

Nestor Primecare Services Limited

Allied Healthcare Norwich

Inspection report

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Date of inspection visit:
26 May 2016
27 May 2016

Date of publication:
15 July 2016

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

The inspection took place on 26 and 27 May and we contacted the service before we visited to announce the inspection. This was because the service provides a domiciliary care service to people in their own homes and we wanted to ensure that the manager was available to speak with us.

Allied of Norwich provided domiciliary care to around 63 people who lived in their own homes. Some of whom were living in supported accommodation. These people had their own tenancy but there was staff from Allied on site to support them, for parts or all of the day and night. Allied supported people who were living with long term conditions some of whom required nursing care provided by registered nurses.

There was a registered manager in place. A registered manager is a person who has registered with the CQC 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.

People were supported by staff who were knowledgeable in their roles and demonstrated the skills required. They had been safely recruited, were well trained, and had a thorough induction to the service. Staff had been selected for their person centred approach and their willingness to care for people. Staff told us they felt supported in their roles. Staff were motivated and committed to provide a good service to people.

Staff demonstrated they understood how to prevent and protect people from the risk of abuse. The service had procedures in place to report any safeguarding concerns to the local authority. People and staff were protected from potential risk of harm as the service had identified and assessed any risks to them and reviewed these on a regular basis. People had assessments which were individual to the person and their environment.

Medicines were administered in a consistently safe manner. Medicines administration records were accurate. Staff understood safe procedures for administering medicines.

Staff received training and opportunities to further improve their skills and knowledge. Staff were undertaking qualifications and were given regular opportunities to discuss their performance with the management team. The competencies of staff were regularly assessed and recorded to ensure an appropriate standard of care was delivered.

People benefited from staff who felt valued by the service. Staff told us they were motivated to make a positive contribution to people's lives. They had confidence in the management team and the service they were providing.

People told us they were treated in a respectful, compassionate and caring manner. Staff demonstrated that they understood the importance of promoting people's dignity, privacy and independence. They gave many examples of a caring and empathetic approach to the people they supported.

Staff had received training in the MCA (Mental Capacity Act) and demonstrated they understood the importance of gaining people's consent before assisting them.

Care and support was delivered in a person centred way. The service had completed detailed assessments of people's needs. People received individualised care as their care plans had been developed in collaboration with them. The service regularly reviewed people's needs and made changes as required.

Staff assisted people, where necessary, to access healthcare services. Staff had a good understanding of people's healthcare needs and demonstrated they had the knowledge to manage emergency situations, should they arise.

Staff supported people to maintain their interests and avoid social isolation.

The management team demonstrated an inclusive approach to the management of the service and people had confidence in them. They were supportive, accessible and they encouraged people to comment on the service they provided.

People felt comfortable making a complaint. There was a complaints process in place for people to follow if they wanted to make a complaint. Staff also felt comfortable in raising any concerns they had.

The service was well led. The manager was involved in monitoring the quality of the service. Staff and people who used the service found the manager approachable.

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.

Systems were in place to protect people from the risk of abuse. Staff knew what to do if they had any concerns and they were confident in raising these.

People benefited from being supported by staff who had undergone recruitment checks to ensure they were safe to work in care.

The service had identified, assessed and regularly reviewed the risks to people and their staff.

Medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

The training, their induction, and the support and development the staff received, contributed to the effective support people experienced.

People received care and support in the way they wished as staff understood the importance of gaining people's consent.

When required people were supported to have their choice of food and drink.

Is the service caring?

Good ●

The service was caring.

People benefited from having positive and caring relationships with the staff that supported them.

People received care and support in a way that allowed them to be in control of their lives. Staff promoted people's independence and gave them choice.

People had been fully involved in planning the care and support

they received.

Staff understood the importance of maintaining people's dignity and privacy and worked in a way that promoted this.

Is the service responsive?

Good ●

The service was responsive.

People received care and support that was individual to their needs.

The service had identified and assessed people's needs and these had been reviewed on a regular basis.

