

Nestor Primecare Services Limited

Allied Healthcare Lancaster

Inspection report

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Website: www.nestor-healthcare.co.uk/

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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 visit took place on 10 April 2018 and was announced. The provider was given 48 hours' notice because the service delivered domiciliary care to people who lived in their own homes. We needed to be sure staff in the office and people the service supported would be available to speak to us.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. At the time of our inspection there were 95 people receiving a service from the agency.

There was a registered manager in place. 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.

At the last inspection on 26 January 2016 the service was rated Good. At this inspection we found the service remained Good. This inspection report is written in a shorter format because our overall rating of the service had not changed since our last inspection.

People we spoke with told us staff who supported them were kind, patient and respectful. One person we visited who received a service said, "Lovely people all of them. They are so kind and have to be patient with me. I am on my own so feel safe knowing someone is helping me."

The registered manager had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report any incidents of alleged abuse.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care and staff visiting people's homes. These had been kept under review and updated when changes occurred to the person or environment.

Staff had been recruited safely, appropriately trained and supported. They had skills, knowledge and experience required to support people in their own homes. The management team deployed sufficient staffing levels to provide support people required in their own homes.

Staff responsible for assisting people with their medicines had received training to ensure they had the competency and skills required. People told us they received their medicines at the times they needed them.

Care plans were organised and had identified the care and support people required. We found they were personalised and informative about care people received. They had been kept under review and updated

when necessary. They reflected any risks and people's changing needs.

Staff had received food and hygiene training to ensure they were confident when preparing meals in people's homes.

We found by talking with people saw there was an emphasis on promoting dignity, respect and independence for people supported by Allied Healthcare. They told us they were treated as individuals and received person centred care.

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

People who used the service and their relatives knew how to raise a complaint and who to speak with. The management team had kept a record of complaints received and these had been responded to in a timely manner

The management team used a variety of methods to assess and monitor the quality of the service they provided. For example they included regular staff meetings, spot checks in people's homes, management team visits and phone calls to people and satisfaction surveys. The registered manager told us they continually strived to improve services for people by monitoring the quality of service provision and making improvements.

Further information is in the detailed findings below.

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 Lancaster

Detailed findings

Background to this inspection

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

Prior to our inspection visit we contacted the commissioning departments at Lancashire County Council. This helped us to gain a balanced overview of what people experienced accessing the service.

We 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.

Before the inspection visit, as part of our planning, we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are required to be submitted by the provider to the Care Quality Commission to advise of important events.

This inspection visit took place on 10 April 2018 and was announced. The provider was given 48 hours' notice because the location provided a domiciliary care service to people who lived in the community. We needed to be sure that we could access the office premises.

The inspection team consisted of an 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 care service.

During our inspection we spoke with 14 people supported by the agency and six relatives who were their carers. In addition we visited a home of a person who received a service. We also went to Allied Healthcare offices in Lancaster and spoke with the registered manager and area manager. In addition we spoke with two care coordinators and seven care staff who supported people in their own home. We looked at the care records of three people, recruitment records of two staff members, the training matrix and records relating to the management of the service.

Is the service safe?

Our findings

We spoke with people about the service they received. We asked if they felt safe in the care of staff at Allied Healthcare. Comments included, "No worries about harm they are a good bunch and I trust them and feel safe." Another person who used the service said, "No worries very safe, very happy."

The service had procedures in place to minimise the potential risk of abuse or unsafe care. Records seen and staff spoken with confirmed they had received safeguarding vulnerable adults training. Staff spoken with understood their responsibility to report any concerns they may observe and keep people safe.

Environmental risk assessments were in place in people's homes. They covered areas such as fire awareness, lighting and entrances to the houses. Records showed risk assessments were reviewed on a regular basis or if circumstances changed. Other risk assessments in place included, medication administration and domestic tasks.

The registered manager monitored and regularly assessed staffing levels to ensure sufficient staff were available to provide support people needed and when they required it. In addition there was an appropriate skill mix of staff to ensure the needs of people who used the service were met. New staff worked alongside experienced staff members and shadowed them to ensure they understood their role in people's homes. People supported by the service told us staff who visited them were reliable and turned up on time. One person said, "Times vary but it is the same time in the morning, it's very good."

