

# Nestor Primecare Services Limited

## Goldsborough - Hatfield

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

We carried out an announced inspection of this service on 30 June 2016 when we visited the office. We contacted people who used the service on various dates from 30 June 2016 to 12 July 2016 when we concluded our inspection. The service provides personal care to people living in their own homes. On the day of this inspection, there were 830 people using the service covering the whole of Hertfordshire.

The service had a registered manager in post. 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.

There were systems in place to safeguard people from the possible risk of harm. There were risk assessments in place to provide guidance to staff on how risks to people could be managed and minimised. People received their medicines safely as agreed with their care package and assessment of needs.

The provider had effective recruitment processes in place to ensure that staff employed to the service were suitable for their roles. There were sufficient numbers of staff to support people safely.

Staff were skilled and knowledgeable in how to support people in accordance with their agreed care plans. Staff received regular supervision and support, and had been trained to meet people's individual needs appropriately.

Staff understood their roles and were aware of their responsibilities and understood their roles to seek people's consent prior to care being provided. They were caring, compassionate and they respected people's privacy and dignity.

People's needs had been assessed, and care plans included their individual needs, preferences, and choices. The provider had a formal process for handling complaints and concerns.

There were effective quality monitoring processes in place. Regular checks and audits had been carried out and people's views had been sought regarding the quality of 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.

There were systems in place to safeguard people from the possible risk of harm.

There was sufficient numbers of staff to meet the needs of people safely.

There were robust recruitment processes in place.

### Is the service effective?

Good ●

The service was effective.

People received care and support from staff who had been trained, were skilled and knowledgeable in meeting people's individual needs.

People's consent was sought prior to care or support being provided.

The provider worked closely with other healthcare professionals to ensure that people's needs were met.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff that were kind, caring and friendly.

Staff promoted people's dignity and treated them with respect. They understood people's individual needs and they respected their choices.

People were provided with information about the service.

### Is the service responsive?

Good ●

The service was responsive.

People's needs had been assessed and appropriate care plans were in place to meet their individual needs.

People were supported in accordance with their agreed care plans.

### **Is the service well-led?**

**Good** ●

The service was well-led.

The management was supportive and approachable.

The provider had an effective system for monitoring the quality of the service they provided.

Staff were aware of the provider's vision and values.

# Goldsborough - Hatfield

## 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 which included a visit to the provider's offices took place on 30 June 2016 and was conducted by one inspector. A 48 hours' notice of our inspection was given to the provider to ensure there would be someone in the office. An expert by experience contacted people who used the service and their relatives. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service

Before the inspection, the provider completed a Provider Information Return (PIR) which we reviewed. A PIR 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. We also reviewed information we held about the service, including the notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the office visit, we spoke with the registered manager, 25 people who used the service, nine relatives and 10 care staff. We looked at the care records for 15 people who used the service, the recruitment and supervision records for 10 care staff, and their training records. We also reviewed information on how the provider managed complaints, and how they assessed and monitored the quality of the service.

Between the date of the office visit and 12 July 2016, we spoke with people who used the service and their relatives and staff by telephone.

# Is the service safe?

## Our findings

People who used the service told us that they felt safe. One person said, "I've been having carers for over six years from this agency so they know how to keep me safe." Another person said, "I definitely feel safe with the care workers when in the house, they appear to be well trained."

People felt safe and secure, as their care was delivered to a higher standard, with more consistency and understanding of their needs and limitations. A relative said, "I do feel my [Relative] is safe with the carers. I am grateful that nothing has ever gone missing from his home. I believed them all to be thoroughly trustworthy."

The provider had up to date policies and procedures including the ones on safeguarding and whistleblowing. Whistleblowing is a way in which staff can report misconduct or concerns within their workplace without fear of the consequences of doing so. All staff spoken with told us they had attended safeguarding training and understood what action they needed to take to safeguard people. One member of staff told us, "I did my safeguarding training. If I notice a change in a person's behaviour, I will ask them how they are. I would report to the office if I wasn't happy with how they were behaving or responding." Another member of staff said, "I would report it to [the Registered Manager]. If not I would report it to the safeguarding team and the Care Quality Commission (CQC)." They were able to demonstrate a good knowledge of the types of harm that people could experience.

