Nestor Primecare Services Limited

Allied Healthcare Rochdale

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?	Requires Improvement

Summary of findings

Overall summary

Allied Healthcare Rochdale is based in Rochdale, Greater Manchester and provides personal care and support services to people who live in their own homes. There were currently 80 people who used the service.

At the time of the inspection there was not a person registered with the Care Quality Commission as 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. When a service does not have a registered manager we place a limiter on the well led domain of the report, which cannot be rated as good.

Staff were aware of and had been trained in safeguarding procedures to help protect the health and welfare of people who used the service.

Risk assessments for health needs or environmental hazards helped protect the health and welfare of people who used the service but did not restrict their lifestyles.

Staff were trained in the administration of medicines and managers checked the records to help spot any errors and keep people safe.

People were supported to take a healthy diet if required and staff were trained in food safety.

Plans of care were individual to each person and showed staff had taken account of their wishes. Plans of care were regularly reviewed.

The agency asked for people's views around how the service was performing to improve the service.

There was a suitable complaints procedure for people to voice their concerns. We saw that any concerns had been investigated fully and action taken if required.

Staff were recruited robustly to help minimise the risk of abuse to people who used the service.

Staff were trained in medicines administration and supported people to take their medicines if it was a part of their care package.

Staff received an induction and were supported when they commenced work to become competent to work with vulnerable people. Staff were well trained and supervised to feel confident within their roles. Staff were encouraged to take further training in health and social care topics.

Management conducted sufficient audits to ensure the service was performing well.

The office was suitable for providing a domiciliary care service and was staffed during office hours. There was an on call service for people to contact out of normal working hours.

People who used the service thought managers were accessible and available to talk to.

Staff were trained in infection prevention and control and issued with personal equipment to help protect the health and welfare of people who used 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.

Staff were trained in safeguarding and there were systems, policies and procedures in place for staff to protect people. People told us they felt safe.

Arrangements were in place to ensure medicines were safely administered. Staff had been trained in medicines administration and had their competency checked regularly.

Staff had been recruited robustly and there were sufficient staff to meet the needs of people who used the service.

Is the service effective?

Good

The service was effective.

Staff were suitably inducted, trained and supported to provide effective care.

People who used the service were supported to follow a healthy eating lifestyle if this was part of their care package.

People were supported to take a suitable diet.

Is the service caring?

Good

The service was caring.

People who used the service told us staff were trustworthy, flexible and kind.

People who used the service said staff were reliable and completed their tasks.

Personal records of people were stored safely and privately.

Is the service responsive?

Good

The service was responsive.

There was a suitable complaints procedure for people to voice their concerns.

Plans of care reflected people's wishes and were reviewed to keep staff informed of any changes.

People were assisted to go out if this was part of their care package.

Is the service well-led?

Requires Improvement

The service was well-led.

People who used the service, relatives and staff told us manager were approachable and supportive.

There were systems in place to monitor the quality of care and service provision at this care agency.

People and staff told us they could contact the registered manager or office if they wished.

Allied Healthcare Rochdale

Detailed findings

Background to this inspection

This inspection took place on 30 and 31 March 2017 and was announced. The provider was given 48 hours' notice because the location provided personal care in the community and we needed to be sure that staff and managers would be present in the office.

The inspection team consisted of one adult social care inspector.

Before our inspection we reviewed the information we held about the service including notifications the provider had made to us. This helped to inform us what areas we would focus on as part of our inspection. We contacted the local authority and Healthwatch for their views about the home. They did not have any major concerns.

During the inspection we spoke with the manager, area manager, the area trainer and two members of the care staff team. We visited and talked to four people and their families in their homes with their permission. We also looked at people's views from quality assurance surveys.

We looked at care records for four people in the office and two with the person's permission in their home. We also looked at a range of records relating to how the service was managed; these included training records, recruitment, quality assurance audits and policies and procedures.

Good

Is the service safe?

