

Nestor Primecare Services Limited







Allied Healthcare Bristol

Inspection report

188–190 North Street,
Bedminster
Bristol,
BS3 1JF
Tel: 0117 9662281
Website: www.alliedhealthcare.com

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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?	Requires Improvement	
Is the service well-led?	Good	

Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

Allied Healthcare Bristol is a domiciliary care service providing personal care to people in their own homes. This was an announced inspection, which meant the

provider knew we would be visiting. This was because we wanted to make sure the registered manager, or someone who could act on their behalf, would be available to support the inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law, as does the provider.

People told us they felt safe when staff visited them to provide care. A thorough recruitment procedure was

Summary of findings

operated to ensure suitable staff would be employed. Staff received training in safeguarding adults and knew what to do if they had any concerns that someone was being abused.

People's rights were protected when they lacked the mental capacity to make their own decisions. This was because staff understood their responsibilities in relation to the Mental Capacity Act 2005.

Action had been taken to reduce the risk of people being harmed when receiving care. This included assessing the use of equipment such as hoists to ensure it was safe when staff provided care to people in their own homes.

Staff received an induction and training so they were knowledgeable about people's needs and competent when providing care. One person commented "Even the new ones are fine." Another person told us their care worker was "Helpful, friendly and knows exactly how I like the jobs carried out."

People received support with obtaining other services they needed in order to meet their health and care needs. This included making contact with health professionals such as the occupational therapist when people did not have the equipment they needed.

Staff were caring and had established good relationships with the people they cared for. People commented positively about the staff who visited them. Staff were described, for example, as "patient", "kind" and "caring". The feedback we received showed people and the care staff had been well matched, for example because there had been a shared interest in sport.

Staff stayed with people for the right amount of time and did the tasks expected of them. People felt the quality of care was good. However the arrival time of the staff was not always meeting people's needs and expectations. This was being followed up in an action plan as part of the systems in place for assessing the quality of the service people received. These systems included gaining people's views about the improvements they felt were needed.

The registered manager had identified a number of priorities for developing the service. This included establishing a staff team that worked well together. This was being achieved and staff told us they felt well supported in their work.

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. People told us they always felt safe when staff visited them to provide their care. Staff had received training so they recognised abuse. They knew what to do if they had any concerns about people being at risk of harm.

People were safe because the provider operated a thorough recruitment procedure which protected them from unsuitable staff. People's rights were protected because staff understood their responsibilities in relation to the Mental Capacity Act 2005.

Action had been taken to reduce the risk of people being harmed when receiving care. The use of a hoist, for example, had been assessed to ensure this could be used safely with the person in their home.

Good



Is the service effective?

The service was effective. People told us they received the care and support they needed. Individual plans had been produced which set out the support that had been agreed and how this was to be provided. The plans also showed what people were able to do for themselves. This helped to ensure staff worked in a way which maintained people's independence.

New staff received an induction which prepared them for their roles. Training was provided to help ensure staff were competent in the tasks they carried out.

Good



Is the service caring?

The service was caring. People received a caring service from staff. They told us they had good relationships with the staff who visited them. Staff felt they had got to know the people they cared for and spoke about people in a respectful way.

People told us they usually saw the same staff and they appreciated the continuity this provided.

Information had been recorded about people's interests and their personal preferences. This helped to ensure staff got to know people as individuals and provided a service that was personalised to people.

Good



Is the service responsive?

The service was not always responsive. People received care which met their needs. Staff stayed for the right amount of time and completed the tasks that had been agreed. However, people were not always satisfied with the time the care staff arrived at their homes.

Requires Improvement



Summary of findings

Arrangements were in place for reviewing people's needs to ensure they received the correct level of care. This included meetings when people and their relatives contributed their views. Changes in need were also responded to on a day to day basis, for example when staff had a concern about a person's welfare.

Complaints were responded to and seen as an opportunity to learn from people's experiences and to improve the service.

Is the service well-led?

The service was well led. Systems were being developed to ensure people experienced a well run service. People's views had been sought and audits undertaken to identify where improvements were needed. An action plan in response to these improvements was being produced.

The registered manager was working to establish a good team approach. This was being achieved and staff told us they felt well supported. People who used the service spoke very positively about the care they received and the staff who visited them.

Good



Allied Healthcare Bristol

Detailed findings

Background to this inspection

The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The inspector visited the office of Allied Healthcare Bristol on 14 August 2014. Before visiting the office we checked the information that we held about the service. We looked at the notifications we had received from the service. Services use notifications to tell us about important events relating to the regulated activities they provide. Health and social care professionals were contacted in order to gain their views about the service.

