

Nestor Primecare Services Limited

Allied Healthcare Durham

Inspection report

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15 October 2018

19 October 2018

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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

The inspection took place from 9 to 19 October 2018. The visit to the provider's office took place on 9 and 19 October 2018 and was announced. Further inspection activity included telephone calls to people, relatives and staff. No visits were made to people's homes.

Allied Healthcare Durham is a domiciliary care agency which provides care and treatment to people within their own home. They provide support to people with more complex packages of care in the Durham and surrounding areas to help people maintain their independence. At this inspection visit Allied Healthcare - Durham was providing packages of care to approximately 44 people.

The service did not 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.'

The manager who was managing the service had submitted their application to CQC to become the registered manager.

We last inspected the service in April 2016 and rated the service as good. At this inspection we found the service remained 'Good' and met all the fundamental standards we inspected against.

This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The provider had policies and procedures in place to keep people safe. Staff were trained in safeguarding.

Staff were aware of safeguarding processes and knew how to raise concerns if they felt people were at risk of abuse or poor practice.

The manager maintained a record of all accident, incidents and safeguarding concerns and ensured lessons learnt were disseminated to staff.

Risks to people were assessed with control measures in place for staff support and guidance.

Medicines were managed safely by trained staff whose competency to administer medicines were checked regularly.

The provider ensured staffing rotas met the needs of people who used the service. Staff were appropriately trained and received regular supervisions and appraisals.

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.

Staff supported people with their nutritional needs to maintain a healthy varied diet. People had access to health and social care professionals when necessary.

Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible. Staff supported people with privacy.

Care records were written in a person-centred way. People's individual wishes, needs and choices were considered. People's care and support was reviewed on a regular basis.

The provider had an effective complaints procedure in place and people who used the service and relatives were aware of how to make a complaint.

The provider worked closely with outside agencies and other stakeholders such as commissioners and social workers and ensured people's transfer between services was planned safely.

The provider had an effective quality assurance process in place. Staff said they felt supported by the management team. People who used the service, family members and staff were regularly consulted about the quality of the service via meetings and/or surveys.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Allied Healthcare Durham

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.

Inspection activity took place from 9 October to 19 October 2018. This included visits to the provider's office where we reviewed records, policies and procedures. To obtain additional feedback, we spoke with family members and support staff by telephone on 9 and 15 October 2018. We gave the service 48 hours' notice of the inspection visit because it is a domiciliary service and we needed to be sure that they would be in.'

The inspection was carried out by one adult social care 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 service. The expert by experience made telephone calls to people and relatives.

Before the inspection we reviewed other information, we held about the service and the provider. This included statutory notifications we had received from the provider. Notifications are reports about changes, event or incidents the provider is legally obliged to send to CQC within required timescales. We also used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authority commissioners for the service, the local authority safeguarding team, the clinical commissioning group (CCG).

During the inspection we spoke with three people who used the service and 10 relatives. We met with the manager, the care delivery director, one care worker, one nurse, the field care supervisor, the provider's training manager, the administrator and one member of staff. We contacted three staff members by telephone. We also received feedback from one health and social care professional.

We looked at four people's support records and records relating to the management of the service including recruitment records of three staff.

Is the service safe?

Our findings

At our previous inspection we rated this domain as good. At this inspection we found the provider was continuing to meet the requirements and was acting within the regulations related to this area.

We asked people and their relatives if they felt the service was safe. One person told us, "Yes, I feel 100% safe, definitely." Another said, "Very much so, very comfortable, they are good carers, they amaze me." One relative told us, "At the moment we are happy. We have had the odd carer who hasn't fitted in but apart from that the care is good".

We found people had appropriate risk assessments in place. These were reviewed regularly and contained clear details for staff to provide control measures to reduce the risk. We found infection control measures were in place with staff having access to personal protective equipment (PPE).

Staff's recruitment files contained application forms, checks in employment gaps, interview documents and identity checks. New employees had also received clearance from the Disclosure and Barring Service (DBS) that they were able to work with vulnerable adults and that they could do so without restriction. The provider also employed nurses as clinical support for the organisation. We found the provider carried out regular checks on nurse's personal identification numbers (PIN). PIN is the number issued to nurses to prove this are registered with the Nursing and Midwifery Council and can practise as a nurse.

The manager kept a record of all accidents, incidents and safeguarding concerns. Where lessons had been learnt from any incident these were discussed with staff during team meetings. Staff had received training in safeguarding. Staff were confident the manager would act on any concerns and were clear about what constituted abuse and how they could recognise if someone was being abused. One staff member told us, "You might see bruises or a different attitude, I'd definitely report it." Another said, "Any changes I would report, it maybe they become quiet or just not themselves."