We saw that there were person-centred risk management plans for each person who used the service. Each assessment identified possible risks to people, such as slips, trips or falls. These risk assessments included details of how the risk should be managed. For example, one risk assessment stated that the person was unsteady on their feet and that the care staff should ensure that they used their walking frame to mobilise and reduce the risk of falls and prevent injury. The risk assessment for another person showed that their legs and feet were swollen and staff were to ensure that the person used their foot rest and change their position to maintain their skin integrity. Staff we spoke with said that people had risk assessments in place and they always referred to them when supporting them in meeting their needs. We noted that people's risk assessments had been kept up to date because they were reviewed and updated regularly or when their needs had changed. For example, one person who required to be transferred by the use of a hoist had two members of staff to support them safely.

The provider had a business continuity plan in place which detailed the actions staff should take in an emergency to ensure that the service continued to operate safely. For example, to relocate staff to another branch or rearrange to divert telephone to another branch. Records showed that the provider had carried out environmental risk assessments to identify and address any risks posed to people by the environment and had plans in place for the continued operation of the service in an emergency. The business continuity plan provided the contact details of senior staff and other services such as fire brigade, police, hospitals and utilities which staff could call upon for support. The service also kept a record of all accidents and incidents, with evidence that appropriate action had been taken to reduce the risk of recurrence.

The staff we spoke with told us that there were sufficient numbers of them to safely support people who used the service. A member of staff said, "I am finding the provider to be the best one I have ever worked for. They do not force work on you and are very understanding if you are not able to take on more work." Everyone said that they received their rotas in advance and this enabled them to plan their work so that they could support people at the right times. One member of staff said that the office staff normally called them if there were changes to the rotas. One person said, "The carers come on time, the majority do part time so I usually have the same carers."

The provider followed safe and robust recruitment and selection processes to make sure staff were safe and suitable to work with people. They had effective systems in place to complete all the relevant pre-employment checks, including obtaining references from previous employers, checking each applicant's employment history and identity, and requesting Disclosure and Barring Service (DBS) reports for all the staff. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

People's medicines were managed and administered safely. Most people told us that they took responsibility for their own medicines. One person said, "I take my own tablets, but they put my eye drops in. They're very good at it, they don't forget and they always write it in the book." A relative told us, "I am satisfied with the way in which my [Relative's] carers administer his medicines. They are efficient, and helpful. They will order repeat medicines for him when necessary, and it always seems to work well." A member of staff told us that there were a few categories to give medicines including prompting and assisting with medicines. They said, "I recently did my medicine training again with the trainer. I also completed a questionnaire to check for competency following my medicine training. There was one medicine administration record (MAR) for the blister packs and another MAR for other medicines such as inhalers, creams and other local applications." We noted that the training in medicines had been kept up to date to ensure that the staff understood and were competent to administer medicines to the people who required them. Staff told us that they sought consent from people before medicines were administered as prescribed.

## Is the service effective?

### Our findings

People were very positive about the staff who supported them in meeting their needs. They told us that the staff had the skills needed to support them well. One person said, "They know how to do their job well. I have two people to hoist me, and they talk me through it, telling me what they're doing. It never hurts, and it doesn't bother me." Another person said, "I am 100% satisfied, they do a perfect job. Even when they're short-staffed, I don't feel rushed by them, they do take their time with me, I can't rush." A relative said, "I think they're well-trained and deliver a good service. They will flag up if they notice any redness on [Relative's] skin before she develops sores. They also notice if she's not quite herself, they'll tell me if they think she's quieter than normal."

Staff had received an induction and a variety of training to help them in carrying out their roles. One member of staff said, "My induction went really well and the training was well organised. I found that a lot of things were different from my previous training with another provider. This was a lot more in depth and easier to follow." Another member of staff said, "The training was fantastic, absolutely wonderful. I had a lot of training before I worked here, but the way this trainer put it was really good. We have regular updates." A person we spoke with said, "The carers have told me that they have all had experience of being hoisted during their training, telling me that she thought this made all the difference to how they treat others." A relative said, "They're tightening up on carers' training, which is a good thing. The quality of staff is better than it used to be." We noted from the staff training records that they had undertaken relevant training and had completed yearly refreshers. They had also attended other specific training such as dementia care, nutritional and wellbeing, and respecting dignity. The registered manager said that they made sure that all the staff received all the relevant training they need so that they had the right skills and knowledge to support people in meeting their needs.

