Nestor Primecare Services Limited

Allied Healthcare Alice Bye Court

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

This inspection took place on 13 February 2017 and was announced.

Allied Healthcare Alice Bye Court provides domiciliary care visits and emergency alarm response in an extra-care housing scheme operated by a housing association. A staff team are based on-site 24 hours a day. The service is able to offer support to 52 flats, but currently supports 35 people in 35 flats.

The service is required to have 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. There is a registered manager running the service.

People and staff were kept as safe as possible form any form of abuse or harm. People were protected by staff who had received the appropriate training and knew how to recognise and deal with any form of abuse or risk of harm. Staff had been recruited as safely as possible and were consequently judged to be suitable to provide people with safe care. People were supported, by trained staff, to take their medicines safely, if necessary. Individual and generic risks were identified and managed to ensure people and staff were as safe as possible when being provided with or providing care.

People's rights were protected by staff who understood the Mental Capacity Act (2005). The Mental Capacity Act 2005 legislation provides a legal framework that sets out how to act to support people who do not have capacity to make a specific decision. People 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 were provided with person centred care. Individual's specific needs were met by a well-trained staff team. People were supported to maintain and regain as much independence as possible. People's diversity was recognised and they were treated with respect and dignity at all times.

The service was effectively managed by team who were described as approachable, open and supportive. The quality of care offered by the service was monitored and assessed and actions were taken to make necessary improvements.

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.

The service kept people and staff as safe as possible.

Staff were trained in and knew how to keep people safe from all types of abuse.

Staff were recruited in a way which meant that the service could be as confident as they could be that the staff chosen were suitable and safe to work with vulnerable people.

Risk of harm to people or staff was identified and action was taken to reduce the risk as far as possible.

Staff supported people to take their medicines if they needed help to do this safely.

Is the service effective?

Good

The service was effective.

Staff understood the importance of helping people to make their own decisions and sought their consent before offering care.

Staff were properly trained and supported to make sure they were skilled enough to provide good care.

Staff met people's needs in the way they preferred.

The service made sure they supported people to get the help the needed to meet their health and well-being needs.

Is the service caring?

Good

The service was caring.

People were supported to maintain and/or regain their independence.

Care was provided by a kind, respectful and caring staff team

who were good at making people feel comfortable.

People's needs were met by staff who respected and promoted people's privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People were offered person centred care, designed to meet their individual needs.

People's needs were regularly assessed and support plans were changed, if necessary. People were involved in the assessment and care planning processes.

People were given information to make sure they knew how to make a complaint, if they needed to. They were confident to approach staff or the management team if they had any concerns or issues.

Is the service well-led?

Good

The service was well-led.

Staff felt they were valued and well supported by the management team.

The management team and staff team made sure that the quality of the care they offered was maintained and improved.

People, staff and others were asked for their views on the quality of care the service offered. These were acted upon if possible.

Allied Healthcare Alice Bye Court

Detailed findings

Background to this inspection

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

This inspection took place on 13 February 2017 and was announced. The provider was given notice because the location provides a domiciliary care service. We needed to be sure that the staff would be available in the office to assist with the inspection. The registered manager was not available during the inspection visit. However, we were assisted by the field care manager who was the day to day manager of the service.

The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service. We looked at all the information we have collected about the service. This included notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law. We received five notifications (including two safeguarding notifications) during the preceding 12 months.

During the inspection visit we spoke with four people in a communal area and visited five people in their home. We spoke with the field care manager, the care co-ordinator, the service delivery manager and four direct care staff. We contacted eight local authority and other professionals, received written responses from two and spoke with one other.

We looked at a sample of records relating to individual's care and the overall management of the service. These included six people's care plans, a selection of policies and a sample of staff recruitment files and training records.

Good

Is the service safe?

Our findings

People told us they felt very safe with care staff and safe living in their flats. One person explained they had two types of alarms to make sure they could always call staff if they needed them. One person said, "It's a relief to be here and feel so safe."

