Nestor Primecare Services Limited

# Allied Healthcare Huddersfield

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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

The inspection of Allied Healthcare took place on 17 August 2017 and was announced. We told the provider that we would be coming because we needed to be certain there would be people in the service for us to talk to. We also made phone calls to staff on 24 August 2017. The service was registered at their new office on 25 February 2017 and this was their first inspection at this location.

Allied Healthcare in Huddersfield provides a homecare service in the Kirklees and Calderdale area of Yorkshire. At the time of the inspection 89 people were using the service.

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 registered manager was absent from work at the time of the inspection and did not return. The service support manager and a care delivery manager were working at the service for part of the week to provide management support.

People we spoke with told us they were generally happy with the service provided and they felt safe with Allied Healthcare Huddersfield. Staff had received safeguarding training and they were aware of their responsibility to report any concerns to their manager. The service had procedures in place for identifying and following up allegations of abuse, and staff demonstrated a good knowledge of the procedures to follow.

Care plans contained risk assessments which were relevant to people's individual needs and the environment and contained sufficient detail to provide direction for staff in how to reduce risks to people.

People told us staff were usually on time and visits were very rarely missed. The service had effective contingency plans in place in the event of unforeseen changes in staff availability.

The registered provider had a robust system in place to vet potential employees. All staff who administered medicines were trained and assessed as competent. This meant people received their medicines from people who had the appropriate knowledge and skills.

Staff told us they felt supported. New employees were supported in their role completing a thorough induction and shadowing more experienced staff and there was a programme of on-going refresher training for existing staff. Staff told us they received supervision to ensure they had the skills and competence to meet people's needs.

People told us they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People told us staff were caring and kind. People's privacy and dignity was respected and care plans reflected the need to encourage people to retain their independence. The service catered for people's diverse needs and people were matched to care staff to provide continuity of care.

People had care plans in place which noted the tasks they required support with, as well as detail about their choices and preferences. Staff told us these were reflective of people's needs and we saw these were updated regularly.

An effective complaints procedure was in place and people told us staff were approachable.

People who used the service told us the service was well-led and they were generally happy with the care provided. Some people told us there had been a lot of management changes over the last year, but this had now improved.

The registered provider had a system in place to monitor the performance of the service. Staff were monitored at regular intervals and audits were completed of people's daily records, care plans and staff files. The registered provider asked people who used the service and staff for feedback and this information was reviewed and used 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.

Risk assessments minimised risk whilst promoting people's independence.

Systems of staff recruitment were safe.

Staff were trained and competent in medicine administration.

### Is the service effective?

Good

The service was effective.

Staff had received training to enable them to provide support to people who used the service.

People told us staff supported their right to make choices and decisions.

People were supported to access external health professionals as the need arose.

### Is the service caring?

Good

The service was caring.

People told us staff were kind and caring.

Staff spoke in a kind and caring manner about their job and the people they supported.

People were encouraged to make choices and retain their independence.

The service took account of people's preferences regarding the carers who supported them.

### Is the service responsive?

Good

The service was responsive.

Care was planned to meet people's individual needs and preferences.

People were involved in the development and the review of their support plans.

There was an effective complaints system in place.

## Is the service well-led?

Good

The service was well led.

The management team were involved in the day to day running of the service, although some people said there had been a lot of changes in management.

There were systems in place to regularly seek feedback from people who used the service.

Staff performance was regularly monitored.

An effective system of auditing was in place to monitor and improve the service provided.

# Allied Healthcare Huddersfield

**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 took place on 17 August 2017 and was announced. The registered provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure someone would be available to meet with us. The inspection continued on 24 August 2017 when one adult social care inspector made telephone calls to staff. The inspection team consisted of two adult social care inspectors. Two experts by experience made telephone calls to people using the service and their relatives to gain feedback about the service provided. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was with older people.

Prior to our inspection we reviewed all the information we held about the service. This included information from notifications received from the registered provider and feedback from the local authority and health service commissioners. At the time of the inspection a Provider Information Return (PIR) was available for this service. 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.

During our visit we reviewed four people's care records. We also looked at three records relating to staff recruitment and training, and various documents relating to the service's quality assurance systems. We spoke with the operational support manager, a care delivery manager who was supporting in the absence of the registered manager, two field care supervisors and one member of care staff at the service. Following the inspection we spoke with four members of care staff on the telephone. We spoke on the telephone with nine people using the service and five of their relatives.

