

Nestor Primecare Services Limited

# Allied Healthcare Maidstone

## Inspection report

Ascot House, Ground Floor Suite  
22-24 Albion Place  
Maidstone  
Kent  
ME14 5DZ

Date of inspection visit:  
25 October 2016

Date of publication:  
22 December 2016

Tel: 01622695915

Website: [www.nestor-healthcare.co.uk/](http://www.nestor-healthcare.co.uk/)

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

The inspection was carried out on 25 October 2016. The inspection was announced.

Allied Healthcare Maidstone is registered as a domiciliary care agency providing personal care and support to people in their own homes. These included older people, some living with dementia, as well as people with physical disabilities and mental illness. The service is able to provide a range of visits to people, from one visit a day, up to several visits per day. At the time of the inspection the service was providing support to 155 people.

There was a registered manager for the service, who was registered for both the Maidstone location office and the Dartford location office. 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 and associated Regulations about how the service is run.

The feedback we received from people was positive. Those people who used the service expressed satisfaction and spoke highly of the staff. For example, one person said, "I am very happy with the service".

The safety of people who used the service was taken very seriously and the registered manager and staff were well aware of their responsibility to protect people's health and wellbeing. There were systems in place to ensure that risks to people's safety and wellbeing were identified and addressed. Risks had been identified for individual people and their circumstances and measures had been put in place to control and reduce risks, helping to keep people safe. The home environment of people was checked for hazards before support was commenced to ensure the safety of people and staff. However, the environmental risk assessments seen had not always been fully completed and the registered manager was addressing this issue.

Most people either managed their own medicines or members of their family helped them. Some people required staff assistance with medicines. Staff who administered medicines had received training and management checked that staff were safe to administer people's medicines by carrying out regular competency assessments. The registered manager ensured that staff had a full understanding of people's care needs and had the skills and knowledge to meet people's needs. People received consistent support from staff who knew them well. People felt safe and secure when receiving care.

People had positive relationships with the staff who supported them and were confident in the service. People who used the service felt they were treated with kindness and told us their privacy and dignity was always respected. People received a service that was based on their personal needs and wishes. Changes in people's needs were quickly identified and their care package amended to meet their changing needs. The service was flexible and responded to people's requests.

The provider had a robust recruitment process in place to make sure new staff were suitable to work with people in their own homes. Staff were supported to gain the skills necessary to be able to support people in their own homes. Staff had the relevant induction and training updates to feel confident in their role. Support was given through regular one to one supervision, observational assessments and annual appraisals.

Staff presented a caring approach as did the staff working in the office who supported the delivery of care. People were happy with the staff and made many positive comments about the staff who supported them. The provider made sure people had information about the service before the commencement of care and support being provided.

People were supported with meal planning, preparation and eating and drinking as required. People had positive relationships with staff who knew them well. There were enough staff available to meet people's needs. Staff supported people, by contacting the office to alert management, to any identified health needs so that their doctor or nurse could be informed.

The service had processes in place to monitor the delivery of the service. People were given information about how to make a complaint and the people we spoke to knew how to go about making a complaint if they needed to. People and their families thought the service was well run. Some staff felt they were supported and found the management approachable and would be happy to raise any concerns with them, confident they would be acted on. People's views were obtained through meetings with the person and meetings with families of people who used the service. The provider checked how well people felt the service was meeting their needs, by carrying out surveys.

The registered manager ensured that they had planned for foreseeable emergencies, so that should they happen, people's care needs would continue to be met. Incidents and accidents were recorded and checked by the provider or registered manager to see what steps could be taken to prevent these happening again.

The registered manager was very committed to continuous improvement and feedback from people, whether positive or negative, as this was used as an opportunity for improvement. The registered manager demonstrated understanding of the importance of effective quality assurance systems. There were processes in place to monitor quality and understand the experiences of people who used the service.

## 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 protected from harm. People had confidence in the service and felt safe and secure when receiving support. Risks to the health, safety or wellbeing of people who used the service were addressed.

There were safe recruitment procedures to help ensure that people received their support from staff of suitable character. Sufficient staff were available to provide the support required. Staffing levels were flexible and determined by people's needs. Staff had the knowledge and skills to care for people in a safe and consistent manner.

The registered manager and staff were committed to preventing abuse. Staff spoke positively about blowing the whistle if needed.

