

Nestor Primecare Services Limited

# Allied Healthcare Worcester

## 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 25 May 2016 and was announced. We gave the registered manager 48 hours' notice of our intention to undertake an inspection. This was because Allied Healthcare provides personal care for people who live in their own homes and we needed to be sure that someone would be available at the office.

At the time of our inspection 31 people who received personal care in their own homes. The service also provided a 'Hospital at Home' service, which is a National Health Service (NHS) service which provides their own nurses. Allied Healthcare provides the care workers. The care workers provide continual support to people in their own homes under the direction of the nursing team.

There was a registered manager in place at the time of our inspection. 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.

Staff we spoke with knew how to protect people from harm. We found staff recognised the signs of abuse and knew how to report this. Staff made sure risk assessments were in place and took actions to minimise risks without taking away people's right to make decisions.

People told us there were enough staff to help them when they needed them. Staff told us there were enough staff to provide safe care and support to people. Advanced planning meant that staffing levels were reviewed and reflected the needs of people who used the service. People's medicines were checked and managed in a safe way.

People received care and support which met their needs and preferences. Care and support was provided to people with their consent and agreement. Staff understood and recognised the importance of this. We found people were supported to eat a healthy balanced diet and were supported with enough fluids to keep them healthy. We found staff supported people with access to healthcare professionals, such as their doctor or hospital appointments.

We saw people were involved in planning their care. People's views and decisions they had made about their care were listened and acted upon. People told us that staff treated them kindly, with dignity and their privacy was respected.

We found people knew how to make a complaint and felt comfortable to do this should they feel they needed to. Where the provider had received complaints, these had been responded to. Learning had been taken from complaints received and actions were put into place to address these.

Staff felt supported by the registered manager to carry out their roles and responsibilities effectively.

We found the checks the registered manager completed focused upon the experiences of people. Where areas for improvement were identified, systems were in place to ensure lessons were learnt and used to improve staff practice.

## 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.

People were cared for by staff who had the knowledge to protect people from the risk of harm. People were supported by sufficient numbers of staff to keep them safe and meet their needs. People received their medicines in a safe way.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the knowledge and skills to do so. People received care they had consented to and staff understood the importance of this. People were supported with their individual dietary requirements.

### Is the service caring?

Good ●

The service was caring.

People's decisions about their care were listened to and followed. People were treated respectfully. People's privacy and dignity were maintained.

### Is the service responsive?

Good ●

The service was responsive.

People received care that was in-line with their individual preferences and needs. People's concerns and complaints were listened and responded to.

### Is the service well-led?

Good ●

The service was well-led.

People were included in the way the service was run and were listened too. Staff were supported by clear and visible leadership so people received quality care to a good standard.

# Allied Healthcare Worcester

## 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 25 May 2016 and was announced. We made telephone calls to people who used the service and relatives on 26 May 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in. The inspection team consisted of one inspector.

As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law.

We reviewed provider information return (PIR) that the provider submitted to us. We also reviewed the questionnaire feedback that the CQC had sent to people who used the service prior to our inspection. We spoke also spoke with the local authority about information that may be relevant prior to our inspection of the service.

We spoke with four people who used the service and two relative and the external healthcare professional who was the clinical lead nurse for the Hospital at Home service. We also spoke with three care staff, the domiciliary care co-ordinator, the hospital co-ordinator, the field care supervisor, the training consultant and registered manager. We looked at three people's care records. We also looked at staff schedules, complaints and compliments, satisfaction survey, three staff recruitment records.

# Is the service safe?

## Our findings

All the people we spoke with said they felt safe because the staff who supported them knew their needs well. They told us this gave them confidence that their care and support would be provided in the safest and best way for them. One person said, "They always arrive, and if they are running a little bit late they always ring me to let me know." Another person told us, "They make sure I have my pendant [call alarm] before they leave." Another person told us how staff supported them to stay safe when using the bath, they said, "They are always very helpful".

Staff told us how they supported people to feel safe. For example, one staff member told us that they received updates from staff who worked in the office if there was any change to a person's wellbeing. Another staff member said, "We use an early warning system. Which we report on for each visit. If anyone has an indication for this then we contact the staff in the office". They continued to say that where they had been concerned for people's safety in the past, with the person's permission they have directly contacted the person's doctor.