Good

# Is the service safe?

## Our findings

People we spoke with who used the service told us they felt safe with staff from Allied Healthcare Huddersfield. One person said, "They all seem to know what they are doing. I know them all so I know I am safe." A further person said, "They transfer me to the commode and to my chair. That's all fine and I do feel safe with them all. They do wear gloves and aprons." A third person said, "They do my medicines alright."

When we asked one relative if their family member was safe, they said, "They use the hoist. That's why there must be two. It's all perfectly fine, (relative) is quite safe with them. Very much so." Another relative said, "They hoist my (relative) and (relative) is safe with them. They use gloves and aprons."

All the staff we spoke with demonstrated they understood how to ensure people were safeguarded against abuse and they knew the procedure to follow to report any incidents. They were able to describe the signs to look out for which would indicate a person may be being abused. We saw safeguarding incidents had been responded to appropriately and action had been taken to keep people who used the service safe. This demonstrated the service had procedures in place for identifying and following up allegations of abuse, and staff knew the procedures to follow.

We noted a whistle blowing policy was in place and the registered providers whistle blowing hotline number was given to staff when they commenced employment with the service. The staff we spoke with were aware of this policy. 'Whistleblowing' is when a worker reports suspected wrongdoing at work.

Risks to individual people were documented and staff understood how to support people whilst enabling them and encouraging them to keep themselves safe. There were risk assessments in place in each of the care files we looked at. These included moving and handling, choking, falls, medicines, mobility and an environmental risk assessment which included access to people's homes and use of domestic equipment. We found detailed instructions were in place to enable staff to deliver safe care; for example when transferring a person using a hoist, information about which loops to use on the hoist sling. Detailed instructions on how to complete each transfer for the individual were also recorded. This meant risk assessments and care plans contained clear directions for staff to ensure risks were managed well.

Risk assessments were reviewed at least annually and when people's needs changed. This meant care and support was planned and delivered in a way that reduced risks to people's safety and welfare.

We asked one of the field care supervisors what action they expected staff to take if they went to a scheduled call and the person did not answer their door. They said staff would ring the office to notify them, the office staff would then try to telephone the person and their family, if needed. They would then check with neighbours to see if they had seen them and if they were unable to establish the whereabouts of the person they would notify the police. All the care staff we spoke with were aware of the procedure. This demonstrated staff were aware of their responsibilities in ensuring people were safe and what action should be taken in an emergency situation.

The registered provider kept a record of all accidents and incidents which were reported to them and staff knew the procedure to follow. This included a record of the action taken to reduce the risk of the incident re-occurring. A log of any issues, concerns or near misses raised was recorded in the office so action could be taken to prevent future incidents. The registered provider analysed incidents every month to look for any patterns or trends to ensure any necessary actions could be taken to reduce risks to people. This showed that learning from incidents took place.

We looked at the recruitment records for three members of staff and saw the registered provider had undertaken appropriate checks before staff began working for them. This included completing an application form, conducting an interview, taking up written references from previous employers and completing checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people from working with vulnerable groups.

One staff member said they were often asked to do extra shifts, although other staff told us they usually worked regular hours and there were enough staff. The operational support manager told us staff recruitment was sometimes difficult, but the company were addressing this nationally with a social media campaign and a recruitment champion scheme. They told us five newly recruited care staff were completing training at the time of our inspection.

People told us staff usually arrived on time and would call to inform them if they were running late for any reason. One person said, "They are only late if they have been held up." Another person said, "They are pretty much on time. We've had a list come the last few weeks, but it's the same girls anyway so I don't mind." Staff said they always tried to telephone the person to let them know if they were going to be delayed and people we spoke with confirmed this. Most people we spoke with told us staff had never missed a call. One person said, "Very rarely that happens over the two years I've had the carers." The small number of missed or very late calls that had occurred over the previous year were investigated by the registered manager to ensure safety was maintained and to prevent further incident.

Contingency plans were in place in the event of staff sickness. The registered provider had an out of hours customer service centre to manage any out of hours concerns, which were then allocated to the branch for information the next day. This showed the service had contingency plans in place to enable it to respond to unexpected changes in staff availability and meant the service to people using it could be maintained.

As part of our inspection we reviewed how people's medicines were managed and administered. One person said, "They get them prepared, but I take them myself." Medicines Administration Records (MARs) were in place in the care records we sampled where people required assistance with the administration of their medicines. A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered.