We reviewed the Provider Information Return (PIR). The PIR was information given to us by the provider. This enabled us to ensure we were addressing potential areas of concern. This was the first inspection of Allied Healthcare Bristol. It was reported in the PIR that 128 people were using the service.

Following our visit to the office, the expert by experience spoke with 11 people about their experience of the service.

This included speaking with people's family members, as well as with the people themselves. We received feedback from another 14 people who had completed surveys that we sent to them. Two staff members also completed surveys. We met with nine staff members and with the registered manager during our visit to the Allied Healthcare Bristol office. Four people's care records were looked at, together with other records relating to their care and the running of the service. These included staff employment records, audits, and quality assurance reports.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

People responded very positively when we asked if they felt safe when staff provided their care. Their comments included "Absolutely," "Yes, totally" and "Oh yes, completely." People told us they felt safe from abuse or being harmed by staff.

Staff also felt the people they visited were safe from harm and the risk of abuse. They said they received training in safeguarding adults and knew what to do if they had any concerns about someone being abused. Staff told us they were given information about the safeguarding procedures and this information was also prominently displayed in the office.

Staff were aware of the risks of people being abused and took action to ensure any concerns were followed up. We were told that concerns about financial abuse and an allegation of theft had been reported to the registered manager and referred to the local authority safeguarding team.

People were protected from the risk of being supported by unsuitable staff because the provider operated a thorough recruitment procedure. Staff told us they had started work until various checks had been completed to confirm their suitability. Employment records showed references were obtained and checks made with the Disclosure and Barring Service (DBS) before new staff started work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they were barred from working with adults. Other checks were made in order to confirm people's identity and their employment history.

Some people's individual circumstances meant they were not able to open the front door themselves when staff visited them. Procedures were in place so staff knew how to gain access to these people's homes. There was information in people's records about the arrangements made for door keys and what had been agreed about staff accessing people's homes. In one record, for example, it was stated "I would like carers to use the doorbell and my

husband will let them in." Staff were also issued with identity cards to confirm they were from the agency. These arrangements helped to ensure people were safe from unauthorised visitors.

People's rights were protected because staff understood their responsibilities in relation to the Mental Capacity Act 2005. This provides a legal framework for acting on behalf of people who lack capacity to make their own decisions. Staff told us they had received training and understood their responsibilities under the legislation. They were aware, for example, that any actions taken on behalf of a person who lacked capacity must be in their best interests.

Action had been taken to reduce the risk of people being harmed when receiving care. People's records showed hazards and the risk of harm had been discussed with them and assessed. For example, the use of a hoist had been assessed to ensure this could be used safely with the person in their home. Where risks had been identified, these were highlighted in people's care records so all staff would be aware of them and what to do to ensure people's safety.

Staff told us they looked out for 'wear and tear' when in people's homes, so items in need of attention were identified before they became a hazard. One member of staff said they had been issued with a protective device known as a residual current device (RCD) to use when operating electrical items in people's homes. This device reduced the risk of harm to people if there was an electrical fault by ensuring the item was safe.

There were systems in place for monitoring the visits staff made to people's homes. In the Provider Information Return (PIR) we were told there had been no missed visits in the 28 days prior to the completion of the PIR. In the surveys, people confirmed that staff stayed for the agreed length of time. The people we spoke with did not raise any concerns about missed visits. The registered manager told us they checked reports on a regular basis to make sure there were enough care staff to complete the hours of care being provided.

Is the service effective?

Our findings

People told us the staff worked effectively and had enough time to do all that was needed. In the surveys, people's views were positive overall about the care they received and the tasks that staff completed on each visit.

We received good feedback about the induction that staff received. When talking about the staff, one person commented "Even the new ones are fine." A staff member told us there had been "No rush to go out and do the job." They told us they had an induction and been given time to feel confident about the work before visiting people in their homes.

The registered manager told us there was a flexible approach to when new staff first went out to care for people. For example, new staff shadowed and learnt from a more experienced staff member for a variable number of hours depending on their own previous work experience. We were told the knowledge and understanding of staff was first checked at the interview stage. At interview, the applicant responded to scenarios that were put to them, for example in relation to safeguarding and confidentiality.