People were encouraged and supported to avoid social isolation.

The service listened to people's needs and concerns and responded appropriately.

Is the service well-led?

Good ●

The service was well-led.

The supportive and inclusive nature of the management team contributed to an open culture where people felt comfortable in expressing their views.

The management team was accessible, visible and approachable.

People benefited from a service that had effective systems in place to monitor the quality of the service people received. These were used to make further developments and improvements.

Allied Healthcare Norwich

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.

The inspection took place on 26 and 27 May 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. Notice was given to ensure the management team was available to assist our inspection. The inspection was carried out by one inspector and an 'expert by experience.' An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The provider completed 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.

Before the inspection we viewed all of the information we had about the service. This included statutory notifications that the provider had sent us in the last year. A statutory notification contains information about significant events that affect people's safety, which the provider is required to send to us by law. We also contacted the local quality assurance team and asked their views on the service.

During the inspection we visited the service's office, spoke with 11 people who used the service and five relatives. We also spoke with the registered manager, a field care supervisor and six care staff.

We looked at the care records for seven people who used the service and medicines administration records for four people. We also viewed records relating to the management of the service. These included risk assessments, four staff recruitment files, and training records.

Is the service safe?

Our findings

All the people we spoke with who received support from Allied of Norwich told us they felt safe. One person said, "I am safe and independent." Another person answered, "Yeah." A relative we spoke with told us they felt their relative was safe due to the support they had from Allied.

The manager and the staff we spoke with all had a thorough understanding of how to protect people from the potential risk of abuse. Staff gave us examples of potential abuse and how they would identify if someone had experienced harm. All the staff we spoke with said they would report any concerns they had to the manager. Staff also told us of outside agencies they could contact such as the local authority safeguarding team. Staff said they had safeguarding training as part of their induction. The manager told us that safeguarding was regularly addressed in staff supervisions.

The manager and staff gave us some examples of when they had concerns about some people they supported. Staff told us they informed the manager and the manager made a referral to the local authority. This was confirmed when we looked at people's care records. The manager said, "My focus is making the customer safe."

People were supported by staff who protected people from discrimination. Staff had a good understanding of what constituted discrimination. Staff spoke about accepting people as individuals, respecting people's choices about how they wanted to live their lives.

Allied managed risks appropriately. Before care was provided the person needing care received a full assessment from a field care supervisor. The manager told us, "We are honest with people, and we will make a decision if Allied is right for them." We looked at people's care assessments and found these were detailed and gave a clear picture of what people's needs were, and how the service would manage these needs.

The service had a system for when people were admitted into hospital. They worked in a proactive way to ensure when the person left the hospital they were safe to do so, and the service could meet their needs in their own home.

Risks were identified that affected people's safety, their health, and emotional wellbeing. Some people were supported to manage their nutritional needs. Staff told us how they supported people to make, "Healthy decisions." Although staff told us it was ultimately the person's decision what they ate, they would explore options with people, and remind people of their previous expressed goals.

There were risk assessments for staff to keep them safe when they supported people in their own homes. We looked at people's care records and we saw safety issues with the access to the building were assessed. Fire safety and food hygiene were also considered. Some people expressed behaviour which may challenge other people. In these situations the potential risk to staff was identified and guidance was given to staff to prevent this behaviour from escalating.

Staff told us they looked at people's assessments and care records before they started providing support to them. One member of staff also told us how they would check a person's daily notes, if they had been away or not seen the person for a while. When we looked at people's records we could see members of staff had made contact with the office to advise them when someone's needs had changed.

Allied operated an out of hours on call service for members of staff to call if they needed any advice or support. Some people who were supported by the service also used this number, if they were distressed or wanted advice. Senior members of staff which included the manager took it in turn to provide this support.

There were plans in place to respond to emergencies which may have affected the running of the service. Another nearby office had been identified to use, if there was a technical or safety issues with the service's main office. The manager had a second access point to the rotas, and the contact details for staff and people who used the service.