On the MARs we saw all the medicines had been signed for after each administration and there were no gaps. Where topical medicines were prescribed the care plan recorded where staff were to apply this and a body map was in place. We saw evidence in each of the three staff files we sampled they had completed medicines training and their competency had been assessed regularly. This meant people received their medicines from people who had the appropriate knowledge and skills.

We asked two staff what action they would take in the event they made an error with someone's medicine. They were both able to tell us where they would seek advice to ensure the person was safe and they said they would then report the matter to the registered manager.

Good

# Is the service effective?

## Our findings

People we spoke with told us staff were able to support them well and where one person had minor issues with some staff these had been addressed by the management team. One person said, "What they do they are good at and experienced." Another person said, "Sometimes carers don't know how to use the griddle and basic things."

One relative said, "They are all very well trained." Another relative said "They know what to do. Everyone who comes is pretty much up to scratch." A further relative said, "We've had a new girl being trained by another one, and she has really taken to it. She is so nice. You can see her coming on and (relative) has taken to her."

We looked at how new staff were supported in their role. Staff completed three days of induction training including safeguarding, fire safety, health and safety, mental capacity, fluid and nutrition and moving and handling. Staff were then assigned a 'care coach' and supported to complete further training which followed the same key modules as the Care Certificate. The aim of the Care Certificate is to provide evidence that health and social care support workers have been assessed against a specific set of standards and have demonstrated they have skills, knowledge and behaviours to ensure they provide compassionate and high quality care and support.

Staff worked alongside other staff to get to know people's individual needs. Staff told us they shadowed more experienced staff for three shifts or longer if required. This demonstrated that new employees were supported in their role.

Staff received on-going refresher training in a variety of topics as well as practical training in the use of equipment such as the safe use of hoists. Moving and handling and medicines competence were also assessed regularly. Staff told us the training was very good and we saw some staff had completed additional training in stoma care, nebuliser therapy or catheter care. The service support manager showed us all training had to be up to date before the system would allocate care hours to staff and this system was effective in ensuring staff remained up to date with training. This meant staff had the appropriate knowledge and skills to perform their job roles effectively.

Staff told us they felt supported and supervision was provided for staff along with spot checks on their performance. We saw evidence in each of the staff files we reviewed, of written supervision and staff told us they could speak to a manager at any time for advice and support. This showed staff were receiving regular management support and supervision to monitor their performance and development needs.

People told us they had been consulted about the care provided for them and staff asked permission before delivering care. We saw in the care files we sampled consent had been recorded in relation to the care that was being delivered.

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.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. For this type of service any applications to deprive a person of their liberty must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. The provider had a policy in place and the staff we spoke with had a good understanding of the principles to follow.

One field care supervisor told us most of the people they supported had capacity to make their own decisions. Where a person lacked capacity appropriate mental capacity information and evidence of best interest discussions were present in the care records we sampled. We saw records were kept where a person's relative had legal authority to make some decisions on a person's behalf, so the registered manager could be assured they were gaining consent from the relevant person. This meant the service had ensured all the correct processes were followed to protect the rights of the people they supported.

People were supported with their choices if support with meals was required. One field care supervisor told us if people were assessed as requiring support with preparing food or drinks, staff would prepare a meal of the person's choice. Care plans recorded where people needed support with eating and drinking and details of their preferences and requirements, for example, 'Cereal should be served with warm milk, except corn flakes'. Where this was part of a person's care needs we saw records to show food and fluid intake was recorded and monitored.

Each of the care plans we looked at recorded the contact details for the person's GP and other relevant health professionals. We asked the operational support manager what support staff offered to people who may require medical advice. They said staff supported people to contact health professionals if this was part of their care plan. They explained that if staff thought someone's health needs had changed they would prompt them to call the doctor or would contact the person's family and pass on their concerns to them if appropriate. One relative said, "They are very observant. They came and said (person) was getting a little sore, so we rang the doctor and we have creams now which they apply and it's all getting better. So good of them." We saw from records, concerns about a person's health had been passed on to the relevant health professional or family member when people were not able to do this for themselves. This showed people using the service received additional support when required for meeting their care and treatment needs.

Good

# Is the service caring?

## Our findings

People we spoke with told us staff were very caring and they had a good relationship with the staff who supported them. One person said, "I know them all so we get on." Another person said, "The girls are very nice. They are very nice to me." A further person said, "They are nice enough."

One relative said, "Well it's absolutely fantastic. (Names of carers) are really good. They are so nice to (relative) and to me and we've got a good rapport with them. It's great." A further relative said, "They are nice to (relative) and polite to us. (Relative) likes them."

