service had 15 staff members. They supported people for a six week intensive period following discharge from rehabilitation homes or hospital. They supported people in conjunction with other health and social care professionals. One staff member said, "It is a fantastic scheme and it enables us to help people be as independent following a major trauma in their life." If at the end of the six week period further support was required people would move on to the domiciliary service of their choice. A person we spoke with who was supported by the programme said, "They have been wonderful. It has given me a chance to have time to mend and manage on my own." We visited a family who had been on the programme and now received some support following the six week programme. "They have been wonderful so patient and kind with me. It has really helped."

People we spoke with told us they found the service was flexible and responsive in changing staff to suit the needs of individuals. For example one relative of a person who used the agency told us they matched their relative with a person of a similar age and background. The relative said, "We had a carer for ages who left. The manager replaced them with someone who was a very similar age and [relative] got on with them like a house on fire."

A complaints procedure was available in the documentation provided by Allied healthcare. It clearly

detailed the process to go through should people wish to complain. The document included expected timescales, what action was taken and contact details of the organisation.

People we spoke with knew how to make a complaint should they require to. Comments from people included, "I know how to complain but I never had to at the moment." Also, "I have the contact details should we need to complain."

None of the people who used the service we spoke with expressed any complaints. One person said, "I have had a couple of grumbles but the staff and management have been fantastic. " Also, "Any time anyone is late or there is a change the agency has managed it well. I have had no reason to complain."

## Is the service well-led?

### Our findings

We found the registered manager understood their responsibilities and was supported by a range of qualified senior staff. The registered manager told us they received good support from the organisation and the operations manager. One staff member said, "There is no problem with the senior staff or manager they are so supportive."

People who used the service told us the registered manager and senior staff regularly called either in person or by telephone. This was to check they were happy with the service or wanted to discuss any issues. One person who used the service said, "[senior carer] is wonderful and we do like to see her. She calls often to check everything is alright."

The service had a registered manager who understood their responsibilities. The registered manager had ensured CQC were notified of any incidents or issues relating to the service in a timely manner. We confirmed this by notifications we looked at sent by the agency. This meant that we received all the information about the service that was required.

People who received a service and their relatives told us they felt support provided by the service was good and organised. For example one person said, "They keep to their times as much as possible and we know the routines well."

Staff spoke positively about the support they received from the registered manager and senior staff. They told us they would have no hesitation in discussing any issues with the registered manager. They told us the registered manager was approachable. Comments included, "You cannot say the manager and senior staff are not supportive, they are." Also, "You can talk with [registered manager] anytime. She always makes space for you if you have a problem."

We found the service had clear lines of responsibility and accountability with a structured management team in place throughout the organisation. This consisted of the operations manager, registered manager and senior staff. The registered manager was experienced, knowledgeable and familiar with the needs of people they supported. The registered manager had delegated individual responsibilities to senior staff. This meant staff had clear lines of authority should they require support or discuss any issues that may arise.

The registered manager and senior staff conducted spot checks and telephone calls to make sure the service provided was efficient and reliable. They called to see people when staff were supporting them. One staff member said, "It is a good the management carry out spot checks I look at it as a positive." This showed the agency was continually monitored and committed to improve the service they provided.

The registered manager had procedures in place to monitor the quality of the service. Regular audits were being completed by the registered manager. These included medication, staff training and auditing of daily records in homes of people. Any issues found on audits were acted upon and action taken to improve the quality of service provision. For example an audit of daily records found staff had missed entries that could

lead to wrong information. The registered manager identified further training to address the issues. Also meetings with staff to ensure all information was completed when visiting homes of people.

Staff meetings were held monthly and records we saw confirmed these were well attended. The re-enablement team also had staff meetings weekly to discuss packages of care they supported. Comments from staff were positive about these meetings. They found they provided a forum to discuss any issues or concerns. This enabled people to get together and ensure the service continued to be reliable and flexible. Comments from staff included, "I am on the re-enablement team and really embrace the weekly meetings. We learn a lot from each other." Also, "I always try and attend the meetings as they are a good source of information."