The manager told us they employed sufficient numbers of staff to meet people's needs. When we spoke with staff they told us they had a regular group of people they supported. They also told us they didn't feel rushed when they provided support to people. The people we spoke with confirmed this. They also told us staff stayed for their allotted times and they said they had no missed calls.

The manager told us there had been a period of time when the service had experienced some missed calls. The manager said this was generally the result of an error by the service so they now phone the member of staff before their shift begins, to remind and update them, as to their care calls for the day.

The service ensured that they only employed staff who were suitable to work in a care role. We looked at staff personnel files and could see that staff were only employed following recruitment checks. The appropriate Disclosure and Barring Service (DBS) checks had been made. Staff had a full record of their employment history and two references documented on their files. Staff confirmed to us that these checks were in place before they started working for Allied.

We looked at six Medication Administration Records (MAR) which members of staff completed when giving people their medicines. We found these were accurately completed. The field supervisors observed staff administration of people's medicines as part of the quality checks carried out on staff. The staff we spoke with told us they were trained in the administration of medication, and some had recently had refresher training in this area.

Is the service effective?

Our findings

We found staff had the necessary skills and knowledge to provide effective care. The People and their relatives we spoke with were complimentary about the staff. One person said, "I am happy with who they send." Another person said, "[Staff] are well organised."

The staff we spoke with felt they could meet people's needs. Staff were only appointed if they passed an online assessment, a telephone initial interview, an application form stage, and then a formal interview. The manager said, "I have a profile of a great carer and this is who we employ...this job is a big responsibility." New staff were linked with a, "care coach" who supported the new member of staff through their induction period and who the new member of staff shadowed on their shift. There were review meetings every month and the new member of staff completed a work book detailing their learning. The manager told us they checked this document and would make the decision whether the member of staff was competent to work alone.

Staff told us the induction period included key areas of training. For example, safeguarding, first aid, dementia training and moving and handling. New staff also completed the 'care certificate' (a set of minimum standards of care). Staff told us the service was very responsive to their training needs. One member of staff said, "If you need it, you get it." Another member of staff said they went on a two day course, "It was fantastic." Some members of staff told us they were completing formal qualifications in care.

Staff told us the clinical lead provided training to use specialist equipment or how to manage a person's health needs. All the staff we spoke with said they had this training before they started supporting people who had these types of needs. New staff told us they found the induction prepared them for the job. One member of staff told us about their induction, "I felt able to ask anything, I wasn't rushed, it was thorough."

We were shown the training plan for this year and could see all staff were currently up to date with key areas. This included, fire safety, health and safety, moving and handling, mental capacity, diabetes, and supporting people who had a learning disability.

We found that the service gave effective support to staff. Staff told us they had yearly appraisals and supervision three times a year. Field supervisors would also carry out spot checks on staff. Staff said there were team meetings every six weeks. We looked at minutes for these meetings and could see staff were invited to attend and if they didn't they needed to confirm they had read the minutes. The manager said, "Staff are out there in the field on their own, they need to feel supported." The service also provided training on lone working, personal security, and stress management.

Allied also employed registered nurses, we spoke with the clinical lead and the manager about support to clinical staff. Both recognised the service needed to develop this area and offer more training and opportunities for clinical formal discussions. The clinical lead told us about plans to achieve this goal.

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 to receive care and treatment when this is in their best interest and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

Staff told us they had completed training in the Mental Capacity Act. Staff had a good understanding on what mental capacity meant, and how important it was to give people choices, and how they supported people to make their own decisions. One member of staff said, "I don't want to be intrusive, it's their life." Another member of staff said, "I never take away their control."

Staff told us how they offered choice and sought people's consent to support them. Some members of staff told us how they gave people information to make their own decisions and reflect back to them their goals. We looked at people's care records and we saw the service assessed and reviewed people's capacity. On some people's care records people had agreed to have some, "Guidance," regarding certain decisions. Some people lacked capacity to deal with finances; there were contact details of relatives to consult with regarding this subject. There was guidance on some people's records that if there was a change in a person's mental capacity or they were making a life changing decisions, that the local authority was to be contacted.