Staff told us they enjoyed working with people who used the service. One staff member said, "I like meeting different clients and making a difference to their lives." Another staff member said, "I like the clients. I am happy with the customers." And a further staff member said, "I love my job. If it wasn't for the people, I wouldn't do it. I love the people."

Staff told us they usually supported a regular small group of people and people told us this was the case. One relative said, "They are pretty prompt and it's a regular team of carers." This meant most of the time people were supported and cared for by staff who knew them well.

We saw care files and profiles contained detailed information about the tastes and preferences of people who used the service, including a short personal history. This gave staff a rounded picture of the person and their life before using the service.

The field care supervisors and care staff spoke about the people they supported in a caring and professional manner. They expressed knowledge of people's needs and demonstrated an understanding of the need to treat people as individuals.

People told us they made decisions about their care and were involved in planning their own support. We saw from care records this was the case. In each of the care plans we looked at we saw a care plan was signed by the relevant person. One daily record entry read, '(Person) gave permission to log in and to hoist (them)'. This showed the service consulted with people who used the service about the care and support provided for them.

Staff we spoke with told us they showed people who had communication impairments a choice of clothes or food to enable them to communicate their preference. Care plans informed staff how to communicate in the most effective way with people, for example, by standing in view of one person with a hearing impairment so they could lip read. This meant staff supported people with their diverse communication needs to enable them to make choices.

People's diverse needs were respected and people who used the service were matched with care staff who could meet those needs. Each of the care records noted if people had a preference for the gender of the care worker who supported them. This demonstrated the service respected people's individual preferences.

We asked people if staff maintained their privacy and dignity; they told us they did. One staff member said, "I make sure the doors are shut. I ask for consent and make sure I explain what I am doing." Another staff member said, "Always knock on the door. If you are doing personal care, cover them with a towel." We saw privacy and dignity was also a module in the training package which staff completed. Entries in daily records reflected these values for example; 'Toothbrush given and left for privacy'. This demonstrated privacy and dignity was an important part of the service provided to people.

People told us they were supported to remain as independent as possible in their daily lives and we saw from records they were encouraged to do what they could for themselves. One staff member said, "It's all their own choices. We are there to enable them to do things themselves."

Staff were aware of how to access advocacy services for people if the need arose and we saw from care records people could record their end of life wishes if they wanted to do so.

Good

# Is the service responsive?

## Our findings

Through speaking to people who used the service we felt confident people's views were taken into account and they were involved in planning their care. One person said, "They come out once a year to do the review of the care plan." Another person said, "They come from the office to check the plan every so often and ask me questions." A further person said, "They have been coming since (month) and they are coming to do a review soon. (Name) came to see me in hospital and sorted out what I needed when I came home."

One relative said, "The lady came out from the office to get the service started and (name) has been out to check on things with us."

People told us they had a care plan in their homes and it was an accurate reflection of their needs. Staff told us there were care plans in people's homes and any changes in people's needs or concerns were written down by staff and passed on to the office. This meant up to date documents were available to provide direction to staff.

We reviewed four people's care records. Each care plan recorded the individual's details as well as a care summary. Care plans contained detailed person centred information in areas such as nutrition, sleep, medication, mobility, washing and dressing, continence, best interests, behaviour, domestic and financial and social needs. Care plans also included personal information, such as the name the person liked to be known by and details of people's preferences, for example, 'It is important to me that all visitors chat with me'. These details helped care staff to know what was important to the people they cared for and helped them take account of this information when delivering their care.

The service completed reviews with people at least annually or more frequently when people's needs changed. We saw that all the care plans we sampled had been reviewed regularly and were signed and up to date. These reviews helped to monitor whether care records were up to date and reflected people's current needs, so any necessary changes could be identified at an early stage.

We saw a detailed daily log was completed by staff on each visit. This recorded the date and times of visits and a record of the care and support provided, as well as the person's mood, well-being and choices given.

People told us they would feel comfortable raising issues and concerns with any of the staff or the managers and they knew how to complain. One person said, "My (relative) complained about eight months ago because we were not happy and things have been much better since then." Another person said, "Never had a complaint."

One relative said, "I've no complaints. Goodness me no." Another relative said, "I have no complaints at all. I couldn't fault the service at all." One person told us it had taken the service a long time to resolve their complaint in the past, but they were satisfied with the service now.