We spoke with people about the management of their medicines. They told us they were happy with medicines arrangements and received their medicines when they needed them. One person said, "They prompt me as you can see they keep records up to date and check the blister packs that are delivered."

Associated recordkeeping followed the National Institute for Health and Care Excellence guidelines. For example, we saw there were no gaps in documentation. We noted the management team provided staff with relevant medication training to ensure they were competent to administer medicines. Staff we spoke with confirmed they had been trained and assessed as competent to support people with their medicines.

Staff had received infection control training and were provided with appropriate personal protective clothing such as disposable gloves and aprons. This meant staff were protected from potential infection when delivering personal care.

We looked at how accidents and incidents were managed by the management team. The registered manager informed us any incidents that occurred were addressed and they monitored for trends and patterns when visiting people in their own home. We saw evidence of this in accidents that had happened and action taken to reduce the risk of further incidents. They told us they analysed any incidents and learnt lessons to ensure people were kept safe.

Recruitment practices continued to be safe. They had systems in place to ensure suitable staff were

employed and relevant checks had been completed. This was confirmed by records we looked at and a staff member we spoke with who had recently been recruited.

Is the service effective?

Our findings

We saw evidence the provider was referencing current legislation, standards and evidence based on guidance to achieve effective outcomes. People received effective care from staff at Allied healthcare because they were supported by a trained staff team who had a good understanding of their needs. Staff we spoke with confirmed this and also training records showed a programme of events for each staff member. People who used the service told us staff understood their needs and said they were content and confident with the care and support they received from staff. One person said, "They know what they are about and do a sterling job. I have every confidence in them because I do need a lot of help."

We spoke with staff members and looked at individual training records. All staff had achieved or were working towards national care qualifications. This ensured people were supported by staff who had the right competencies, knowledge, qualifications and skills.

People who received a service had a full assessment of their needs before carers commenced their support package. This ensured support staff had information about the needs of people and they were able to confirm these could be met. Following the assessment and in consultation with the person to be supported or family member they produced a plan of care for staff to follow. One person said, "Yes we did go through everything together."

Care plans seen confirmed people's dietary needs had been assessed and any support they required with their meals documented. For example clear instructions were in place for people who had diabetes or other dietary requirements. Guidance was clear and ensured people were supported safely. Comments about meal provision provided by staff at Allied healthcare included, "[Staff member] makes my meals every day and very good they are to." Also, "I know they are not trained cooks but I have no complaints."

We looked at how the service gained people's consent to care and treatment in line with the Mental Capacity Act (MCA). We saw written consent to care and treatment had been recorded on people's care records by the person or family member.

The management team worked in partnership with health and social care professionals to ensure people with complex health needs could be cared for in their home. We saw people's care records included contact details of their General Practitioner (GP) so staff could contact them if they had concerns about a person's health. People we spoke with said their general health care needs were co-ordinated by themselves or their relatives. They did tell us staff at Allied Healthcare had supported them to health appointments in the community.

The service worked in partnership with health and social care professionals to ensure people with complex health needs could be cared for in their home.

Is the service caring?

Our findings

People supported by Allied Healthcare told us they were treated with kindness, respect and sensitivity. For example comments were positive and included, "Yes very polite and respectful, they always have been." Also, "They have always treated me with kindness I don't know what I would do without them." Other people commented, "Pleasant and friendly they sit and chat with me keep me and keep company." A relative said, "They have been brilliant with [relative] he looks forward to them coming."

Care records we checked were personalised and contained information about the person's likes and dislikes. Staff also told us they had a process where staff with particular interests if possible would support people who they would have something in common with. We confirmed this by talking with a person who used the service. They said, "I like my sport and when [staff member] comes we have a good chin wag about things it brightens my day up." This meant staff with particular interests would support people who had the same interest so that they could develop relationships. A staff member said, "It is a good system and enables people to feel better knowing they have things in common."

Care records contained evidence the person or a family member had been involved with and were at the centre of developing their care plans. Also what support was required to maintain their independence within their own home. The plans contained information about people's current needs as well as their wishes and preferences. Daily records completed were up to date and provided information for staff who were visiting the home.