Our findings

Relatives told us, "I trust the staff and feel safe using this agency". "We can trust them", "We feel very safe with the staff we have" and "They are very trustworthy."

Staff who visited the office to talk to us wore a uniform and name badges so people knew who they were when they went for home visits.

We saw from the training matrix and staff files that staff had received safeguarding training. Staff had policies and procedures to report safeguarding issues and also used the local social services department's adult abuse procedures to follow a local initiative. This procedure provided staff with the contact details they could report any suspected abuse to. The policies and procedures we looked at told staff about the types of abuse, how to report abuse and what to do to keep people safe. We saw that information and how to report safeguarding was available for staff to read in the office. This included the 'No Secrets' document which tells staff of their responsibilities to protect people. We saw that the manager liaised with the local authority if there were any safeguarding issues and investigated any concerns. This helped to minimise any further incidents.

The service also provided a whistle blowing policy. This policy made a commitment by the organisation to protect staff who reported safeguarding incidents in good faith. All the staff we spoke with were able to tell us what they would do if they thought someone was at risk and were prepared to report any poor practice.

We looked at four staff records and found recruitment was robust. The staff files contained a criminal records check called a Disclosure and Barring Service check (DBS). This check also examined if prospective staff had at any time been regarded as unsuitable to work with vulnerable adults. The files also contained two written references, an application form (where any gaps in employment could be investigated) and proof of address and identity. The checks should ensure staff were safe to work with vulnerable people.

We asked people and their families if staff were reliable. They told us, "We have no problem with Allied Healthcare. They are mostly the same staff and are reliable", "I know all the care staff and they are very flexible. They are very reliable and go the extra mile", "We keep the same members of staff. If we do get a new member of staff they always send an experienced one with them" and "They are 99% reliable and the same staff. Sometimes they can't help being late with traffic or if they have visited someone who needed extra help. We understand that." Staff said, "I think there are enough staff to do the job. I mainly go to the same people" and "I generally care for the same people. There are enough of us to allow this. I prefer to be with the same people." People also told us staff stayed the allotted time and gave them the care they had agreed to. People and their families thought there were sufficient numbers of staff to meet their needs.

We looked at four plans of care in the office and two when we visited a person in their home. Plans of care contained risk assessments for personal risks such as for moving and handling, finance, behaviours that may challenge and social activities. There were also risk assessments for the environment, for example, any possible hazards in people's homes, for example slips trips and falls or dangerous equipment. This helped

protect the health and welfare of people who used the service and staff.

All the people we visited either self-medicated or were assisted by a family member. People being looked after in their own homes can often self-administer their medicines or just require prompting. However, some care packages required staff to administer medicines for people who used the service. This was recorded in the plans of care. We saw from the training matrix that staff had completed training for medicines administration.

The medicines were recorded on a medicines administration record (MAR). Any medicines staff did administer were recorded and the manager checked to see if there were any gaps or omissions. Any action required was followed up by the registered manager or team leader. We saw managers conducted a monthly audit to check for any errors and there was a system for reporting errors. We looked at eight MAR records and saw there were no errors or omissions. Staff had their competency to administer medicines checked to administer medicines regularly.

We saw that the service used body maps for any creams that needed applying on their visits. Body maps show staff where to apply each cream to reduce the risk of errors.

People who used the service lived in their homes independently or with family support and were responsible for any infection control issues. However, part of the staff's training package included infection prevention and control. Staff were also issued with personal protective equipment (PPE) such as gloves and aprons. We saw one member of staff calling to pick up a supply of PPE and she told us there was always a good supply. The manager said that although it was people's own choice how they lived they would offer advice if they saw any infection control issues or report it to a professional. This would help protect the health and welfare of people who used the service.

Staff had a lone working policy to adhere to help keep them safe and there was a system to track staff when they were working. This system would inform managers if a staff member was late, did not turn up or left earlier than they should. This system was used in line with the local authority (Rochdale Metropolitan Borough Council) guidelines. Staff could be contacted by phone to ensure they were safe and to arrange for another member of staff to quickly cover for them in an emergency to make sure people who used the service were not left unattended.