People were protected from any form of abuse by staff who were provided with up-to-date safeguarding training. Staff were able to describe what they would do if they had concerns relating to people's well-being. They were confident that the management team would respond immediately to any safeguarding concerns. Staff were aware of and understood how to use the service's whistleblowing policy. They told us they would not hesitate to use it and/or involve other agencies, if necessary. Two safeguarding concerns had been recorded in the previous 12 months. These had been referred to the relevant agencies and dealt with effectively. A local authority representative told us there were no current safeguarding concerns.

People and staff were kept as safe as possible. The service's health and safety policies and procedures were understood and followed by staff who were regularly trained in this area. They contributed to keeping people and staff safe. General and environmental risk assessments included areas such as lone working, moving and handling and pregnancy. The service had developed a business continuity plan which instructed staff how to deal with emergencies. However, whilst these included reduced staffing levels and loss of information and technology systems, some of the content was not specific to the particular location. The field care manager agreed to review the plan to ensure only material relevant to the service was included. Additionally the field care manager advised us that the housing association developed their own suite of risk assessments relevant to the buildings and environment. The field care manager told us that the housing association respond immediately to any building issues which impact on people's safety.

Learning from accidents and incidents further contributed to the safety of people and staff. These were recorded, investigated and actions to be taken to minimise the risk of recurrence were noted. Records were kept on the provider's computer system. Examples of actions taken included introducing new policies and procedures to ensure people's safety. Accidents and incidents were noted, as they occurred, by the field care manager and audited monthly by the registered manager and the provider. Senior staff had access to accident and incident reports at all times and responded immediately to any significant areas of concern.

The service had identified risks to people and had developed individualised risk assessment and management plans to reduce them, as far as possible. However, they also supported people's independence and choices and helped people to live their lives how they chose, as safely as possible. Examples included smoking and alcohol consumption. Risk assessments were incorporated into support plans as information for staff on how to care for people as safely as possible.

People were helped to take their medicines safely, if assistance was required. A comprehensive and up-to-date medication policy was in place. The service had recorded four medicine recording errors in the past 12 months. People's care plans included the necessary detail for staff to know what help people required. However, it was not clearly recorded what level of responsibility the service took for collecting, ordering and

storing the medicines. For example storage in some people's flats was locked and could only be accessed by staff, it was not always clear why and if people had given permission for this. After discussion the field care manager undertook to review this issue with senior management.

People used various pharmacies to provide their medicines and consequently different monitored dosage systems (which meant the pharmacy prepared each dose of medicine and sealed it into packs) were used. If medicines were delivered to the care office rather than people's flats, they were checked and recorded. Care staff then took them to people's flats and put them in people's personal storage facilities. Medication administration charts were completed accurately, as required. All staff, who administered medicines, had received up-dated training and their competence to administer medicines was checked every six months.

The number of staff available depended on the number of people resident in the flats and receiving care at any one time. Each person had a specified number of hours of care paid for by the local authority or by people, themselves. Care staff had a contract for a minimum of 18 hours and worked additional hours to meet the needs of the service. Additionally there were enough staff to respond to emergency situations. Staff told us they had enough staff to give people safe care and the service applied to the funding authorities if people needed extra staffing to meet changing needs. For example people who needed two staff for moving and handling.

Staff underwent a robust recruitment procedure, before appointment to check, as much as possible, they were suitable to work with vulnerable people. The recruitment procedure included Disclosure and Barring Service (DBS) checks to confirm that employees did not have a criminal conviction that prevented them from working with vulnerable adults. Taking up and verifying references and checks on people's identity prior to appointment. The application forms for the most recently recruited staff members were fully completed and any gaps in work histories were explained.

Good

Is the service effective?

Our findings

People told us they were well looked after. They said care staff helped them with what they wanted them to and they always made their own choices and decisions. One person told us about a major lifestyle decision they had made for themselves but with the help of staff.

Care staff supported people to meet their health and well-being needs, as specified on individual plans of care. People told us care staff accompanied them to medical appointments and contacted GPs and other professionals if they needed help in these areas. People were involved in initial assessments and subsequent care planning. They or their legal representative or permitted relative signed to say they agreed with the content. The provider had developed early warning systems, which staff were trained in, to identify people's changing needs in a timely way. A computer system was used to alert the management team to areas that needed attention such as when people's reviews and staff's performance checks and supervisions were due

People who had any nutritional requirements were supported by care staff, as appropriate. Care plans included all the information needed by staff to ensure people were offered the right amount of help to eat and drink. Appropriate daily records were kept as necessary.

