Nestor Primecare Services Limited

Allied Healthcare Colchester

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

Allied Healthcare Colchester is a domiciliary care agency which provides personal care to a range of people living in people their own homes. These included people living with dementia, older people, people with a physical disability or learning disability, and people who have an eating disorder, or misuse drugs and alcohol. At the time our visit the service supported 116 people.

The service has a registered manager in post. 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 provider was given 48 hours' notice of our visit. This was to ensure documentation and people were accessible on the day of our inspection.
People were complimentary about the service they received from Allied Healthcare. People's needs were assessed and appropriate information was given to people before the service commenced.

Staff had good knowledge of safeguarding procedures and were clear about the actions they would take to help protect people. Where safeguarding concerns had been identified the service had made the appropriate referrals and was open and transparent. Risk assessments had been completed to help staff to support people with everyday risks and help to keep them safe.

Systems were in place to assist people with the management of their medication and to help ensure people received their medication as prescribed. Recruitment checks had been carried out before staff started work to ensure that they were suitable to work in a care setting. Staff told us that they felt well supported to carry out their work and had received regular support and training.

There were sufficient numbers of staff, with the right competencies, skills and experience available to help meet the needs of the people who used the service.
Where needed people were supported to eat and drink sufficient amounts to help meet their nutritional needs and staff knew who to speak with if they had any concerns around people's nutrition. People were supported by staff to maintain good healthcare and were assisted to gain access to healthcare providers where possible.

People had agreed to their care and been asked how they would like this provided. People said they had been treated with dignity and respect and that staff provided their care in a kind and caring manner.

The registered manager had a good understanding of Mental Capacity Act 2005 and who to approach if they had any concerns and the appropriate government body if people were not able to make decisions for themselves.

People knew who to raise complaints or concerns to. The service had a clear complaints procedure in place and people had been provided with this information as part of the assessment process. This included information on the process and also any timespan for response. We saw that complaints had been appropriately investigated and recorded.

The service had an effective quality assurance system and had regular contact with people who used the service. People felt listened to and that their views and opinions had been sought. The quality assurance system was effective and improvements had been made as a result of learning from people's views and opinions.

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 could be sure that they would receive the assistance they needed when being supported with medication.

The provider had systems in place to manage risks, which included safeguarding matters and this helped to ensure people's safety.

There were enough staff available, with the right competencies, skills and experience to help meet the needs of the people who used the service.

Is the service effective?

Good

This service was effective.

Staff had knowledge of the Mental Capacity Act (2005) and knew how to keep people's rights protected.

People had experienced positive outcomes regarding their health and support and assistance had been gained when needed.

Is the service caring?

Good

People told us they felt staff were kind and caring.

Staff were able to tell us how they treated people with dignity and respect.

Staff had a good understanding of people's care needs.

Is the service responsive?

Good

The service is responsive

People's needs were assessed and their care and support needs had been reviewed and updated.

Staff responded quickly when people's needs changed to ensure that their individual health care needs were met.

Is the service well-led?

Good

This service was well-led.

The manager understood their responsibilities and demonstrated good management and leadership skills.

The management team worked in partnership with other professionals.

Staff understood their roles and were confident to question practice and report any concerns.

Effective quality assurance systems were in place to monitor the service and identify any areas that needed improvement.

Allied Healthcare Colchester

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.

The inspection was an announced inspection and took place on the 16 June 2016.

The inspection was carried out by one inspector and an Expert by Experience (ExE) who assisted to make phone calls to people who used the service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. On the day of our inspection, Allied Healthcare Colchester was providing support to 116 people.

Before the inspection we reviewed the information we held about the service. This included notifications, which are documents submitted to us to advise of events that have happened in the service and the provider is required to tell us about. We used this information to plan what we were going to focus on during our inspection. 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. We reviewed the Provider Information Record (PIR) before the inspection. This enabled us to ensure we were addressing any potential areas of concern.

During our inspection we spoke with the registered manager the compliance co-ordinator and two field care supervisors. As part of the inspection we spoke with sixteen people who used the service and three relatives. We also spoke with an additional four care staff to gain their views about working for the service.

We also reviewed ten people's care records. This included their care plans and risk assessments. We also looked at the files of six staff members and their induction and staff support records. We reviewed the

service's policies, their audits, staff work sheets, complaint and compliment records, medication records and training and supervision records.