The building was owned by a property company who undertook fire alarm tests and provided extinguishers when needed. There was a muster point for staff to reach a place of safety.

Good

Is the service effective?

Our findings

All the people we visited had a family member who prepared meals and if required helped them to take their diets. In one home we saw one person being assisted by their family member who said, "If I wanted staff to help they would." Another family member said, "They prompt my relative to eat well and support her when needed. My relative is improving." Some staff did prepare meals and were trained in safe food hygiene and nutrition. Both staff members were aware of their responsibilities to support people to take a nutritious diet. One staff member said, "If a person had poor nutrition I would speak to the client in the first instance. I would report it to the branch office if I thought they were taking a poor diet. I have reported things in the past."

We looked at the systems in place to ensure people's nutritional needs were met. All of the care records we reviewed contained information about each person's needs and risks in relation to their nutritional intake. Malnutrition Universal Screening Tool (MUST) monitoring sheets were in place for the people at risk of malnutrition and were reviewed regularly and up to date. The MUST is an assessment tool, used to calculate whether people are at risk of malnutrition.

The manager told us staff would contact the office or a social worker if a person's nutrition was poor but if they had mental capacity it was each individual's choice what they ate. Likewise staff could only advise people about safe food hygiene. The manager also said they would record a person's food and fluid intake if it was poor and report it to the person's GP or social worker.

We looked at four plans of care in the office and two in people's homes. We saw that people signed their agreement to all aspects of their care and treatment which showed that the care delivered was what they expected and wanted.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

People in their own homes are not usually subject to DoLS. However, staff were trained in the MCA and DoLS to ensure they were aware of the principles. There was further detailed information in the office about the MCA and DoLS for staff to follow good practice. There was also information in the office about the advocacy

service. An advocate is an independent person who will mediate on people's behalf to help protect their rights. In the plans of care we saw people had a best interest assessment. This looks at a person's mental capacity to make decisions and how best staff could provide support. For one person this was to provide support when going into the community. This did not restrict movement but ensured staff provided the support required to help the person maintain links with the community.

The manager and a staff member explained what they would do if they thought a person was being deprived of their liberty. Both said they would report it as a safeguarding incident. The service would then contact the local authority to help protect the person.

We looked at four staff files to check for induction, training and supervision. All the staff files we looked at showed staff received an in depth induction when they commenced working for the service. The induction was completed over three days and included training in the role of the health worker, the duty and principles of care, working securely, lone working, medicines management, moving and handling, whistleblowing, the Mental Capacity Act and DoLS, confidentiality and first aid. Staff were then supported by an experienced member of staff to go on visits until they were competent to look after people. The manager said they were looking to provide training for the care certificate for staff new to the care industry which is considered to be best practice.

People who used the service said, "The staff are well trained.", "Our main member of staff is an angel and knows what she is doing" and "The whole staff team seem to be well trained. They know what they are doing and are all nice."

We looked at the training matrix and spoke with the staff member responsible for training. The regional trainer told us, "I deliver induction training and specialist training such as the MCA, DoLS, stoma care, preventing falls, and the care of people who have diabetes or had a stroke. I completed all the training I needed to teach others. The matrix is inaccurate and 95% of staff have completed it all. Staff get two dates for training two dates and they get paid for it. I can get to train the staff quite quickly. I manage to get round them all to keep training up to date." Two staff members said, "I have done enough training. I feel confident enough to do the job" and "Every year we update the training. I think there is enough training to be competent to do the job."

The training matrix showed staff had completed mandatory training for moving and handling, health and safety, first aid, safeguarding adults, food hygiene, infection control, fire safety and the MCA/DoLS. Staff were encouraged to take a course in health and social care, for example a diploma. This meant staff were given sufficient training to meet the needs of the people they looked after.

