Care Quality Commission

Nestor Primecare Services Limited

Allied Healthcare Martlesham

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

Overall summary

This inspection took place on 7, 14 and 20 January 2015.

The service provides care and support to people who live in their own homes in Ipswich or surrounding area. At the time of our inspection people receiving support had a variety of care needs, including people with physical disabilities and mental health needs. The service is managed from an office located in Ipswich.

The service has a condition of registration that there is a registered manager. On the day of our inspection the person managing the service was not registered with the Care Quality Commission (CQC). They had applied to the CQC to register and this application was in progress. A registered manager is a person who has registered with the CQC 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 in May 2014, we asked the provider to take action to make improvements to staffing levels and the way the quality of care was monitored. This action has been completed.

All the people we spoke with said they felt safe using the service. The provider had policies and procedures which were intended to keep people safe and minimise the

Summary of findings

likelihood of abuse. Staff were knowledgeable about safeguarding adults and what to do if they had concerns about abuse. People's medicines were managed safely and administered as prescribed.

There were sufficient appropriately trained staff to provide people with the care and support they required. The service had a system in place to let people know in advance which member of care staff would be visiting them to provide care. People told us that they had regular care workers who visited them and they knew their needs and preferences.

People told us they received their care from care workers who arrived on time and supported them in a caring and unrushed manner. People were supported to have enough to eat and drink where this support was required.

Care plans were individual and contained an assessment of people's needs and how their needs would be met. There were risk assessments in care plans which addressed physical risks such as moving and handling and risk to people such as falls and pressure ulcers. Care plans and risk assessments were regularly reviewed.

The manager demonstrated a good understanding of the importance of effective quality assurance systems. There were systems in place to monitor the quality of the service provided. Where these identified areas for improvement action plans were put in place which were monitored by the provider.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

There were sufficient numbers of staff to meet people's needs.

Staff demonstrated a clear understanding of what abuse was and how to report any situation of this kind.

Risks to people's health had been assessed and where appropriate referrals had been made to health professionals.

Medicines were managed safely

Good

Is the service effective?
The service was effective.

Staff understood the needs of people who used the service and received appropriate training and support to ensure they delivered effective care.

Where required people were supported to have a healthy diet and sufficient to drink.

People were supported to have a healthy diet.

Good

Is the service caring?
The service was caring.

Staff had time to develop positive caring relationships with people. They knew the people they supported.

People were listened to when they expressed their views about how they received their care either with their individual carer or when contacting the office.

Good

Is the service responsive?
The service was responsive.

People had been involved in planning and reviewing the care they received.

People told us that staff listened to them and provided their care according to their preferences.

Good

Is the service well-led?
The service was well led.

The manager and provider promoted a culture centred around the person receiving care.

There were effective systems to assure quality and identify any potential improvements to the service.

Good

Allied Healthcare Martlesham

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 and 7 January 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service and this is in line with our current methodology.

The inspection team consisted of two inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

As part of the inspection we spoke with 15 people who used the service and the relatives of three people who could not speak with us. We also spoke with the manager, the provider's care delivery director and five care staff.

We inspected a variety of records including three care plans, five staff records, quality audits carried out by the manager and the provider and records related to the overall management of the service.

Good

Is the service safe?

Our findings

Our previous inspection of 21, 23 and 27 May 2014, found that the service was not meeting people's care and welfare needs as care staff did not have sufficient time on each call to provide the required care. The main reason for this was that time was not allowed in the call allocation for travel between locations. We also found that there were insufficient care staff to provide care to people in less accessible areas of the county resulting in a high use of agency staff. The provider provided us with an action plan detailing how the service would improve.

At this inspection we found that the service had revised the areas where it provided care and included travelling time between visits on care staff's rotas. People we spoke with told us that care staff arrived on time and stayed for the time agreed to provide their care. They told us that if a care worker was delayed the office telephoned and told them. Care workers told us that since the rotas had been changed, they now had time to give people the support they needed.

The manager showed us the computer based system that is used to manage the staff rota and allocation of visits. They told us they were using the system to ensure that people received the same group of care staff regularly. One person said, "It would seem that I have a team of five people that care for me, so that is consistent." They told us that this would enable care staff to get to know people and identify any changes in their condition or needs promptly. One person we spoke with told us that they had a regular care worker who, "knows exactly what I need."