Staff had the information they needed to provide effective care to people. People's needs had been assessed and plans produced which set out the care they received at each visit. There was more detailed information about the specific tasks being undertaken and the support that people needed with their mobility. The plans showed what people were able to do for themselves. One person's record, for example, stated "I will be able to sit myself up on the side of the bed". This helped to ensure staff worked in a way which maintained people's independence.

Assessments had been undertaken to identify people at risk of poor nutrition and fluid intake. The agreed level of support with eating and drinking had been recorded in

people's care plans. The records reflected a range of assistance with food and drinks. This included support with a procedure known as a percutaneous endoscopic gastrostomy (PEG) which is a non-oral means for a person to receive nutrition.

Records and feedback from staff showed they had received training in a range of subjects relating to health and safety, care practice and people's needs. A staff member in the role of care co-ordinator told us they ensured staff had undertaken the appropriate training when arranging people's care visits. This meant people with a PEG procedure or a health related need were only visited by staff who were knowledgeable about people's individual needs and the care they required.

People we spoke with were complimentary about the knowledge and ability of staff. In one person's survey, they told us their care worker was "Helpful, friendly and knows exactly how I like the jobs carried out". Staff told us they felt competent when providing care to the people they visited. They spoke positively about the training provided; one staff member described it as "Really good" and another told us "It covers everything I need to know."

People received support with obtaining other services in relation to their health and care. People told us staff had followed up their concerns, for example about the supply of continence aids they received. We heard from staff about occasions when health care professionals had been contacted on behalf of a person who used the service. In their survey, one staff member told us people didn't always have the resources they needed and the office "do their side of it" to help ensure this was resolved with the right people, such as an occupational therapist. The staff member was concerned however about the time it could take for the right resource to be available to people after a referral had been made.

Is the service caring?

Our findings

People spoke positively about the quality of care and the attitude of the staff who visited them. One person, for example, described staff as "Professional, lovely and kind." People mentioned qualities in the staff they particularly liked, such as one staff member who made them laugh, which they enjoyed.

People said they felt able to chat and joke with the staff who visited them. One person told us most staff were "Bright, breezy and nice" although a comment was made that "occasionally you'll get one who's a bit unfriendly and morose."

Each person who completed a survey we sent them agreed with the statement "The care and support workers are caring and kind". There were also positive comments about the actions of staff. One person, for example, stated "We have found the carers who come to look after Mum who has dementia to be patient and kind." The people we spoke with on the telephone also commented positively about the attitude of staff.

Staff spoke respectfully about the people they provided care to. They talked about the importance of maintaining people's privacy and dignity, for example by closing curtains and doors when in people's rooms.

Staff were also aware of the need to ensure that people's diverse needs were met, for example in relation to their culture and faith. People we spoke with said they did not have any such needs which had to be taken into account by the staff who visited them. However, the registered manager told us they had experience of this and gave the example of one person's visits which had been arranged to fit in with the times they practised their faith. The registered manager told us they had access to resources which made them confident in their ability to meet people's cultural needs.

People's records included information about their interests and individual preferences. This helped to ensure staff got to know people as individuals and supported people in a personalised way. It also provided information when matching staff and people receiving care. A care co-ordinator told us that this was taken into account when people were being allocated a staff member to visit them.

The feedback we received showed that good relationships had been established between staff and the people they provided care to. One person told us "I like my carer and we get on well, she is good at her job." People said they usually saw the same staff, except at times of holiday or sickness. They appreciated this continuity and the consistency of care it provided. Staff told us they had a 'round' of visits to make which usually meant seeing the same people on a regular basis.

Staff felt they had got to know people well and this had enabled good relationships to be established. One staff member told us they had shared a sporting interest with one of the people they cared for. They felt this had enhanced the relationship and been very beneficial for the person concerned.

There were a number of cards in the Allied Healthcare Bristol office which people had sent to pass on their thanks for the care that had been provided. In one card recently received, a family member was particularly appreciative of what a staff member had done. They commented on the good relationship and how the person who used the service had "enjoyed your company".

People had been given the opportunity to pass on their feedback in a customer satisfaction survey from the provider that was completed in July 2014. People's views had been also been obtained in telephone calls they received from the office based staff. Staff told us these calls were made to people between review meetings. The calls helped to ensure people's views about the service were obtained on a regular basis and could be responded to promptly.

Is the service responsive?

Our findings

Each person who completed a survey agreed with the statement "My care workers arrive on time and stay for the agreed length of time." The people we spoke with also confirmed they were given the right amount of time when staff visited them.