Good

Is the service safe?

Our findings

People told us that they felt safe when receiving their care. Comments included, "We feel safe with the normal carer, she never lets us down and she is very knowledgeable and skilled" and "I always feel safe as my carer is confident in what she does and she knows what she is doing."

The manager was clear about their responsibilities in regards to safeguarding people and managing incidents. They made the appropriate referrals when situations were viewed as potential safeguarding incidents and were open and transparent when things went wrong. For example it had been reported to the relevant people when there had been a medication error. They took corrective action to prevent situations from reoccurring which involved staff having extra training and supervision. Staff knew how to protect people from abuse and avoidable harm and all had completed relevant training and received regular updates. Staff were able to explain how they would recognise abuse and who they would report any concerns to.

Staff spoken with stated they would feel confident in raising any safeguarding concerns they may have and they found the management supportive when they had raised issues in the past. This showed that staff were aware of the systems in place and these would help to protect the people receiving a service. Staff told us that there were body map charts in people's care files that they would complete if they noticed any marks or bruising when they were assisting with personal care. Feedback from staff included, "I would call the office if I had any concerns." Staff were also aware of the whistle blowing procedure and described who they would speak to if they needed to report anything.

Risks to people's safety had been routinely assessed at the start of a service and these had been managed and regularly reviewed. People stated they had been part of the risk assessment process and a variety of risk assessments had been completed. These related to the environment and people's mobility needs and had clear instructions to staff on how risks were to be managed to minimise the risk of harm. Copies of this documentation could be found in people's homes and helped to ensure staff had up to date information and were kept safe.

The service was run from a self-contained office, which has access for those people who may have a disability. Appropriate risk assessments were in place and the service had appropriate insurance in place.

We were provided with rotas for care staff. We found there to be sufficient numbers of staff employed to meet people's needs. The registered manager told us that they would not commit to taking on a new care package unless they had sufficient staff to do so. Care staff told us, "The staff in the office will step in and help if necessary they have all been trained." People's comments confirmed this one person told us, "They always have someone to send out if somebody is off sick and the team from the office who are also trained carers will often cover as necessary."

People mainly received regular care staff whilst being with the service. However, when the normal carer was on holiday or on annual leave it was evident that this could cause problems as peoples comments included,

"A replacement carer muddled my medication somebody from the office had to come and sort it out, I asked for her not to be sent again." We discussed this with the manager and we were informed that this member of staff had been given some more training and support in administering medication.

Staff employed at the service had been through a thorough recruitment process before they started work for the service. Staff had Disclosure and Baring checks in place to establish if they had any cautions or convictions, which would exclude them from working in this setting. Staff members confirmed they had completed an online application form outlining their previous experience and provided references. They had also attended an interview as part of their recruitment. Checks to staff files during the inspection showed that the correct documentation had been sought and the service had followed safe recruitment practice. Staff spoken with told us that they thought the recruitment process was thorough and confirmed that relevant checks had been completed before they started work at the service.

The service had a disciplinary procedure in place, which could be used when there were concerns around staff practice and helped in keeping people safe.
Documentation was kept safely and securely, this was in paper format and on a computer system which was password protected and backed up regularly.

The service had systems in place to assist with the management of people's medication. Staff had received mandatory medication training as part of their induction and regular updates had been organised to help ensure people received their medication safely. Field care supervisors carried out 'spot checks' and carried out observations to ensure competency of the care staff when they administered medication. Care plans seen, clearly stated, whether assistance with medication was needed, this had been assessed using a 'medication fact finding form' when people first started using the service. Medication administration forms (MARS) were completed by care staff when medication was given, these were sent through to the office for auditing on a monthly basis. If there were any errors or discrepancies the care staff would receive one to one coaching on administration of medication and have further quality checks by the field care supervisors.

Good

Is the service effective?

Our findings

People were happy with the care they received and felt the staff had the right skills and knowledge. Feedback included, "I feel confident that they know how to use the hoist and if there is a new carer then they always come with somebody more experienced."