We spoke with staff about how they protected people from the risk of harm. Staff who we spoke with showed a good awareness of how they would protect people from harm. They shared examples of what they would report to management or other external agencies if required. Staff told us about safeguarding training they had received and how it had made them more aware about the different types of abuse. Staff told us they had access to safeguarding information should they need this and went onto say that they would contact people in the office or the registered manager without hesitation. We found that where there had been potential safeguarding incidents these were reported to the local authority and the provider had followed the correct procedures to ensure people were kept safe.

People's individual risks had been assessed in ways which protected people and promoted their independence. For example, staff had recognised that one person required additional support and had raised with the registered manager that a lunch time call to ensure the person was eating well may need to be considered. The registered manager showed us that they had contacted the person's social worker and had arranged a review of their care. This had resulted in an additional lunch time call being put in place. Staff we spoke with told us that this meant staff knew the person was having enough food throughout the day.

People told us they had regular staff who supported them. One person said, "They are always the same [staff]". People we spoke with told us that if there was a new member of staff, they worked alongside a more experienced staff member before they worked alone. All people we spoke with raised no concerns about staffing levels. We spoke with a relative whose family member required two staff members to attend to their needs. They told us that there was always two staff present at all times.

Staff told us that when they collected their rota for the week they had the opportunity to raise any concerns about travel time, or length of time at a call. They told us that the registered manager listened to them should changes to the rota be required. Staff we spoke with confirmed that they had suitable travel time

between their calls and they did not feel rushed.

The registered manager told us all personal care calls were a minimum of 30 minutes. Staff told us they felt they had enough time to support people with their care needs and did not feel rushed. One staff member said, "You usually end up with time to have a chat with them". We saw an example where staff had reported to the registered manager that one person's 30 minute call was not enough to meet all of their needs in a safe way. We saw from the care records and from speaking with the person that their time had increased and it was working better for them.

We saw records of checks completed by the provider to ensure staff were suitable to deliver care and support before they started work for the provider. Staff we spoke with told us that they had completed application forms and were interviewed to assess their abilities. The provider had made reference checks with staff previous employers and with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with people. The provider used this information to ensure that suitable people were employed, so people using the service were not placed at risk through recruitment practices.

People we spoke with did not have any concerns about how their medication was managed. People who required medicines at a certain time confirmed that staff arrived on time to enable them to take the medicine at the right time. We spoke with staff who administered medication. Staff told us they had received medication training and their practices were checked by the process of spot checks. Staff had a good understanding about the medication they gave people and the possible side effects. Staff told us that if they arrived to a person's home and saw the medication chart had not been completed properly this would be reported to the registered manager. Staff we spoke with had not had this scenario happen to them; however staff felt confident that the registered manager would take action to address shortfalls. Medication chart audits were completed monthly, the monthly checks looked at areas such as, discrepancies in medications to missed signatures. From the checks that we reviewed there were shortfalls identified.

## Is the service effective?

### Our findings

All the people we spoke with felt that staff who cared for them knew how to look after them well and in the right way. One person said, "They are very expert. Perfect, really are, cannot fault them". A relative told us, "They are marvellous, thanks to their care and support [the person's name] will walk again". A further relative told us, "They are all really rather good". We spoke with the clinical lead nurse for the 'Hospital at Home' service. They told us that staff were, "Exceptional. We work very well together". They told us that staff were competent in their role and listened to them.

Staff told us they had received training that was appropriate to the people they cared for, such as caring for people who live with dementia. One staff member told us it gave them better understanding and gave them the "bigger picture of living with dementia". Staff gave examples of how learning and sharing experiences helped them to understand why and how to provide the right care for people. For example, a staff member told us how they felt they required more information about catheter care. They told us how this had been arranged for them and they had found the training to be useful in continuing to support people. We read one compliment from a person who had written about how the staff member had recognised their catheter was not working and had alerted the nurse to this.

The registered manager showed us how they supported in staff into their role and how their knowledge was developed. They told us that staff received mandatory training initially and then shadowed an experienced staff member. They told us the staff member would only work alone when they and the staff member felt confident to do so. During our inspection a new staff member was receiving mandatory training. We spoke with the person who trained the new staff members. They explained how they were aware of people's learning requirements before they began the training and gave examples of how they may support a staff member, for example, who has dyslexia. They told us that the training was also tailored to the service; ensuring people had the right skills in food hygiene and manual handling, for example.