We discussed the rotas with the field care supervisor who told us, "We always try to keep the same carers for consistency. Rotas were issued on a weekly basis by email or post whichever the person preferred. We saw that some calls were completed by individual carers and some with two carers where a person's needs were more complex.

Two relatives felt that the covering of calls could be better. We discussed this with the manager who advised more staff had been recruited in the areas where cover was problematic. This had alleviated the problem and the service was better placed to cover calls. One health and social care professional told us, "Rotas are sent out in timely manner, issues raised by the family or the team are dealt with in a timely and respectful manner. The number of carers per package is sufficient and meet and greets are always implemented to introduce new staff."

We found appropriate policies, procedures and arrangements were in place for the safe administration of medicines. One relative told us, "There has never been a time when he has missed his medication. There are

daily log books that are filled in and I can have a look at them". Another told us, "[Person] has epilepsy and the carers are trained to administer the medication."

Records pertaining to people's support were accurate, up to date and stored securely.

Is the service effective?

Our findings

At our previous inspection we rated this domain as good. At this inspection we found the provider was continuing to meet the requirements and was acting within the regulations related to this area.

People's records contained assessments to cover physical, mental health and social needs. The provider considered current legislation and national guidance when completing assessments to achieve positive outcomes for people. For example, guidance from National Institute of Clinical Care Excellence (NICE) for medicine management in the community. One relative told us, "They make a special effort to introduce the next person to the environment, not to upset the balance. They ease them in and introduce them slowly."

We asked people and their relatives if they felt staff were appropriately trained. One person told us, "The staff are trained to do everything. One relative said, "They are professional. They are very encouraging". Another told us, "Allied are very good at providing training for the carers. A while ago my relative needed to be ventilated overnight. By the time the ventilator came, all of the carers were already trained to use it."

We received positive feedback from one health and social care professional. They told us, "The carers and nurses receive comprehensive training, client specific training and regular updates. The continuing professional development of the nurses is very well supported by the branch and the company with regional meetings and continuous professional development time."

Staff were supported in their role and received regular supervisions and an annual appraisal. New staff members completed a full induction. This included commencing the Care Certificate. We found staff had regular review meetings to discuss their progress and development. Shadowing shifts formed part of the provider's induction process where people were introduced to new staff members.

Staff members were aware of their roles and responsibilities and had the skills, knowledge and experience to support people who used the service. Staff members we spoke with told us they received mandatory training and other training specific to their role.

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 Act.

We found the service was working within the principles of the MCA. The manager had a good understanding of mental capacity, and staff had been trained in the MCA and were aware of the deprivation of liberty safeguards (DoLS).

People were supported with their dietary needs and guidance had been sought from appropriate health care professionals where necessary. We found records to demonstrate people were supported to access healthcare services when necessary such as GP's and community nurses.

Is the service caring?

Our findings

At our previous inspection we rated this domain as good. At this inspection we found the provider was continuing to meet the requirements and was acting within the regulations related to this area.

We saw good evidence of people's history and backgrounds in their care records. When speaking with staff it was clear they had a good understanding of the person and how to support them and spoke of positive relationships. One staff member told us, "We have a good relationship." Another told us, "I get on really well with [person] and the family, we work as a team."

Staff told us it was important to respect people and promote their dignity. Privacy was provided during personal care by closing doors, using a towel to provide dignity. Records showed that people were supported to be as independent as possible. Support plans set out what people could do for themselves to promote their independence and where they needed support from staff. For example, how they needed prompting with personal hygiene needs. One relative told us, "Where ever possible, the carers promote his choice and his independence, which is what I want for him as well".

People's preferences and choices were clearly documented in their care records. Support plans for those with communication needs were in place that described how people were given information in a way they could understand and the level of support they required with their communication needs.

All the people we spoke with gave positive comments about how caring the service was. One person told us, "It is just a case that they come in and get on. They are all very polite. They do listen to you and if you need something a little extra, they will always do it for you. I really am 100% happy with them. One incident springs to mind when I had a flood in the kitchen and the carer stayed well behind her time, to help me". Another told us, "To me the carers are brilliant and they are always laughing. They are so encouraging that I am encouraged. They are very thoughtful. I find they are bright and bubbly. They are a life saver to me, I can approach old age with confidence. They are just there in the background to help and I can phone them at any time".

Relatives also felt their family member was supported by a caring service. One relative told us, "The carers that we get are excellent, they are wonderful women". Another said, "I am very happy with one of the carers, who has a very good relationship with my relative. I can tell she is happy with the carers because I can see her smile".