We looked at people's care records and found the service supported people with their meals and drinks. Peoples likes and dislikes were recorded, what type of meals people liked to have at certain parts of the day. One member of staff told us how they always encouraged people to drink water and how they checked a person's hydration levels.

The service supported people to have a balanced diet and promoted healthy living. The service supported some people who lived in 'supported accommodation.' We spoke with one person who told us the service had supported them to make a healthy eating plan. This person told us this had helped them achieve a personal goal of losing weight.

Some members of staff supported people who had complex needs with eating and drinking and were at risk of choking. They told us they had received specialist training. One member of staff told us they had a spot check when they were supporting a person with their eating and drinking.

When we looked at people's records we could see the service had made referrals to, and had been in communication with, specialist health teams who supported people with their eating and drinking.

People were supported to maintain good health and have access to healthcare services. One person told us, "They [staff] know everything about me. If they see any changes in my skin, they call the office and get the GP out." A relative told us, "[Staff] liaises with me to organise the repeat prescriptions, when it's needed."

We spoke with staff who told us they supported people to attend their health appointments. One person told us they were anxious about attending a health appointment, they spoke with the manager about this who explained the benefits, so they agreed to go. Another member of staff told us they were concerned about a person's physical symptoms. With the person's permission, the member of staff told us they called the surgery many times during their time with the person, in order to secure a home visit for them.

Is the service caring?

Our findings

People spoke very positively about the staff who supported them. One person said, "They are caring and friendly and they have the time...I only have good things to say about them." Another person said, "They are superb and nice to deal with, we have become good friends."

Staff told us they formed positive caring relationships with people. One member of staff told us how they visited a person before the end of their shift. The person had injured themselves. The person had refused to see the GP or for their relative to be called. By the end of the shift the person agreed to go to the walk in centre. So the member of staff travelled with them to the centre and spent two hours outside of their shift supporting the person while they waited to be seen. When they returned to the person's home they made them a cup of tea, before they left. The member of staff said, "You do what you have to do."

A member of staff told us another member of staff had noted in the daily communication book that a person's relative was unwell, highlighting to staff the person may need support about this."

The staff we spoke with talked about the importance of, "Developing relationships with people." Staff told us how they got to know people, one member of staff said they would spend time looking at people's records to, "Gain a picture of the person," before their first visit. Another member of staff said, "I treat people how I want to be treated."

On the day of our visit to the service, a person who used the service visited the office. We observed they had friendly and warm interactions with staff. The manager told us some people who used the service often visited the office. The manager said, "It's important we build these relationships and spend time with people."

Staff attended "Scheme meetings," held for people they worked with in supported accommodation. Staff told us it was important to support some people to raise matters which are important to them. The managers told us these meetings were important to address issues people maybe having, and to prevent the issues from developing further.

The service had gathered detailed information about peoples, likes, and dislikes. What and who were important to them. When we spoke with staff we found they had a thorough knowledge of this. They gave examples of people's needs, their interests, ambitions, and goals. There was information about what may distress some people. Staff knew the people they were supporting. During our visit to the service staff spoke about people in a respectful and professional way.

We found people were involved in their reviews and assessments. A member of staff we spoke with said, "It's all about team work with the person and their family." On one person's record they had been asked what could improve their wellbeing, and the person had given suggestions for the staff, when they supported them. People had been asked how they wanted their personal care delivered. On one person's record it said,

"Show [name] a selection of clothing, [name] will decide what to wear." There was information about what type of toiletries to use and how much. On another person's record it said, "I choose my outfit each day."

People told us staff promoted and protected their dignity and privacy. One person told us their support was delivered in a, "Very dignified way." Another person said, "[Staff member] explains things before she does it." Staff told us how they ensured people were treated with respect when they assisted them with personal care. A member of staff told us, "I always ask the person how they want to be supported."