Staff confirmed that they had received supervision and appraisals for the work they did. One member of staff said, "I have regular supervision and spot checks. I'm confident that I will get support whenever I need it." Another member of staff said, "I have had my appraisal and we discussed my work performance. Managers are quite supportive. They are quite considerate if you have problems." The registered manager said that they encouraged staff to be confident and competent in their roles and they ensured that staff were aware of current safe practices when they supported people.

People were asked for their consent before support was given. Staff understood their roles and responsibilities in ensuring that people consented to their care and support. Staff were aware of the Mental Capacity Act 2005 requirements and they confirmed that they had done the training. 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. Staff were able to demonstrate that they had understood the requirements of MCA. A member of staff said that they would always tell people what they were going to do even if they knew that the person was unlikely to respond. One member of staff said, "We get consent from the family members who have Power of Attorney."



For people who do not have capacity, I give them two plates of food for them to choose and put clothes in front of them they can choose by looking or by touching." We noted from the care records that people had given their written consent for care and support and to share information about them to other health care professionals involved in their care.

Care records we looked at showed that a nutritional assessment had been carried out for each person who used the service. For example, One person's care record stated that care staff should record their food and fluid intakes because although the person knew that they need to eat, they found it difficult to eat because of pains they experienced in their stomach. People were satisfied with the support they receive with regard to their meals. A relative said, "I write a menu for him, and pin it up in the kitchen. They will follow it and it works well, giving [Relative] a balanced diet. He seems happy with how it works." Another person said, "Carers will always offer me a drink before they leave, or will ask, is there anything else that you need before I go?"

Staff told us that they only supported people to access health services in an urgent situation and most people or their relatives arranged their appointments. A member of staff said that if they were concerned about a person's health they would normally seek advice from senior staff before contacting the emergency services. One person said, "I wear stockings because of a health condition. I have on my legs and they help me with that. They do understand my condition. I have had days when I wasn't well and they called an ambulance for me and stayed with me until the ambulance had taken me to the hospital, they never leave me alone."

## Is the service caring?

### Our findings

People told us that staff were friendly and provided care in a compassionate manner. One person said, "My regular carers are all very good friends of mine now, I know them well. Even at weekends, when there are different carers, they're still very good to me." Another person said, "I only have one leg, and the girls are so very kind and understanding. I look forward to them coming in. We have such a lot of laughs together." A third person told us, "A few months ago I felt very ill, the girl knew I wasn't well. She called for an ambulance and stayed with me till they arrived. It turned out I had a chest infection." She also told us that on one occasion they had a power cut, and their carer stayed with them until the power returned, as they did not want to leave them in the dark. They said, "Carer looked after me wonderfully, I thought it was very good of them." A relative said, "The girls are great, they are everything you could possibly ask for." Another relative said, "They are brilliant with him, they are mostly kind and friendly, and treat him wonderfully well."

People told us that they were involved in making decisions about their care and support needs. Some of them told us that they had been involved in planning their care and that staff took account of their individual choices and preferences. We noted from the care records that people's personal histories, likes, dislikes and preferences had been recorded so that staff were aware when supporting them in meeting their needs.

People told us that staff treated them with respect, and maintained their privacy and dignity. One person said, "They treat me with total respect and dignity, and I feel very involved in my care." Another person said, "They are very respectful. They knock on the door before they come in all the time. They respect my dignity by making sure my house is always clean and immaculate. I cannot find any faults with any of them. If they have any spare time they ask me if there is anything else they can do." A third person said, "They always knock and call before they come in. They close the door when helping me wash." A relative said, "Carers treat my [Relative] with dignity and respect. I can't fault anything They are absolutely amazing."

Staff were able to tell us how they maintained confidentiality by not discussing people's needs outside of work or with agencies not directly involved in their care. We also saw that the copies of people's care records were held securely within the provider's office.

Information was given to people in a format they could understand to enable them to make informed choices and decisions. People said that information about the service and other important contact details including a copy of the complaints procedure was kept in the care records folder so that people can assess them when required.