The service had a complaints procedure which was included in each person's contract agreement when

they started using the service and people we spoke with and staff were aware of this and the procedure to follow for making a complaint. We saw where complaints were raised these were recorded and dealt with appropriately and any learning had been implemented to improve the service. Complaints and concerns were logged and analysed for any trends each month, for example if complaints were related to a particular member of staff the concerns had been formally addressed with them and action taken to improve the service. This demonstrated people's views and experiences were taken into account in the way the service was provided and delivered in relation to their care. Compliments were also available for staff to read.

Good

# Is the service well-led?

## Our findings

People we spoke with told us the service was well led, although some people felt the management of the service had been inconsistent over the last year. One person said, "I get a questionnaire now and then." Another person said, "The office is OK if you ring them. The girls in there seem to change a lot, but I think the manager is (name). We are happy with it." A further person said, "The office is alright if you ring up. I rang to cancel my afternoon call as my (relative) was coming and that was no bother. I am very happy with it."

One relative said, "It's working very well really. They are very helpful if you ring, but I haven't had to ring much. It all works well and we're very pleased with it." Another relative said, "If there any problems management tend not to be consistent." A further relative said, "They are most co-operative if you ring."

The registered manager was on leave during our inspection. They had commenced their post as registered manager in October 2016 and were also registered manager for a further local branch, which meant they were usually on site at the service two or three days each week. Following our inspection the operational support manager told us the registered manager did not return from their period of absence and the post of manager was now being recruited to.

The operational support manager was in place at the office two or three days a week during the absence of the registered manager along with the two field care supervisors. A care coordinator post was vacant at the time of our inspection. The field care supervisors were involved with the service on a daily basis and were very knowledgeable about people's individual needs.

Staff told us they felt supported and the management team were supportive and helpful. One staff member said, "The managers are approachable. I can go to them and discuss what I need to discuss and they act on it." Another staff member said, "Yes it's well led. I am happy at the moment. Risk management has been stepped up a bit, so it's a lot better." Some staff members told us management had not been stable over the last year and there had been a lot of change, however they felt the current registered manager was good and they felt supported and appreciated by the company. A further staff member said, "Yes they are very accommodating and understanding and they will act on any concerns."

The registered manager had attended branch managers meetings and local authority events, which enabled local issues to be discussed and best practice to be shared. The service was also signed up to CQC, NHS England and local authority practice updates. The registered provider also celebrated good staff practice with a, 'Carer of the month' award.

We looked at the systems in place to assess and monitor the quality and safety of the service provided. We found the management team had implemented a comprehensive system of audits which evidenced the action taken to improve the service.

We found a system of medicine audits had been implemented by the registered manager and we saw they audited all MAR charts when they were returned to the office to ensure the MAR had been completed

correctly and there were no indications an error had occurred. We saw any concerns that arose were addressed with staff.

We saw frequent audits of people's care plans and daily records and staff files were completed. If any issues were identified, they were followed up. The registered manager had analysed feedback and audit results to look for patterns and these were fed back to staff at meetings and monitored to improve the service. A system of self-audits and peer audits was also in place to improve the quality of the service. These systems demonstrated the service had effective quality assurance and governance processes in place to drive continuous improvement.

Feedback from people who used the service was gained through regular questionnaire and quality reviews. We saw action had been taken where any preferences were expressed on the feedback questionnaire to ensure quality was maintained, for example; one person wished to change one of their carers and the registered manager followed this up. This showed the registered manager was seeking and acting on feedback from people who used the service.

Meetings with care staff were held every three months and minutes were sent out to staff who missed the meetings. Emails and memos were also sent to staff with updates on policy or information they may find useful. Staff meetings are an important part of a registered manager's responsibility to ensure information is communicated to staff appropriately and to come to informed views about the service. A staff suggestion box was available in the office and the registered provider had completed a staff survey. The results were largely positive and action from the survey was to increase feedback to staff. A staff forum event had been held by the registered provider in March 2017 and a staff newsletter was now also being sent. This meant the registered provider was seeking and acting on feedback from staff.

Information was passed to the registered provider in areas such as incidents and accidents, safeguarding, complaints and staffing issues and a system was in place to ensure these were responded to appropriately and followed up. The registered provider had oversight of the service and completed supervision with the registered manager, as well as audits to ensure the service was working in compliance with the registered provider's' policies and procedures. This demonstrated the senior management of the organisation were reviewing information to drive up quality in the organisation.

Under the Care Quality Commission (Registration) Regulations 2009 registered providers have a duty to submit a statutory notification to the Care Quality Commission (CQC) regarding a range of incidents. During our inspection we found notifications had been submitted as required.