The Compliance Co-ordinator informed us how new staff were inducted into the service. Once the potential candidate had been interviewed and were deemed suitable, they were required to complete an induction course into the service, which included key areas of training for example, safeguarding, first aid, dementia training and moving and handling. Before carrying out any care calls on their own staff were shadowed by more experienced staff. The service used a 'buddy' system which involved a more experienced worker acting as a 'care coach'. Their mentoring philosophy was 'I do, we do, you do' therefore ensuring that all new carers were fully component delivering care before being given their first shifts. Staff had a review of their work after the first week and spot checks were carried out by the field care supervisors. Supervisions were carried out to ensure they were happy and did not have any concerns. New staff completed the 'care certificate' (a set of minimum standards of care). Staff told us the service was very responsive to their training needs. One member of staff said, "If you need any training then you get it." Some members of staff told us they are completing formal qualifications in care.

Staff told us the clinical lead nurses provided training to use specialist equipment or how to manage a person's health needs. All the staff we spoke with said they had this training before they started supporting people who had these types of needs. New staff told us they found the induction prepared them for the job. One member of staff told us about their induction, "It was better than any induction I have had in the past working for other agencies." The agency's office had a fully equipped training room which enabled them to hold training sessions as and when they were needed.

We were shown the training plan for this year and could see all staff were currently up to date with key areas. This included, fire safety, health and safety, moving and handling, mental capacity, diabetes, and supporting people who had a learning disability.

We found that the service gave effective support to staff. Staff told us they had yearly appraisals and supervision three times a year. Field supervisors would also carry out spot checks on staff to ensure competency. Staff said there were team meetings every six weeks. We looked at minutes for these meetings and could see staff were invited to attend and if they didn't they needed to confirm they had read the minutes. We were told that staff are expected to attend the meetings if they cannot attend they must sign to acknowledge they have read the minutes.

Allied operated an out of hour on call service for members of staff to call if they needed any advice or support. Some people who were supported by the service also used this number, if they were distressed or wanted advice. Senior members of staff which included the manager took it in turn to provide this support.

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

The manager had a good understanding of the Mental Capacity Act (MCA) 2005. Staff confirmed they had received training in MCA both during induction and at regular refresher training. People we spoke with told us they were asked for their consent before any tasks were undertaken. Where people were able to sign in agreement to their care plans this was done. If people were unable to sign, this was discussed and recorded on their care plans. Documentation was recorded where people had lasting power of attorney, court of protection involvement and advocacy. This meant the service was aware of how to support and promote best interests in line with the MCA.

People were supported with their nutrition and hydration needs where required. Staff ensured they recorded appropriately where people were supported with food and drink. Staff told us that they would ensure that people had access to their food and drink before they left the person's home. They added that if they had any concerns that someone was not eating properly they would speak with their manager, so that they could speak with other health care professionals and get help and advice if needed.

The service worked well with other health professionals to ensure people's health needs were met. Where required, the registered manager and co-ordinator liaised with health professionals such as social workers, doctors and district nurses to ensure where people required medical input this was sought and put in place. Where appointments had been made, clear notes were recorded with the actions and outcomes. People told us, "My carer will contact the GP if I need them to." And "They always help me get to my clinic appointments on time and they really understand how important this is for me."

The manager told us the staff they had introduced an early warning system (EWS). Care staff were trained to identify early indicators of specific changes with clients and report this to the office, who would then monitor and escalate accordingly. For example, if someone was appearing more confused than usual or not eating their meals or taking their medication. This was proving positive as it reduced the need for hospital admissions.

Good

Is the service caring?

Our findings

People told us they felt the staff were kind and caring and flexible. Comments included, "They are marvellous the carers keep me young. They have a laugh and joke with you." And "The carers are never in a bad mood. They always treat me with respect." And, "My carer is 100% fantastic there is nothing she could do better."

Relatives also praised staff attitude and their approach when communicating with people who used the service. One relative said, "They are all kind and seem to know what they are doing. Nothing is too much trouble."

All the people we spoke with confirmed that staff treated them with respect and always maintained their dignity when providing personal care. One person said, "The carer always makes sure I am not left without anything covering me." Another person said, "They talk to me tell me what they are doing and treat me with dignity and respect when supporting me with personal care."

Care staff understood why it was important to interact with people in a caring manner. They were able to explain to us how they cared for people. Staff knew people's needs well including likes and dislikes. Staff were able to explain how they would support people to be independent and how important it was to enable people to do as much for themselves as possible. One relative told us, "They do try and get [name of relative] to do as much for themselves as possible which is a good thing."

For people who needed extra support to make decisions about their care and support, the service had information about advocacy services or had involved relatives. Advocacy services help support and enable people to express their views and concerns and provide independent advice and assistance where needed.