Staff told us how communication was key to ensuring people received the right care. For example, they would spend time talking with people to get to know them and also ensure they received detailed information about people's care needs from the registered manager and staff. They told us they had regular one to one conversations with the registered manager which was a good opportunity for them to discuss their learning and development. Training was provided and encouraged for further development. A staff member told us they were well supported by the registered manager and their peers and felt confident to ask questions.

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 we spoke with told us that staff sought their agreement before carrying out any personal care and



staff respected their wishes. One person told us, "They always listen and act on what I say". Staff we spoke with understood their roles and responsibilities in regards to gaining consent and what this meant and how it affected the way the person was to be cared for. Staff told us they always ensured that people consented to their care. One staff member told us that they always seek consent from the person first and would not do anything that the person was not comfortable with. They continued to tell us it was how they spoke to people as well, they said, "You give them encouragement, you don't need to force them". The registered manager had a good understanding of this process and how the assessments were to be completed.

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. We checked whether the service was working within the principles of the MCA. Any applications to deprive someone of their liberty for this service must be made through the court of protection.

The registered manager had not made any applications to the Court of Protection for approval to restrict the freedom of people who used the service. They were aware of this legislation and were happy to seek advice if they needed to.

People we spoke with had different levels of need for support with meal preparation and cooking. People said they were supported according to their individual needs. One person said, "They always help me with making my lunch". One member of staff said, "We record what people eat, and if we see they haven't been eating I would report it". Staff we spoke with knew what level of support each person needed. Staff told us they always offered a choice of meals where possible. We saw in one person's care record that staff had alerted the office staff that one person did not have many food items in their fridge. We saw that the staff in the office had acted on this information by informing the family to further support the person.

People we spoke with felt confident that staff would support them with their health care when they needed it. People told us that staff ensured they provided them with their personal care needs so they were ready in time for their appointments. We found and staff told us that where people required further support from other health care services appointments were made. For example, a staff member told us that when they found a person's skin was becoming sore they contacted the district nurses to seek advice.

## Is the service caring?

### Our findings

People we spoke with told us staff were kind and caring towards them. One person said staff were, "Very caring and supportive". Another person said, "They treat me very respectfully." A relative said, "Lovely ladies, all very kind, polite and patient". A further relative told us, "They certainly treat [the person's name] with dignity and respect. [The person's name] has told me they like them and gets on with them very well".

Staff we spoke with knew people well, they felt this was because they either worked alongside a more experienced staff member first so they got to know the person. Or, for example, when a new person begun receiving care from the provider staff told us the initial assessments of care were detailed. Staff we spoke with told us that the paperwork and verbal handover of information was useful and thorough in getting to know the person.

Staff spoke about people as individuals and told us about how people's independence was promoted, for example, making their own meals. Staff told us caring for the same people on a regular basis meant they got to know people and their families well. One staff member said, "We do things together, but it is good to keep people as independent as possible". Staff gave examples of supporting people's independence, with examples such as meal preparations, or supporting a person safely into the bath and then returning when they were ready to be supported out of the bath.

People told us staff supported them to make their own decisions about their care and support. People told us they felt involved and listened to. One person told us how they had raised with the registered manager their preference for certain staff to support them. They told us this was respected by the registered manager and they received care from the staff who they preferred.

People told us that staff were flexible and worked with them to ensure they received support when they required it. One relative told us "We had a family wedding to attend, so they arrived earlier in the morning and then came later in the evening when we had returned home". Another person spoke about how staff supported and told us, "I don't know how I would manage without them".

Staff told us they were not only there to provide personal care, but to also provide a social aspect for people, to help maintain a positive well-being. They told us that they wanted to make their time with them meaningful and would spend any extra time talking with them.

All people we spoke with told us that staff respected their privacy and dignity. One person told us, "Absolutely they do". All people we spoke with told us that staff never rushed or hurried them and always took their time. People told us they were always given a choice and staff respected their decisions. People told us that staff maintained their dignity and ensured the doors and curtains were closed when providing them with personal care. One relative said, "They treat them with the upmost of respect". Staff spoke respectfully at all times about people when they were talking to us or when talking with other staff members.