People were supported to manage their medicines safely.

### Is the service effective?

Good ●

The service was effective.

Staff received on-going training and supervision. Staff were supported through individual one to one meetings and appraisals.

People were supported to be able to eat and drink sufficient amounts to meet their needs.

Staff were knowledgeable about people's health needs, and contacted other health and social care professionals if they had concerns about people's health. People were supported to stay healthy, active and well.

People were able to exercise choice and control in decision making.

### Is the service caring?

Good ●

The service was caring.

People said the staff had a kind and caring approach. People experienced care from staff who respected their privacy and dignity.

People had good relationships with staff and expressed satisfaction with the care they received. People were pleased with the consistency of staff and felt the care was provided in the way they wanted it to be.

People had been involved in planning their care and their views were taken into account. If people wanted to, they could involve others in their care planning such as their relatives.

### **Is the service responsive?**

**Good** ●

The service was responsive.

The service was flexible and responded quickly to people's changing needs or wishes.

People received care that was based on their needs and preferences. They were involved in all aspects of their care and were supported to lead their lives in the way they wished to.

People's views and opinions were sought and listened to. Feedback from people receiving support was used to drive improvements.

### **Is the service well-led?**

**Good** ●

The service was well-led.

There was an open and positive culture which focused on people.

The provider and registered manager maintained quality assurance and monitoring procedures in order to provide an on-going assessment of how the service was functioning; and to act on the results to bring about improved services.

Monitoring processes were in place to check the safety and quality of the service.

# Allied Healthcare Maidstone

## 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 October 2016 and was announced. 48 hours' notice of the inspection was given because the registered manager needed to be available during the inspection. The inspection team consisted of one inspector and an expert by experience who made telephone calls to people that 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.

Before the inspection, the provider completed a Provider Information Return (PIR). The PIR 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 looked at notifications about important events that had taken place at the service, which the provider is required to tell us by law.

We obtained feedback from six people and four relatives of people who received personal care from the service, to gain their views and experience of the service provided. We spoke with the operations manager, the registered manager, one of the care co-ordinators, one of the field care co-ordinators and seven staff who supported people in their own homes.

We spent time looking at records, policies and procedures, complaint and incident and accident monitoring systems. We looked at ten people's care files for people who received personal care, ten staff record files, the staff training programme, medicine records and quality audits.

This was the first inspection of the service at the new location address in Maidstone.

# Is the service safe?

## Our findings

People who used services told us that they felt safe with the staff that supported them and had no cause for concern regarding their safety or the manner in which they were treated by staff. People said, "I can trust them 100 percent", "Yes, I am happy with the care", and "I am very pleased with them, I would not change them for the world". One relative said, "Yes, it is usually the same staff although sometimes staff have come in the past that we have not met before". People described a service that was safe.

The service had a clear and accurate policy for safeguarding adults from harm and abuse. This gave staff information about preventing abuse, recognising the signs of abuse and how to report it. It also included contact details for other organisations that can provide advice and support. Staff had received training in safeguarding and management checked their understanding of the policy at regular audits of the service. Staff we spoke with understood what action they needed to take to keep people safe. Staff told us they were confident to report abuse to management or outside agencies, if this was needed. Staff also knew how to blow the whistle on poor practice to agencies outside the organisation. This meant that people were protected from the risks of harm and abuse.

The risk involved in delivering people's care had been assessed to keep people safe. Before any support package commenced, the field care supervisor carried out risk assessments of the person's home environment, and for the care and health needs of the person concerned. Environmental risk assessments were very thorough, and included risks inside and outside the person's home. For example, outside if there were any steps to negotiate to enter the property, and whether there was any outside lighting. Risk assessments for inside the property highlighted, if there were any obstacles in corridors and if there were pets in the property. They included checks of gas and electrical appliances, and safe storage of cleaning materials. At the time of the visit we found that not all of the environmental risk assessments contained sufficient information. The registered manager had started to address this issue before the end of the inspection visit.

People's individual risk assessments included information about action to take to minimise the chance of harm occurring. For example, some people had restricted mobility and information was provided to staff about how to support them when moving around their home. In this way people were supported safely because staff understood the risk assessments and the action they needed to take when caring for people.