Staff told us, "I get a lot of support. I attend development days monthly. We test and run new courses. I meet with my team leader three or four times a week", "I have been a care coach myself. I have had supervision regularly or you can come into the office" and "They conduct spot checks as well as supervision. I have completed spot checks on other people because I completed the course. You can bring up your training needs or anything else during supervision. We get an appraisal once a year as well." Supervision sessions allowed managers to access staff performance as well as give staff an opportunity to discuss their own needs.

The service was run from the outskirts of Rochdale. There was sufficient equipment, for example, computers with internet access, printers and telephones for the service to run efficiently and staff available to answer calls from people who used the service or staff requiring assistance. We heard people being supported with any queries they had and staff being updated on people's needs. There was a training room, refreshment

facilities, separate rooms for private meetings and a large room where operations staff worked. There were areas for people to sit comfortably and a lot of documentation available for people to read, including key policies and procedures. The office was accessible for people who may have mobility problems.

The service had a business continuity plan to continue to provide a service in times of emergency such as bad weather, electricity failure or fire. The service could be run from another office if needed to ensure people got the care they needed.

We saw that the service did support people to make appointments with their doctors or other professionals when required. One relative told us, "When my relative was ill staff discussed what we needed to do. They advised me to call an ambulance and supported me until one care. They also helped me when my relative was discharged and arranged for an extra visit."

Good

Is the service caring?

Our findings

People and their relatives told us, "I have used the service for a couple of years. When my relative was ill the service were brilliant. The staff are all brilliant and caring. The care they give is very good", "The staff are smashing. Very good. They will do anything extra if I ask them. They are caring, respectful and friendly", "Everything is going great. The personal care is fantastic and I am happy with the care. This service works like a dream They know my relative well and they support us well" and "We have no problems with Allied Healthcare. The staff are all good, kind and caring. They do all we need them to do." People who used the service and their relatives thought they were looked after by caring staff.

Two staff members said, "I know the people very well that I look after. I love the job. I would recommend the service to look after my family. I love meeting new people, like listening to their past. I enjoy talking to them and they are so funny" and "I know most of the people I look after very well. I get there on time. I like working here and there is a good staff team."

We noted all care files and other documents were stored securely to help keep all information confidential and only staff who had need to had access to them. Staff were taught about confidentiality and had a policy to remind them to keep people's information safe. Staff were also given a handbook when they commenced work which gave them further information about confidentiality.

We visited people in their own homes. We saw the manager knew the people well and had a good rapport with them.

We looked at six plans of care during the inspection. Plans of care were personalised and had been developed with people who used the service so their choices were known. Each person had a section which told of their past work history, hobbies and interests, likes and dislikes and any expectations the person may have. This helped staff understand and treat people as individuals.

We saw that there were dates arranged for end of life care for staff. When completed staff will be better equipped to support people and their families at the end of their lives.

Good

Is the service responsive?

Our findings

People who used the service and their families told us, "We have never had a complaint but we have the telephone numbers of the office. We have good contact with one of the office staff and would contact her", "They would listen to me if I had a concern" and "If I am not happy with anything I will talk to the staff or contact the office and let them know. I am confident they would take action." People thought that if they had a concern they would be listened to and it would be acted upon.

We saw that each person had a copy of the complaints procedure within their documentation. This told people who to complain to, how to complain and the time it would take for any response. The procedure also gave people the contact details of other organisations they could take any concerns further if they wished including the Care Quality Commission (CQC). We saw that the manager investigated any concerns and took any action necessary to minimise them.

Family members told us, "They assessed my relative before they started giving care. They got on with him straight from the word go" and "I helped develop the care plan and the assessment document." Prior to using the service each person had a needs assessment completed by a member of staff from the agency. The assessment covered all aspects of a person's health and social care needs and had been developed to help form the plans of care. The assessment process ensured agency staff could meet people's needs and that people who used the service benefitted from the placement.