## Is the service responsive?

### Our findings

People told us they were involved in the development and review of their care. One person told us how they could talk to staff at any time, or ring staff in the office if they needed too. People told us that they had an initial assessment before they began using the service. People told us after this they had checks to see if they were happy or wanted to change their care plan. They said following this they had regular reviews or when their care needs had changed. People told us they felt staff understood their needs and provided appropriate support in response to them.

People we spoke with told us staff always respected their decisions about their care and their individual needs were met. We found people's needs were assessed and reviewed where required. Staff we spoke with knew about the needs of the people they cared for. Staff told us they would always speak with the person to ensure they were providing care to them the way in which they preferred. We looked at care records for three people and could see people's likes and dislikes were recorded for staff to be aware of. Where more complex needs were identified, staff were aware of how to support the person.

We found staff were aware of people's changing needs and ensured other staff were informed of any changes. For example, one person's mobility had improved and no longer required a hoist. The staff had reported this improvement in the person's mobility and a further care review had taken place. We spoke with the person's relative who confirmed this had happened and they had been involved in the process and were happy with the outcome.

The provider had a complaints procedure for people, relatives and staff to follow should they need to raise a complaint. We found that the provider had given information to people about how to raise a complaint. This information gave people who used the service details about expectations around how and when the complaint would be responded to, along with details for external agencies who would support them if were they not satisfied with the outcome.

People and staff felt confident that something would be done about their concerns if they raised a complaint. One person we spoke with said, "I would complain if I needed too. I would not let things slide". A relative told us, "I have no concerns, they are always very accommodating". All people, relatives and staff we spoke with believed the registered manager would resolve a complaint should they have to raise one.

We looked at the provider's complaints over the last twelve months and saw that 12 complaints had been received. We found all of these had been responded to with satisfactory outcomes for the person who had raised the complaint. We saw lessons were learnt through these complaints and this information was shared with staff members to improve practice. For example, a person had raised a complaint regarding the way a staff member had delivered certain aspects of their care. Following a meeting with the registered manager a more detailed care plan was put in place and discussion with the staff member took place. This covered all aspects of the person's care needs so that staff had clear direction and the person received their care in the way they wanted.

## Is the service well-led?

### Our findings

We spoke with the registered manager who knew people who used the service and staff well. People who we spoke with told us they found the registered manager and the staff who worked in the office were approachable and responsive to their requests. People confirmed that they had met staff who worked in a management role. All people we spoke felt confident that any questions they may have would be answered by staff who worked in the office or the provider.

We spoke with staff about the service they worked for. One staff member said, "We always get texts to say thank you for the work. That is all that I need. It does go along way". Another staff member said, "It is a lovely company to work for. We have staff meetings, appraisals, if you want to raise something, they meet you and listen. They are very supportive". A further staff member told us that the team meetings were useful to keep updated.

Staff we spoke with told us the registered manager knew people's needs well and were able to listen and help should staff have any questions. One staff member said, "I can talk to her at any time, she is very approachable".

We spoke with the registered manager about the checks they made to ensure the service was delivering high quality care. They told us they visited people to check the service was meeting their needs. We found that through these visits actions were sometimes needed. For example, improving communications with a person's relative so staff were aware of which relative to contact in the event of an emergency situation if the person's main contact was not available.

The provider conducted their own internal audit of the service. The registered manager showed us that they had been awarded 100% compliance in their audit. They told us this audit looked at all aspects of the service provision, from care plan reviews, risk assessment updates, to ensuring staff DBS and car insurance certificates were up-to-date. Staff we spoke with were proud of this achievement and told us they had worked hard to ensure this was maintained.

The registered manager showed us the results of a quality of care survey that had taken place in for people or relatives who had received support from the 'Hospital at Home' service. The eight responses received were all positive. With comments such as, "Very professional and supportive, the care was second to none". "All carers were very good and communicated well with me". The clinical lead nurse for the 'Hospital at Home' service told us that they worked well with the registered manager which enabled them to provide people with a good service. They said, "we work together well".

The registered manager shared with us ideas that they had put into practice to further enhance the service provision. They told us how they had implemented new paperwork which gave paramedics the key information they required immediately on attending a person's home in the event of an emergency. They told us this had happened as a result of them needing to provide the paramedics with information. While the information was on record, it was not always easy to find in a timely way. They told us that they spoke

with the paramedics so they had a clear idea of what information they would need. The registered manager told us their regional manager had found their idea useful and were looking to implement this in provider locations.