The service kept confidential information about people in the service's office. Most of this information was kept in a secure way. However, on the day of our visit to the office we saw they were storing people's records which were due to be archived, in an area of the office which was not always secure. We brought this to the attention of the manager, who told us they would put measures in place to ensure this information was kept securely.

Is the service responsive?

Our findings

Staff understood the care needs of the people they supported. A person told us, "They talk to me like a normal person." "They keep me independent." A relative told us staff were, "Excellent, brilliant, and good."

People were visited and a detailed assessment was carried out by the field supervisors from the service. This assessment was in addition to any assessments provided by the funding authority. We looked at people's care records and their assessments. These were person centred, giving advice and guidance to staff on how to meet people's needs. People's records included information about others involved in the person's care, such as professionals, advocacy groups and family members. People's records included unique goals and interests. Morning and evening routines particular to individuals were also included. Assessments and care plans spoke directly about what people wanted to achieve and what kind of support they wanted. One person's care record said, "The carer has to have a sense of humour, I am a very bubbly person." On another person's record it said, "It's important my home is respected."

When we looked at people's records we found the service had gained people's views about their level of independence. People's care records detailed what the person wanted to do themselves. In some cases there was information about the type of encouragement and motivation staff needed to use to support people, to maintain their independence with certain tasks.

We also saw evidence that the service was gaining people's views on their personal preferences. We could see some people had asked for female carers only. People had given information personal to them about how they wanted to receive personal care. We looked at the record of one person who communicated in a way which others found challenging to understand. In this record there was information about techniques for the member of staff to use to try to comfort the person.

The staff we spoke with all talked about enhancing people's quality of life. One member of staff told us, "It's about encouraging their independence, and helping them have a life." Another member of staff said when they had supported people with end of life care, they felt it was just as important to make sure people and staff are compatible. They added, "I think who would suit them, what common interests do they have."

The office staff and some people who received care from the service told us sometimes care calls were cancelled. Office staff told us they would try and find another member of staff to support the person. However, we were told some people often declined the support from a member of the care staff they didn't know and who was not one of their regular members of staff who supported them. The people we spoke with, who said this happened to them, said they didn't mind having some calls cancelled, and it was not a regular event. We spoke with the manager about this. The manager said, the service was confident the person was safe, and they would often reschedule the call that week. However they recognised this was not responsive to people's needs. They told us they would look to widen people's regular group of staff, to try and prevent this from happening again.

The service had supported some people who lived in supported accommodation, to find jobs. The manager

told us how staff had supported one person to find work, and another a voluntary role. The manager explained how staff and the individuals had thought about their interests and found work which matched these. People were also supported to follow their interests and fulfil personal ambitions. One person was supported to follow their interest in live music; another person had achieved their goal of becoming healthier, which resulted in them winning a local competition.

Staff told us they would take action if they felt a person was socially isolated. One member of staff told us about a person who had no support network and felt isolated. They told us how they gave them the contact details of various advocacy groups, who they knew, would be able to support the person, with this issue. Another member of staff said, "I would have a chat, suggest some local lunch clubs, and advise the office."

The service reviewed people's needs yearly and people had a, "Mini review," every three months. We spoke with people who confirmed this, one person said, "They have been out to see me and discuss the care given." People also told us questionnaires were also sent out with their new care plans.

We looked at some of these reviews and could see they contained detailed information, specific to the person. We also saw on people's records evidence that the service was regularly monitoring people's needs. They responded to changes in their needs, by accessing health and social care professionals.

People said they knew how to make a complaint if they had one. The manager showed us the services' complaints and compliments records. We could see there had been two complaints since the end of last year. We looked at these records and we found the manager had responded to them and investigated what had happened. The manager had informed the person(s) what plans were in place to prevent this from happening again. They had also enclosed contact details of the local government ombudsman, if people wanted to take the matter further.

Is the service well-led?

Our findings

The members of staff we spoke with said there was an open culture at the service. One member of staff said, "It's amazing here, their door [manager's] is always open." Staff told us they felt comfortable speaking with the field supervisors and the manager.