The staff team upheld people's rights because they understood issues of consent and decision making. Care plans included information with regard to people's capacity and ability to make decisions about their care. If others were legally able to make decisions on people's behalf (power of attorney for finances and /or health and welfare), the paperwork to confirm this was held on people's files. Care staff described how they encouraged and supported people to make their own decisions and choices. People confirmed that they made their own decisions. One person said, "Of course I do, I wouldn't have it any other way."

The service understood the Mental Capacity Act (2005). 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 interests and legally authorised under the MCA. In the community people can only be deprived of liberties if agreed by the Court of Protection. The service had made no applications to the Court of Protection via the local authority, as people's liberties were not restricted. Staff had received mental capacity training and were able to describe what action they would take if people's capacity appeared to be deteriorating.

People were supported by a regular staff team who worked in the service all of the time. Staff worked on a rota system and there was twenty four hour access to care staff. If people chose they were provided with a rota of staff for the week so they could see who was coming to support them. The service reported one missed call which was an administrative error. This had been rectified and measures put in place to reduce the risk of recurrence.

People were offered care by an appropriately trained staff team. Staff received training to ensure they could meet the diverse needs of the people they supported. Staff members told us they had, "Good training opportunities and our training is kept up-to-date." Records showed and staff confirmed training and mandatory courses were completed at the scheduled times. For example, annual moving and handling and three yearly safeguarding training. Two of the nineteen staff had completed a recognised qualification in social care. However, a further six were currently undertaking such training. Staff completed induction training developed to meet the standards of the care certificate. The service was working with the local authority to increase the amount of competency testing it completed for staff members. The management team completed regular 'spot checks' on staff which meant they observed their daily work to ensure they were meeting the requirements and expectations of the service. Staff felt well supported by the registered manager and others in the management team. They received regular supervision and said they were able to approach the registered manager at any time.

Good

Is the service caring?

Our findings

People told us the support they were given was excellent. One person said, "I call it a care home even though it's not because staff care so much." They told us staff gave, "200% to their work and the people". Other people gave positive views such as, "Staff are very nice, I get on well with them all". "Carers treat me very well" and "staff are terrific they really do go over and above, if you need it".

Care staff supported people to maintain and increase their independence, as appropriate to their needs. An example included a person who was assisted to obtain specialised equipment to enable them to improve their mobility, safely and regain some of their independence. Other people told us the care staff always helped them to do as much for themselves as they could.

Care staff established effective working relationships with people and were fully aware of individual's needs and wishes. People told us that staff always treated them with respect and ensured they maintained their privacy and dignity. Staff were able to describe how they protected people's privacy and dignity whilst offering the necessary support. Examples given included giving people choice at all times, explaining what they were doing and asking for permission before proceeding and closing curtains and doors. We observed staff interacting very positively with people and treating them with great respect. People were comfortable and confident when approaching staff.

Care plans identified any religious, cultural or lifestyle choices and included details about people's personality, life history, behaviour and communication. The service tried to match people with staff who had the skills, training and characteristics to meet their individual needs in areas such as gender. People were able to make lifestyle choices which may have been regarded as unwise by others. Daily notes were of good quality and described people's emotional well-being as well as tasks completed.

People were given information about the service such as recruitment procedures and services offered. People were encouraged to give their views of the service in various ways. The management team completed 'spot checks' on care staff and people were asked their views of the staff at that visit. Surveys were sent to people and other interested parties and they had direct access to the care office where they could talk to a senior staff member. On the day of the visit we saw that people entered the office as they chose and were comfortable to talk to the field care manager and care co-coordinator.

Personal information relating to people was kept securely and confidentially in the care office. There were clear instructions for the office to be locked if it was not manned. People kept their own records in their home in a place of their choice. People told us they were confident that staff did not disclose their personal information. We saw minutes of a staff meeting where staff had been reminded about confidentiality and were instructed to read and follow the confidentiality policy.

Good

Is the service responsive?