The registered manager planned in advance to ensure people's care could be delivered. The provider had policies about protecting people from the risk of service failure due to foreseeable emergencies so that their care could continue. The provider had an out of hours on call system, which enabled serious incidents affecting people's care to be dealt with at any time. The provider had a policy in place to reduce the risk of people not receiving a service in the event of inclement weather. Staff who lived near to people's homes were made available to cover if required.

Staff knew how to inform the office of any accidents or incidents. They said they contacted the office and completed an incident form after dealing with the situation. Management viewed all accident and incident

forms, so that they could assess if there was any action that could be taken to prevent further occurrences and to keep people safe. We had been informed about a recent incident that was currently being investigated.

Staffing levels were provided in line with the support hours agreed. The staffing levels were determined by the number of people using the service and their needs. Currently there were enough staff to cover all calls and staffing numbers were planned in accordance with people's needs. Therefore, staffing levels could be adjusted according to the needs of people, and the number of staff supporting a person could be increased as required. Staff were allocated to support people who lived near to their own locality. This reduced their travelling time, and minimised the chances of staff being late for visit times. People indicated that they had no issues with the timekeeping and were generally satisfied with this aspect of their care. People usually knew who was coming to support them and when, with nobody mentioning having had any missed calls.

The service had robust staff recruitment practices, ensuring that staff were suitable to work with people in their own homes. These included checking prospective employees' references, and carrying out Disclosure and Barring Service (DBS) checks before successful recruitment was confirmed. DBS checks identify if prospective staff have had a criminal record or have been barred from working with children or vulnerable people. Employment procedures were carried out in accordance with equal opportunities. Interview records were maintained and showed the process was thorough, and applicants were provided with a job description. Successful applicants were provided with the terms and conditions of employment, and a copy of the staff handbook. New staff were required to complete an induction programme during their probation period, so that they understood their role and were trained to care for people safely.

People were supported to manage their medicines safely and at the time they needed them. Some people told us they managed their own medicines or were supported by their relatives to manage their medicines. One relative indicated that the system worked well as and when support was required. Checks were carried out to ensure that medicines were stored appropriately, and support staff signed medicines administration records for any item when they assisted people. Each person had an assessment of the support they would need to manage their medicines themselves. This varied from people who were able to manage the whole process independently to those who required full assistance. Staff had been trained to administer medicines to people safely. Staff were informed about action to take if people refused to take their medicines, or if there were any errors. Records showed that people received the medicines they needed at the correct time.



## Is the service effective?

### Our findings

People told us staff were well-trained and attentive to their needs. Feedback from people was positive. People said, "They (Staff) will help me with anything I ask", "They are very conscientious", "They ask me what I would like help with", and "They always ask you what you would like them to help you with".

People benefited from consistent staff who got to know their needs well. People told us they had regular staff whom they knew well and people said they got on well with the staff that visited them. Staff told us they had regular people that they supported. We were told that people can always contact the office and discuss the support that was needed with one of the office staff. People's needs were assessed, recorded and communicated to staff effectively. The staff followed specific instructions to meet individual needs.

All new staff completed an induction when they started in their role. Learning and development included face to face training courses, eLearning and on the job coaching. The induction and refresher training included all essential training, such as moving and handling, fire safety, safeguarding, first aid and infection control. This helped ensure that all staff were working to the expected standards and caring for people effectively. One member of staff said, "Training is good, never had a problem they let me know when something needs to be updated". Staff did not work alone until they had been assessed as competent to do so. Staff told us their training was continuous. This meant that staff understood how to maintain peoples' health and well-being.

Staff told us they were supported through individual supervision and appraisal. Records seen supported this. Spot checks of staff were carried out in people's homes. A spot check is an observation of staff performance carried out at random. These were discussed with people receiving support at the commencement of their care support. At this time people expressed their agreement to occasional spot checks being carried while they were receiving care and support. People thought it was good to see that the care staff had regular checks, as this gave them confidence that staff were doing things properly. Spot checks were recorded and discussed, so that care staff could learn from any mistakes, and receive encouragement and feedback about their work.

Staff understood and had a good working knowledge of the key requirements of the Mental Capacity Act 2005. They put these into practice and ensured people's human and legal rights were respected. The staff had a clear understanding of people's rights in relation to staff entering their own homes.