People told us that they received a list of the names of staff that would be providing their care the following week. They told us that knowing who would be coming to their home each day made them feel reassured. They also told us that care staff took care to ensure their property was secure. One person told us, "No problem with security they always lock my door." Staff were able to tell us how they ensured people were kept safe in their home giving examples of keeping visit lists separate from the list of people's key safe numbers.

People we spoke with told us that they felt safe and that care staff understood their needs. All staff we spoke with demonstrated a good knowledge of safeguarding vulnerable adults. Some staff were able to give us examples of action they had taken when they had identified concerns. Records we checked confirmed that care staff received safeguarding training as part of their induction and this training was updated annually.

Care plans we looked at included an assessment of risks to people's health for example pressure sores or falls. Where a person was identified as being at high risk or when people's needs changed, we saw that actions to reduce the risk had been taken, for example referrals to a GP or occupational therapist.

The service provided care to people in rural areas and the manager explained to us actions the service had taken to address risks caused by this environment. For example, there was a system in place to ensure people received their care in the event of severe weather conditions. This included prioritising calls to those most at risk and the hire of four wheel drive vehicles if required to get to people.

People who received support from the service to take their medicine told us that this was done effectively. One person told us, "They encourage me or remind me to take my tablets." A relative told us they had previously supported a person to take their medicine but Allied Healthcare had recently taken over this responsibility with no problems. Staff received regular training to ensure they administered medicines correctly.

Good

Is the service effective?

Our findings

People received effective care that met their needs. People were positive about the service and support they received from care staff. Comments included, “The care is good, if I want any more they will do it,” and “My carer is also a trainer, I am delighted as they are so good, if they train everyone to that standard there will be no problems.”

People received care from staff that were trained and supported effectively. There were effective systems in place to provide an induction for new staff and to provide on-going training. Staff received an induction which equipped them to provide the care people needed. The induction included four days classroom based training on subjects such as manual handling, nutrition and safeguarding. This was followed by visits to people shadowing an experienced care worker. New care staff were required to pass a competency assessment prior to providing care. This ensured their skills met the required standard.

Staff were supported them to develop their knowledge and skills. This included undertaking external vocational qualifications and apprenticeships. We saw literature in the service which promoted the apprenticeship scheme to care staff. Staff received regular training and supervision to update their knowledge and check they put their training into practice.

Staff gave people choices as they provided their care. All staff spoken with had received training in the Mental Capacity Act 2005 (MCA). They understood the issues around people’s mental capacity to make decisions and when further advice should be sought.

Most people we spoke with were able to prepare their own food and drink. Where people were supported with their meals staff did so considering their preferences and ensuring they had enough to eat and drink . One person told us that their care staff always made sure they left them with a drink. One care worker described how a person they had begun caring for had preferred to eat take away food rather than cook a meal. They described to us how they had worked with the person to encourage and support them to cook their own food. They also told us that when they went shopping with the person, they encouraged them to purchase healthy and fresh ingredients. This had resulted in the person eating a healthier diet.

People told us that they arranged their own appointments with care professionals such as dentist, GP and optician. Care staff we spoke with told us that if they had concerns about a person’s health they would contact the office and were confident that the appropriate professional would be contacted. We saw from the care plans that we viewed that this was the case. The service had recently provided training to staff in spotting the early signs of deterioration in the health of people they are caring for and the importance of making an early referral. This meant that where needed people were supported with their healthcare needs.

Good

Is the service caring?

Our findings

People were satisfied with the care and support they received. They told us that support was delivered in a caring manner by care staff that knew their needs. One person told us, “Wonderful caring people.” Another said, “I always chat with them, I know them well.”

Staff told us that the changes to allow travel time between calls meant that they had time to get to know people better. They could get to know people’s preferences and history as they had time to read the care plan and also had time to talk to people to get to know them as an individual. One care worker said to us, “I always try to leave them with a smile on their face.”

People were able to express their views and be actively involved in how their care and support was delivered. One person told us that they liked to have their care provided in a particular way and that their regular care workers were aware of how, “I like things done.” Another person told us that staff always explained what they were doing. A care worker said, “I make sure I talk while I work, I make sure everything I am doing is OK and anything needed is close by when I leave.”

People told us that if they had any queries or problems with their care they would have no hesitation in contacting the office. One relative said, “I contact the office regularly and they are always helpful.” This was with regard to changing the times a person received their care and accounts queries. Care plans we looked at showed that the care provided was reviewed regularly by senior care staff in consultation with the person receiving the care.