Good

Is the service responsive?

Our findings

People were happy with the care they received and told us they had been fully involved in their care plan. One person told us, "I do have a care plan and do feel involved in my care plan. They are coming to review it next week." And "They always involve not just my husband but me too in the care plan reviews."

People's care needs had been assessed before receiving a service, which helped to ensure the service was able to meet their needs. A care plan had been produced and this contained a variety of information about each individual person and covered their physical, mental, social and emotional needs, plus the care they needed. Any care needs due to the person's diversity had also been recorded and staff were aware of people's dietary, cultural and mobility needs. Where people needed social interaction to reduce their feelings of isolation, this was also included in the care plan. One person told us, "They help me get out and then I feel part of the outside world. It can get very lonely at home."

People confirmed that before the service commenced they had received a visit from someone from the service, to assess their needs and ask their preferences about the support they would be offered.

People's care plans were reviewed each year however, if people's needs changed within that time reviews were undertaken promptly to ensure people were receiving the support and care they required. People had been involved in the planning of their care through the assessment and care planning process and also at on-going reviews of their care and support. People had signed to say they agreed with the care as part of the initial assessment process. People had care plans within their homes which advised staff on what care they needed assistance with. Staff we spoke with were knowledgeable about their role and the people they supported.

Field care supervisors visited people in their homes to ensure they were happy with the care they were receiving and also to assess if anyone's needs had changed if so this would then be updated in the care plan this meant that the care plan gave current up to date information for staff to follow.

There were effective systems in place for people to use if they had a concern or were not happy with the service provided to them. This information could be found in the care folders in people's homes. Where complaints had been received there were records that these had been investigated and action taken. Senior management in the organisation monitored complaints, so that lessons could be learned from these, and action taken to help prevent them from reoccurring.

People confirmed they knew who to contact if they had a concern and all knew where to find this in the folder in their home. One person told us, "I have had complaints in the past when they were coming late but it was dealt with, if there is a problem they deal with it." Staff spoken with said they knew about the service's complaints procedure and that if anyone complained to them they would advise them what to do, or would notify the manager.

Good

Is the service well-led?

Our findings

The service had a clear management structure in place. People told us they felt that the service was well-led and that they knew who to contact if they needed to and any contact with the service was responded to in a professional and friendly manner. People felt comfortable talking to the management and supervisory team when it was necessary.

People benefited from staff that received regular support, attended regular staff meetings and could gain help and advice when needed. This enabled them to be clear about their roles and responsibilities and continually improve their care deliver. Staff told us that they felt listened to and were kept up to date with information about the service and the people. They added that management had an 'open door' and they could call in at any time.

Staff had access to the companies intranet site 'my connected' the manager encouraged staff to use this it provided them with an open forum for topics of discussion and to obtain information about the organisation and what is happening within it.

The service had clear aims and objectives, which included dignity, independence and choice. The ethos of the service was made clear to people through the service's aims and objectives and staff had a good understanding of the standards and values that people should expect. These were also covered as part of the staff induction and the Care Certificate.

It was evident from discussions with the manager and staff that a clear organisational structure was in place and staff were able to access senior management easily. The service was also supported by Training and Development and Operational Support Teams.

Quality assurance checks were in place such as regular auditing. The registered manager was responsible for ensuring these were carried out. Quality checks where undertaken when the daily books were returned to the office. These were checked monthly to ensure information written in people's daily books corresponded with their care plans and the planned visit times. Medication audits were also undertaken. Each month records of audits were collated and analysed. This information was forwarded to head office who were responsible for providing monthly statistics to services which showed they had completed all tasks required to be 'compliant 'with the provider's quality assurance processes.

People were asked for their views about the service and these were valued, listened to and used to drive improvements in the service. Records showed quality assurance surveys had been sent out which enabled people to share their views about the service they were provided with. Comments were positive, confirming that people's overall impression of the service given was either excellent or good. The registered manager told us the provider was in the process of changing the way these were sent out, in future they would be sent out centrally from head office the information would then be collated and feedback given to the manager, who would then be expected to provide an action plan to address any concerns.

The registered manager told us the improvements for the next twelve months included, gaining more feedback from staff, holding forums to enable staff to feel 'listened' to. The manager acknowledged that the care staff were fundamental to the business and told us that they actively promoted from within to enable career progression.