There was an open and supportive culture at the service. The staff we spoke with said they would have no hesitation in raising any concerns they had, with the office or manager. Staff had a clear understanding of what person centred care looked like. Staff told us if they discovered a practice issue relating to a colleague they would feel confident with raising it with them first, but they said they would also approach the manager if they needed to.

The service had a clear vision for delivering quality care. The manager told us they only provided visits to people which were an hour minimum. The manager said, "You can't make a difference with a shorter call." They also told us they monitored the number of people the service supported to ensure there was sufficient staff levels, so the quality of the visits were not affected. Although there had been some historical issues with missed calls, the manager had responded by putting in a system, to prevent this from happening again.

The service had a clear set of values. The manager told us, "It all starts with the person, everything we do is about the customer... It's about valuing people as individuals, caring, and being honest." The manager told us they believed these values would filter down from themselves and were promoted in the induction training. The members of staff we spoke with shared these values. One member of staff said, "The person is on the top of the mountain, it's all about them, not us." Staff spoke about giving people choice, treating people as individuals, and being non-judgmental.

The service reviewed the culture and behaviour of staff. The staff we spoke with said they had regular supervision and spot checks. Staff said their induction was, "Thorough" and they, "Felt prepared." Staff said they felt confident in calling and visiting the office. Staff said they had felt confident asking for additional training or asking the clinical lead for advice. All the staff we spoke with including the manager talked about the, "Responsibility," that the job holds. One person said, "You can't get it wrong."

The staff we spoke with told us they felt valued and happy in their roles. One member of staff said, "I'm loving it." Another member of staff said, "It's a satisfying job", they explained this was because they had the time to, "Give the best to people."

Staff attended team meetings. Although clinical staff felt the service could do more to improve the support to clinical staff. The service was aware of this and was addressing this issue.

On the day of our visit one person visited the service, the manager and office staff told us, other people who used the service visited the office on a regular basis. The service had recently sent questionnaires to people about their views on the service. The manager had responded to complaints. People told us they have regular reviews and see field supervisors when they completed spot checks.

Staff told us the manager was, "Very approachable." One member of staff said, "The manager is very supportive and takes an interest in you... [Manager] knows staff very well, and is open to discussions." Another member of staff said, "[Manager] is firm but fair."

The manager did understand their responsibilities and said they were supported by their manager and the provider to deliver these.

We saw from the information we hold about Allied that the manager had notified us of most events, which they are required to under their registration. However, there was a safeguarding concern they had not notified us of, which we addressed with the manager.

There was a system of recording and analysing accidents and incidents. We were shown some accident and incident forms. The manager told us a field care supervisor would be contacted by the member of staff, who would inform them what happened and if actions were taken. The manager would then record the information on their computer system; this was monitored by the provider's quality assurance team.

We found that actions had been taken to respond to incidents. However, on one occasion someone had a serious injury, but there was no information on the record to say what the member of staff or the service did to keep this person safe. We spoke with a field care supervisor and we were given details which confirmed to us the service had taken appropriate action. Although the member of staff had ensured the person was safe, the services auditing of accidents and incidents had not identified a short fall in this recorded information.

There were many other auditing systems in place which monitored the delivery of care by staff. The manager would also audit the audited work. The manager told us they used these systems to monitor the quality of the service. The manager said this gave them an oversight on staff training needs and areas which needed improvement. In addition to these there were also regular audits carried out by the provider.

We found this to be the case with the MAR. A field supervisor also checked the MAR when these were completed and returned to the office. The clinical lead for the service audited the MAR for people who received support from registered nurses. We looked at a sample of MARs which showed that this audit had taken place. The manager told us there had been some errors with the administration of medication. The manager said they changed the service's response to managing errors, so the emphasis was on further training and support offered to staff, in order to encourage staff to report errors. Where errors had occurred staff received one to one coaching on administration of medicines and had increased quality checks.

We were shown a range of compliment letters and cards from relatives and people who used the service. These thanked staff for their support and commented on the high quality care individuals received.