People were always asked to give their consent to their care, treatment and support. Records showed that staff had considered people's capacity to make particular decisions and knew what they needed to do to ensure decisions were taken in people's best interests, with the involvement of the right professionals. Where people did not have the capacity to make decisions they were given the information they needed and where appropriate, their family and friends were involved.

People's care was planned and delivered to maintain their health and well-being. People were supported to maintain a balanced diet. One person said, "They encourage me to eat and ask me what I would like". Care

records evidenced the care and support needs that people had in relation to maintaining their health through eating and drinking. Care plans encouraged staff to offer plenty of drinks and staff said that they always left drinks in reach of people before leaving. One relative said, "They always ensure she has access to fluids". Care plan records showed that people were referred to their GP if there were concerns about their food and fluid intake or if they had lost weight.

People were involved in the regular monitoring of their health. Staff identified any concerns about people's health to management, who then contacted their GP, community nurse, or other health professionals. Each person had details of their medical history in their care plan, and information about their health needs. Records showed that staff worked closely with health professionals such as district nurses in regards to people's health needs. Occupational therapists and physiotherapists were contacted if there were concerns about the type of equipment in use, or if people needed a change of equipment due to changes in their mobility. One relative indicated that the family usually managed the routine health check appointments, but that staff had supported these appointments as and when required and things had worked well.

## Is the service caring?

### Our findings

People indicated that they viewed staff positively. People said, "They (Staff) are wonderful", "They are very kind and would make me a cup of tea if I asked", "They are very dedicated", and "They always ask how are you today". One relative said, "They always go the extra to make sure she is Okay".

Staff had developed positive relationships with people. The staff were organised to ensure that people received support from a small number of staff that knew them well. People said, "They help me with the things that I am unable to do myself", and, "I have felt involved throughout the time I have been receiving care". This showed that the management took care to deploy staff that would meet people's individual needs.

People valued their relationships with the staff team. They spoke highly of individual staff members. Staff listened to people and respected their wishes. Staff recognised the importance of self-esteem for people and supported them to dress in a way that reflected their personality. One relative said, "Yes, we feel very involved with everything". This showed that staff provided caring and considerate support.

Staff were made aware of people's likes and dislikes to ensure the support they provided was informed by people's preferences. People told us they were involved in making decisions about their care and staff took account of their individual needs and preferences. For example, morning routines were clearly written in the care plan records, and included the order in which the person liked their morning routine to be carried out. Regular reviews were carried out by the field care supervisors, and any changes were recorded as appropriate. This was to make sure that the staff were fully informed to enable them to meet the needs of the person. The staff knew each person well enough to respond appropriately to their needs in a way they preferred and support was consistent with their plan of care.

Staff maintained people's privacy and dignity. Staff we surveyed all told us that people were treated with dignity and respect. Staff were discreet when discussing people's needs, moving to quiet areas of the office as required. Staff communicated effectively with each person using the service, no matter how complex their needs. In response to asking people if they felt their privacy and dignity were respected, people said, "Yes, they do", and "We respect each other".

Staff had a good understanding of the need to maintain confidentiality. People's information was treated confidentially. Personal records were stored securely. People's individual care records were stored in lockable filing cabinets in the office. Records held on the computer system were only accessible by staff authorised to do so as the computers were password protected. Staff files and other records were securely locked in cabinets within the offices to ensure that they were only accessible to those authorised to view them.

## Is the service responsive?

### Our findings

People described their staff as being 'supportive' and 'caring'. People said, "Yes, I have regular care staff", and "They (Staff) are usually regular care staff". One relative said, "Since my relative came out of hospital earlier in the year, things have been working smoothly and I would recommend them". Another relative said, "The care is working fine with no current concerns/problems at all".

People received personalised care and support. People and those that mattered to them had been involved in identifying their needs, choices and preferences and how these should be met. People's care and support was set out in a written plan that described what staff needed to do to make sure personalised care was provided. People's plans were reviewed on a regular basis or sooner if their needs changed and they were provided with support that met their needs and preferences.

Staff said they were informed about the people they supported as the person centred care plans contained information about their backgrounds, family life, previous occupation, preferences, hobbies and interests. The plans also included details of people's religious and cultural needs. Care plans detailed if one or two care staff were allocated to the person, and itemised each task in order, with people's exact requirements. This was particularly helpful for staff assisting new people, or for staff covering for others while on leave, when they knew the person less well than other people they supported. The service was flexible and responsive to people's individual needs and preferences. Relatives told us that the service was flexible and had regularly provided additional support to respond to urgent changes in need.