One health and social care professional told us, "The staff including the branch staff, carers and the branch nurses always treat children, young people and their families with respect, dignity and equally. There are a number of carers who have been in some packages for a long-time and have maintained the boundaries with the families while providing a high standard of care in the home or school."

We saw records were kept securely in the office and could only be located by care and management staff, ensuring confidentiality of people's personal information.

Information on advocacy services was made available to people who used the service. Advocates help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities.

Is the service responsive?

Our findings

At our previous inspection we rated this domain as good. At this inspection we found the provider was continuing to meet the requirements and was acting within the regulations related to this area.

People's care records contained important information about the person. Such as, medical history, details of their personal background, likes and interests, and what was important to them. People told us they were involved in developing their care plans. One person told us, "One of the managers drew up a care plan with me". Another said, "I have just done a new care plan last week and I was fully involved. The manager was very good and put a lot of things right that were wrong in the previous care plan. It said I was a wheelchair user when I'm not but it was all put right this time."

People's care records were person centred, and contained detailed information to give staff support and guidance. Care records were reviewed and updated whenever there was a change in need. One person told us, "I had a review meeting last week. They ring up sometimes to say they are coming to review the care plan". Another told us, "They came out to see me two or three months ago, to see how things were going because I had been in hospital a couple of times." One relative told us, "The way things are at the moment we have a meeting every six weeks or so and someone from Allied attends".

One health and social care professional told us, "The branch including the nurses, carers and branch staff are very responsive to a change in need, they are quick to provide the required documentation to evidence a change in need, the care plans are person centred."

Staff told us they read people's care plans on a regular basis to make sure they were up to date with the person's needs. The care plans we reviewed showed a theme of the service being responsive to people's need with people being supported to live an ordinary life.

Care staff kept detailed records of the support provided to people daily. These were kept at the person's home and brought into the office monthly for review and archiving.

The manager advised that staff were required to support people who were at the end of their lives and/or receiving palliative care. Staff received support and guidance from community nurses and were trained in end of life care. We found staff attended people's funerals and the service sent flowers and cards of condolence.

We found the provider protected people from social isolation. One person told us, "One of the carers took me out for dinner at the local pub on my wedding anniversary". A relative told us, "We have a carer who comes on a Sunday and she takes my relative out for the day. My relative was really pleased. She had such a good time".

We looked at how complaints were managed in the service. The provider had a policy and procedure in place which provided clear information for people who used the service. One relative told us, "In the past we

have had problems which we didn't feel were dealt with properly. Just telephoning the staff in the office didn't seem to do any good at all. It did go to a complaints procedure within Allied and things did improve after that". Another said, "They have dealt with any complaints immediately and I was satisfied with their response".

Is the service well-led?

Our findings

At our previous inspection we rated this domain as good. At this inspection we found the provider was continuing to meet the requirements and was acting within the regulations related to this area.

The service did not have a registered manager in place. The manager had applied to be the registered manager of Allied Healthcare Durham. The manager had worked in the service for some time in another role and was familiar with processes and systems.

The service had a positive culture that was person centred and inclusive. People who used the service told us they were happy with the service.

The provider had an effective quality assurance process in place. This included audits of the service, including care records and medicine administration records. We viewed the provider's improvement plan which was updated regularly by the manager.

People and family members could provide feedback on the quality of the service via meetings and surveys. The results of surveys were analysed and any actions were addressed.

One health and social care professional told us, "It is clear the systems the manager has introduced to branch has made a positive difference. The staff are better informed, communication has improved and staff know they are valued. [The manager] is very approachable and responsive to queries, she has made a positive difference to the branch and this is reflection of her leadership and management skills."

We spoke with the manager and care delivery director about plans for the service. The care delivery director told us they were looking at installing a new care management system where staff could log in electronically at each visit, enabling more robust call monitoring.

Regular team meetings were held. These were recorded and made available for those who could not attend so important information was disseminated to all staff. Staff we spoke with felt supported by the management team. Staff were regularly consulted and kept up to date with information about the service and the provider.

Staff we spoke with felt supported by the management team. As a team, staff took part in a memory walk to raise money for the Alzheimer's Society. Fancy dress at work day had been organised for Children in Need in 2017. Fund raising packs for this year's event were already organised.

The service worked in partnership with many agencies, including the local authority, safeguarding teams and multidisciplinary teams, to ensure people received joined up care and support. One health and social care professional told us, "From a commissioning point of view the service always provides the required information when requested, responds to queries in a timely manner and potential packages."

The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to the Commission by law.