Family members said, "We have a care plan. I read it and it is accurate", "They ask if there are any changes to my relatives care and if needed change the plan. I glance through it every now and again and it is good. When they first came I set out what we wanted and they developed the plan from there" and "They will ring me if there are any changes to my relatives care. Any problems and they are in touch." Plans of care had been developed with people who used the service to ensure their wishes were met. This ensured each person's care was tailored to meet individual expectations. Plans of care contained details of what a person liked or disliked. There was a detailed section about what a person needed during each visit, for example the morning visit was about getting people up, dressed and if required a meal was prepared.

Staff told us, "The plans I look at are accurate. We sign to say we have read them. If there are any changes they get updated. Someone from the office brings the updated version" and "I have updated care plans as part of my job. Any changes and we let manager and other care staff know so everybody is in the loop." Staff were aware of keeping care plans up to date.

Plans of care were divided into headings, for example personal care, communication, nutrition or mental health. Each section had what the need was, what the goal was and a lot of details around how staff could support them to reach the desired outcome. The plans were regularly reviewed and updated. Plans of care contained sufficient health and personal details for staff to deliver effective care.

Although this is a domiciliary care agency and not usually responsible for providing activities one member of staff said he helped with shopping and three of the four relatives said staff went out of their way to help with

any tasks. We were told other activities included taking a person swimming, to theatre trips and day trips to places of interest such as Blackpool.

People who used the service told us they could contact the office when they wanted to and the service were flexible to suit their needs. We saw that staff, including the manager knew people well which helped them meet their needs.

Requires Improvement

Is the service well-led?

Our findings

At the time of the inspection there was not a person registered with the Care Quality Commission as 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. When a service does not have a registered manager we place a limiter on the well led domain of the report, which cannot be rated as good.

We asked people who used the service and their families if they thought the service was well-led. They told us, "We have a good relationship with the office. They are good communicators", "The manager is a good manager and very approachable. Always at the end of the phone if you need to contact them" and "The new manager was one of our care staff. The manager is very approachable and makes sure care is good."

Staff said, "The managers are very good to work for they are great. We work as a team. We are all one team" and "The management has improved. You can get hold of them. No problems at all."

Staff told us they attended meetings and commented, "We get team meetings on a regular basis. There is a question and answer session at the end" and "I attend team meetings when they hold them. They ask us if we have any questions or anything to add." At the last meeting of January 2017 items on the agenda included logging in, completing time sheets, rotas, sickness, annual leave, holiday pay, the use of phones, emergency calls, carer vouchers and staff. We saw that staff were encouraged to help manage the service.

People were given a guide to the service. This document gave people information about the services offered by the agency, staff and their training, how to complain and other key policies. This helped people make an informed choice to use the service.

There was also a statement of purpose which gave professionals information about the service such as who they could provide care to, the qualifications of staff, the aims and objectives and the complaints procedure. We saw this met with current guidelines and was up to date. This was the first rated inspection for the service.

The service asked people their views about the service in a quality assurance survey. The service asked questions around care staff skills (96% positive), are people treated with privacy and dignity (98% positive), punctuality (75% positive), staff complete all tasks (90% positive), same care staff (78% positive), care planning encouraged independence (94% positive), the service has improved people's lives (93% positive), branch staff are accessible (86% positive), do you know how to make a complaint (91% yes) and would you recommend the agency (96% said yes). We saw that the manager took action to improve some of the details from the survey. Some auditing was undertaken for staff punctuality and means to improve this was being investigated by the service.

We saw that staff had access to policies and procedures to help them with their practice. The policies we

looked at included the mental capacity act, confidentiality, health and safety, data protection, equality and diversity, safeguarding, medicines administration, complaints and infection control. The policies had been regularly reviewed to keep staff up to date with any guidance.

The manager and a regional manager undertook quality assurance checks, which included care plans, the daily observation records, staff arrival times and duration of visits, medicines records, people's finances and spot checks to people's homes for staff competency. The registered manager conducted sufficient audits to ensure the service was working well.