The registered provider had a complaints and compliments procedure. The complaints procedure was clearly detailed for people within the 'service user guide'. The complaints policy available in the office showed expected timescales for complaints to be acknowledged and gave information about who to contact if a person was unhappy with the provider response. This included The Care Quality Commission (CQC) the Local Government Ombudsman (LGO). Records showed that complaints were taken seriously, investigated, and responded to quickly and professionally. One person said, "Whenever I have contacted them (the office) they have been very helpful". Relatives told us that they felt confident they would be listened to if they made a complaint. One relative indicated they contacted the service when on an odd occasion (in the past) two staff had been together who had not supported their relative before. They told us that they were happy with how this had been dealt with and resolved.

The service kept a log of any missed calls. Missed calls were taken very seriously and records showed that once alerted, action had been taken to cover any missed call.

## Is the service well-led?

### Our findings

People and their relatives were consistently positive about the service they received. People spoke highly of the management. People, when asked if they were happy with the service they received said, "Yes I am. I am very happy", "Yes, 100 per cent satisfied", and "Yes, I am. They are friendly. They chat to me and are good company". One relative said, "Yes, we are. They (Staff) are reliable".

People when asked if they thought the service was well managed one person said, "Yes, definitely, I could not wish for better". One relative said, "Yes, I would, from what we have experienced".

The management team included the provider, the operations manager, the registered manager, and the deputy manager. The provider was familiar with their responsibilities and conditions of registration. The provider or registered manager kept CQC informed of formal notifications and other changes.

The provider and registered manager had developed a positive culture in the service encouraging staff and people to raise issues of concern with them. Staff said they felt they could speak with the provider, and registered manager if they had any concerns. Staff said they liked working for the service. Our discussions with people, their relatives, the operations manager, the registered manager, and staff showed us that there was an open and positive culture that focused on people. Staff told us that the provider and registered manager had an 'open door' policy which meant that staff could speak to them if they wished to do so. Staff told us there was good teamwork amongst staff. One member of staff said, "I absolutely love the job and the clients have been a joy to look after".

The provider and registered manager had clear vision and values that were person centred. These values were owned by people and staff and underpinned practice. Staff consistently provided person centred care and support. The registered manager provided leadership and used systems effectively to monitor the culture of the service. Observation of practice was used at regular intervals. Staff spoke of their management support and said that they were accessible and approachable. Managers at all levels had meetings within the organisation to share good practice ideas and problem solve.

There were systems in place which meant that the service was able to assess and monitor the quality of service provision and any concerns were addressed promptly. Accurate records were maintained and comprehensive details about each person's care and their individual needs. Care plans were reviewed and audited by management on a regular basis. There were auditing systems in place to identify any shortfalls or areas for development, and action was taken to deal with these for example, refresher training for staff. These checks were carried out to make sure that people were safe.

Policies and procedures were available for staff. The provider's system ensured that the staff were aware of procedures to follow and of the standards of work expected of them to provide safe, effective, responsive care and support for people.

The provider had a whistleblowing policy. This included information about how staff should raise concerns

and what processes would be followed if they raised an issue about poor practice. The policy stated that staff were encouraged to come forward and reassured them that they would not experience harassment or victimisation if they did raise concerns. The policy included information about external agencies where staff could raise concerns about poor practice, and also directed staff to the Care Quality Commission.

The registered manager ensured that staff received consistent training, supervision and appraisal so that they understood their roles and could gain more skills. This led to the promotion of good working practices within the service.

Staff knew they were accountable to the provider and the registered manager and they said they would report any concerns to them. Staff meetings were held and minutes of staff meetings showed that staff were able to voice opinions. We asked staff if they felt comfortable in doing so and they replied that they could contribute to meetings, but some staff felt that action was not always taken in response to issues discussed.

People were invited to share their views about the service through quality assurance processes, which included phone calls, care reviews and spot checks for the staff who supported people. These spot checks monitored staff behaviours and ensured they displayed the values of the service. Questionnaires about the service were sent to people who used services, relatives and staff.