The service demonstrated a sensitive and compassionate ability to protect people's human rights. The registered manager provided equality and diversity training for staff as part of their training programme. Staff were required to regularly complete and update themselves to related guidance. This also covered Allied Healthcare 'Care Code of Practice'.

Staff we spoke with and observed on home visits showed they had an understanding and an appreciation of people's individual needs around privacy and dignity. People supported by the service told us staff were respectful and they were treated with dignity when supported with personal care needs. The relative of a person said, "When they come here they make sure the bathroom door is closed and treat [relative] with dignity that is all we ask." People who used the service commented, "Everybody is respectful." Also, "My husband died 5 months ago and they have been very respectful and also very supportive."

We spoke with the registered manager and manager about access to advocacy services should people require their guidance and support. The service had information details for people and their families if this was required. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf.

Is the service responsive?

Our findings

We found staff at Allied healthcare provided care and support that was focused on each individual's needs, preferences and routines.. One person told us they were consulted for their views on how they wished to be supported. One staff member said, "Each person is individual and you have to respect that and treat people according to their own wishes." This enabled people to make informed choices and decisions about their care and support.

People told us they had regular visits by the same staff as much as possible so they were able to form relationships with people and get to know them better. One staff member said, "If at all possible we have a team of carers which are consistent to the individual." One person who received a service said, "I do get the staff most of the time and I like that." A relative of a person who received a service said, "It's the same carers each time which is good for my [relative], they have a good relationship, [relative] looks out for them coming and opens the door for them sometimes before they can knock."

We looked at what arrangements the service had taken to identify record and meet communication and support needs of people with a disability, impairment or sensory loss. Care plans seen identified information about whether the person had communication needs. These included whether the person was hard of hearing and what aids were required. In addition if they for example needed to speak up or any preferred method the person wished to communicate.

The service had a complaints procedure which was made available to people they supported and their family members. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and the Care Quality Commission (CQC) had been provided should people wish to refer their concerns to those organisations. We saw the service had a system in place for recording complaints. This included recording the nature of the complaint and the action taken by the service. The people we spoke with during the inspection told us they were happy with their service and had no complaints.

People's end of life wishes had been discussed with them and their family members and recorded so staff were aware of these. We saw the service had supported people to remain in their own home where possible as they headed towards end of life care.

Is the service well-led?

Our findings

People supported by Allied Healthcare told us they were confident in the way the management team operated the service. For example one person said, "The office is contactable and always helpful." Another said, "They run a good ship, it seems well organised to me."

There was a management structure throughout the organisation and people knew their responsibilities and lines of management. The registered manager and her staff team were experienced, knowledgeable and familiar with the needs of the people they supported. Discussion with the registered manager and staff on duty confirmed they were clear about their role and between them provided a good service. This was confirmed by staff and people who used the service we spoke with.

The management team held regular staff meetings that were recorded. One staff member said, "We have staff meetings regularly and they are times we have a good chance to discuss any issues and ensure the service is good and people are well supported." Staff told us the team worked well together and regularly discussed how to improve Allied Healthcare so people continued to receive a good service.

The registered manager had systems and procedures in place to monitor and assess the quality of their service. These included seeking views of people they support through satisfaction surveys. People were asked a number of questions. These included asking if their carers were punctual, stayed for the allocated time, were good communicators, friendly and helpful and if they were respectful and provided dignified care. Survey results were analysed and any negative feedback would be addressed by the management team. The results from their 2017 survey were positive with over 93% positive responses.

Regular audits had been completed as part of quality monitoring. These included reviewing the services medication procedures, care plans and staff training. This showed the service was being monitored and improvements made where necessary.

As part of their quality assurance systems the management team carried out spot checks whilst staff were undertaking their visits supporting people. These were in place to confirm staff were punctual, stayed for the correct amount of time allocated and people supported were happy with the service. Care, medication and financial records were also monitored during the visits. One staff member said, "They are a positive measure because it helps keep us focussed on providing a good service." A person who received a service said, "Yes the bosses are always popping in and checking everything is alright."

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included social services, healthcare professionals including General Practitioners, occupational therapists and district nurses.

The service had on display in the reception area of their office premises and their website their last CQC rating, where people could see it. This has been a legal requirement since 01 April 2015.