Our findings

The service was responsive to people's views, choices, current and changing needs. People told us the staff always, "Listen to me and help me how I want to be helped, on the day." People showed us their emergency call systems and said if they rang for help they were responded to very quickly. One person said, "They come very quickly, they were there like lightning."

The service was extremely person centred and responsive, examples given included two people being supported to enjoy their first holiday. They and two care staff went as a small group to Devon .The service ensured people's regular carers were happy to go. One person had dinner in a restaurant for the first time in their lives during the holiday. The service supported a person to meet a family member who lived in Australia, for the first time. A staff member accompanied them to Australia in order to provide them with the appropriate care. Additionally, a staff member was supporting a person to go on a cruise. The field care manager commented, "Taking them on holiday gives them the opportunity to have happiness beyond normality whilst still having their needs met. Emotional support is just as important."

People's changing needs were communicated to staff by a variety of methods which included, daily notes, staff meetings and three 'huddles' a day. These were similar to handover meetings to check that the day's work was covered and if there were any additional staffing requirements. These formed part of the early warning system which noted if people needed more support or their needs were changing. An early warning system form was completed whenever any concerns were noted. These included people's illnesses, accidents and incidents. The management team ensured any important issues were conveyed to care staff.

The service made sure people were included in the assessment and care planning process. People's needs were assessed and care was planned with them. Care plans were reviewed a minimum of six monthly or more frequently if people's needs changed. People told us they were involved in the assessment, planning and review processes. The caret plans and daily notes contained the relevant information to enable staff to deliver the appropriate care in a way that people preferred.

The service was aware of the negative effects of isolation and non-participation in the community. Ways of encouraging people to build new relationships and become more involved in the community were being developed within the housing complex. The field care manager gave us examples of recent provision of some activities and social events. This was a new development by the service. Additionally people were supported to obtain the means to enable them to access the local community. These included mobility scooters and mobility aids.

People told us they knew how to make complaints and would not hesitate to do so. They said they would be confident and comfortable to talk to any staff but especially the field care manager who they knew well. They were confident that they would be listened to and staff would support them if they needed help. The service had a robust complaints policy and procedure which they followed when they received a complaint. The service had recorded three complaints and five compliments about the service in the preceding 12

months. Complaints were managed and dealt with appropriately.

Good

Is the service well-led?

Our findings

The service's registered manager managed two services in the same geographical area. She visited the service approximately twice a week. The field care manager oversaw the operations of Allied Healthcare Alice Bye Court on a daily basis. People and staff were expressing their views of the field care manager when they commented on the manager. The registered manager took a supervisory role and was not directly involved with the people who use the service.

People who use the service and staff told us they felt their views and opinions were listened to and valued. People were encouraged to relay their views to the provider by a variety of methods. They included telephone quality surveys, care plan reviews and staff 'spot checks' where people were asked their views on individual staff. People said they could always talk to the manager and could visit the care office at any time. They told us the manager and other staff listened to them. The service held regular staff meetings. Staff gave examples of improvements that had been made as a result of their opinions and ideas being listened to. These included better communication with the management team and looking at scheduling of calls.

Quality assurance systems were used to ensure the quality of care provided was maintained and improved. There were a variety of auditing and monitoring systems in place. Examples included health and safety checks, care plan audits and incident and accident monitoring. Complaints, incident and accidents were completed on the provider's computer system so that senior managers could have oversight of them. A quality audit was completed monthly by the registered manager. Actions were taken as a result of the audit system and listening to the views of all interested parties. These included the development of early warning systems which quickly alerted staff to peoples changing needs and providing different rather than consistent care staff to meet an individual's preference.

Records reflected people's individual needs and were detailed and up-to-date. They informed staff how to meet people's needs according to their specific choices, preferences and requirements. Records relating to other aspects of the running of the service such as audit and staffing records were, accurate and up-to-date. All records were well-kept and easily accessible.

The manager understood when statutory notifications had to be sent to the Care Quality Commission and they were sent in the correct timescales. The service co-operated with the local authority to improve the quality of their care. The local authority's quality team visited regularly and the service consistently met the recommendations noted in the action plans they provided.