We were unable to observe care directly but responses from people indicated their privacy and dignity was maintained. One person told us, “They always close the curtains when I am having a wash.” Another person said, “I have a male carer and he is very discreet.” Care staff spoken with understood the importance of respecting people’s privacy in their own homes and gave examples of how they did this.

Good

Is the service responsive?

Our findings

People were happy to speak with care staff or management from the service and felt they would be listened to. Staff were responsive to their needs.

Prior to agreeing to deliver care a senior member of the provider's staff visited the person in their own home and discussed with the person the care they required with them and /or a relative if appropriate. Everybody we spoke with was aware that they had a care plan in place although some people were not sure when this had last been reviewed. One person told us, "I know it's there, if I wanted anything changed I would ask. I do not need to keep going over it." One person gave us an example of when, following an assessment the service was not able to provide additional care. They said, "I have no complaints. They were up front that they could not provide all the care so another organisation does the nights, I appreciate the honesty and we did not get into a mess."

Care plans we looked at contained details of people's individual preferences and we saw that, where possible, these were met. For example, one person told us that they were happy to have a male care worker except for when they had a shower and the service always sent a female on the day they had their shower.

All the care plans we looked at had been reviewed within the previous six months. The manager told us that care plans were reviewed every six months or more often if people's circumstances changed. Care plans we looked showed that where the review identified a change in a person's care needs appropriate action was taken, for example making a referral to an occupational therapist.

The service responded to people's concerns and people told us they were happy to contact the office to raise any problems or queries. One person told us that they had not been receiving their care at the time of day they wanted it. They had spoken to the office about this and the times they received their care had been changed to accommodate their preferences. Another person told us that when they telephoned the office they always received a good response from staff who were happy to deal with any query they may have.

Everybody we spoke with said they would contact the office if they had a complaint but had not found this necessary. One relative raised what they called a matter, complaint was too strong a word and this had been resolved to their satisfaction. The service had an appropriate complaints policy in place.

Good

Is the service well-led?

Our findings

Our previous inspection in June 2014 had found that the service did not monitor the quality of the service provided effectively. At this inspection we found that improvements had been made. People told us that they thought the service was well-led. One person told us, "Not an easy thing to run a service like this and I would say well managed." People were regularly asked their views on the service provided by telephone calls and written surveys. Information gathered as part of these surveys was used to drive improvement. For example, improving the way people were told of a change in their care worker.

Regular quality audits were carried out by the manager. These included audits of care plans and health and safety audits. Where an audit identified a deficiency an action plan was in place to address the problem. The action plan included who would be dealing with the problem and time scales for the issue to be resolved. The audits and action plans were monitored by the provider.

On the day of our inspection the service had a manager in place but they were not registered with the CQC. They had applied to be registered as the manager and there application was in progress.

There was a supportive and open culture in the service. Staff we spoke with said they were supported by the management team. There were regular meetings for staff. The agenda and minutes of the meetings showed that whistleblowing and dignity were regularly discussed. Agenda items at a recent meetings included professional boundaries and the importance of appraisals. One care worker told us that, "Management are happy to listen to ideas." Minutes of meetings were circulated to all care staff to ensure they were aware of what was discussed.

One member of care staff we spoke with told us they had worked for the service for a number of years and this was the best they had felt since they had begun working. They told us that the manager was approachable and very fair. Staff received regular spot checks and anything arising from the spot checks, good or bad, was discussed at their subsequent supervision session. Where there had been a whistleblowing about the behaviour of one member of staff, the management had taken the appropriate steps to deal with this.

The manager received support from the provider to maintain the quality of the service. They attended a monthly branch managers meeting which enabled them to gain support and discuss issues with their peers. The provider's care delivery director attended the service on the day of our inspection to support the manager.

The provider maintained a secure internet site which was accessible for care staff from their own information technology equipment. The site contained up to date information for staff on issues such as dementia and forums where topical issues were discussed by staff from across the organisation. Staff were also able to access human resource support via this site. Not all of the staff we spoke with accessed this resource but those who had, said it was very useful to keep up to date with new policies. The manager was looking into ways of promoting it to more staff. This was an accessible resource for staff to communicate and keep their knowledge up to date to continually improve the quality of the service people received.

The service maintains records on a secure computer system which alerts staff when action is required. For example, when people's care plans are due for review and when training is due. This system is also used to monitor the investigation of complaints and incidents and enables the provider to monitor and supervise these. They use this information learn from incidents and avoid, where possible, incidents from re-occurring.