## Is the service responsive?

### Our findings

People told us that their needs had been assessed before they started to receive care and support from the service. They said that following the initial visit, they discussed and agreed the care and support they needed with the provider. We noted that appropriate care plans were in place to ensure that people's needs were met. People's choices, preferences and wishes had been taken into account in the planning of their care and had been reflected in their care plans. One person said, "Carers know how to care for me. They know how to support me." A relative said, "My [Relative's] care needs are met. The carers know what to do. I have no concerns." They also said that they asked people at each visit about their general wellbeing and whether they needed help or support from other healthcare services.

People's care records had been written in detail and were kept up to date. These were individualised and covered people's physical health and care needs to ensure that they were supported appropriately. We noted that each person had an agreed care package for their support. Visits varied from one call a day to four calls a day depending on the assessed needs of the person. There was sufficient information for staff to support people in meeting their needs. We noted that the care plans had been reviewed regularly and any changes in a person's needs had been updated so that staff would know how to support them appropriately. For example, for one person whose needs had changed, the care plan showed how staff should support the person in meeting their needs differently. A relative said, "The supervisor comes to discuss the care plan a couple of times a year. We go through the book, discuss the hours and I found that part to be very good. My [Relative] has gone through a lot of aggression and this can be off-putting for carers but once he gets to know them he is fine." Another relative said, "For my [Relative's] recent review, the guy that came was very pleasant, we had plenty of notice so that I could be present. They reassessed [Relative's] needs, and they felt involved in the conversation and they listened to her." Staff confirmed that they found the care plans easy to follow and provided clear guidance on how to support each person in meeting their needs.

The provider had a complaints policy and procedure in place and people were aware of this. One person said, "I made a recent complaint about this particular issue. I now have the same carer six days each week, with another equally competent and helpful carer on the seventh day." Another person said, "I'm awaiting a hip transplant, so I know I will need to increase the support they give me. They assured me it's possible, and I have confidence they'll be true to their word." A relative said, "If I have any problem I ring the office, they are always happy to sort it out. It's been much better since the office staff have been local. I know who to speak to in the office [name], and this makes a huge difference to me now." Another relative said, "They're very good at changing [Relative's] visit times if he's got a hospital appointment, or if we're taking him out for lunch." People we spoke with said that they would recommend the service to others. The manager said that they dealt with issues as they arose and we noted that complaints had been investigated and responded to.

## Is the service well-led?

### Our findings

The service had a registered manager in post. People and relatives said that they knew the managers within their areas and felt that they were approachable. Staff told us that the registered manager was helpful and provided stable leadership, guidance and the support they needed to provide good care to people who used the service. We saw that regular staff meetings were held within various teams as the service covered the whole of the county. Satellite offices provided a meeting room for staff to meet regularly to discuss issues relevant to their roles. People were complimentary of the care they received.

Staff said that the managers were supportive and completed regular 'spot checks' to ensure that they provided good care. They said that the service provided good quality care that met people's needs. The office staff were responsive and dealt with their queries quickly. One member of staff said, "My direct manager is very good in terms of support and communication. I would definitely recommend the service and I find it excellent in how people are supported." Another member of staff said, "I have no concerns about how the service is managed. I think this is a fantastic service. I feel positive that service users are getting everything they need and if not, the managers will make sure it is sorted. It is a brilliant service."

The provider carried out surveys to gather feedback from people who used the service. We noted from the most recent survey carried out in February 2015, the feedback had been positive and over 88% of people have indicated that they would recommend the service to others.

The provider also had effective systems in place to assess and monitor the quality of the care provided. The manager completed a number of quality audits on a regular basis to assess the quality of the service. These included checking people's care records to ensure that they contained the information required to provide appropriate care. Other audits included checking how medicines were managed, health and safety and other environmental checks and staffing. Where issues had been identified from these audits, the manager took prompt action to rectify these. There was evidence of learning from incidents and appropriate actions had been taken to reduce the risk of recurrence. For example, a carer had kept the plastic shoe cover on and had walked from the bathroom on to the carpet. This was discussed and staff were made aware to ensure that the shoe covers should only be used in the bathrooms and to be respectful of people homes and environment.

We noted that robust records were mainly kept in relation to people's care, and we saw that further guidance had been given to staff to ensure that the daily care records contained detailed information about people's welfare and the support provided to them. The manager said that they were a learning service and were continuously seeking to improve the quality of service provision.

The service had a good professional relationship with other healthcare organisations and sought appropriate help and advice when required.