However, most people we spoke with said they were not satisfied with the time the care staff arrived at their home. Two people, for example, said the agreed attendance times had "crept" to become later and later. They said this mainly involved their first visit of the day. People felt this was due in part to the way the visits were planned. One person told us "They don't leave enough time between visits". Another person commented "Other clients have taken precedence over my care." A staff member told us "sometimes you can feel rushed" and they thought the travel times between visits were not always worked out correctly. The registered manager was aware the arrival time of staff was one area for the service to improve on to ensure it was meeting people's needs and expectations.

People told us they usually received a weekly rota in advance so they knew who would be visiting them. This was appreciated, although people told us the rota was often "overtaken by events." Two people also mentioned having received rotas for the previous week, rather than for the week ahead.

Staff had the information they needed to provide people with care which reflected their care needs. Assessments had been undertaken to identify people's needs in areas such as personal care, medicines, eating and drinking. Individuals care plans had been produced to provide a clear record of the care that each person needed and how this was to be provided. The plans were kept under review and amended so they were up to date. People told us that

review meetings were held when they could discuss their current needs. People said they were happy with the timing and quality of these meetings. Relatives were able to participate in the meetings and contribute their views. Some people told us their situations and care didn't change, but they felt able to talk to staff if the need arose.

People's records showed the care they had agreed to and where changes had been made. A staff member in the role of field care supervisor told us they arranged review meetings on an annual basis. People's needs were also being responded to on a day to day basis. On the day we visited a care co-ordinator went out to visit one person because a concern had been raised about the suitability of their bed. Staff were aware of the risks to people's health and wellbeing and said they contacted the office to report any concerns. We were told, for example, about concerns staff had followed up in relation to one person's pressure area care and when another person was not eating well.

Daily reports were written by staff about people's care and support. The reports helped to ensure staff were kept up to date with people's needs, for example when they were visiting people after not having worked for a few days. Staff told us they checked the report logs to see what had changed and wrote entries to highlight concerns or events the other staff needed to know about.

The people we spoke with did not have any complaints about their care. Some people told us they had contacted the office when they had concerns or problems. There was a procedure for making complaints and we saw records were kept of any complaints received. This included details of the subject of the complaints and how they had been followed up and responded to. An analysis of complaints had been undertaken. The registered manager told us the information was shared with the provider and staff team to ensure the service learnt from people's experiences.

Is the service well-led?

Our findings

Allied Healthcare Bristol was run by Nestor Primecare Services Limited, a national provider of health and social care services. The registered manager worked in conjunction with other office based staff such as care co-ordinators and field care supervisors.

Staff in the office told us about their day to day tasks such as arranging care visits and carrying out assessments and reviews. They were clear about their roles and responsibilities and how their work contributed to the quality of service people received. Other support and resources were available through the provider. For example, we met with regional staff who were visiting the office and had roles in relation to recruitment and quality assurance. They provided support to the registered manager and took on responsibility for implementing some of the provider's policies. These arrangements helped to ensure that people received a service that was well led..

Nestor Primecare Services Limited, as the provider of the service, had produced a statement about their "commitment to quality." This referred to a thorough recruitment process and training to ensure staff carried out their roles to a high standard. The registered manager monitored the provision of training and supervision so that staff received support in accordance with the provider's policies.

Staff told us they felt well supported in their work. Their comments included "I love working for this company, they help me with any issues that I have." In their surveys, staff agreed with the statement "My managers are accessible, approachable and deal effectively with any concerns I raise." Staff also told us there was a policy on whistleblowing. They knew this meant reporting any concerns they had about poor practice or wrongdoing at work.

The feedback we received from people showed they were satisfied with the quality of care they received. One person told us "The care is consistently good." People spoke very positively about the staff who provided their care. Their comments included "I want you to know I am very happy

with them" and "My carer is brilliant." People's views about their contact with the office were more varied. One person told us "The office is helpful when I have appointments or I go out for the day." However, people felt the office staff were not always approachable and at times they had to wait for someone to get back to them.

People's views about the service they received were being sought and acted on. The customer survey completed in July 2014 had identified improvements that were needed. These included making sure that the care staff arrived at the agreed times. Areas where the service was performing well were also highlighted, such as people's overall satisfaction with the care they received. An action plan in response to the findings of the survey was being produced at the time of our inspection.

The registered manager and office based staff carried out audits of different aspects of the service. This included looking at records such as visit reports and medicine administration forms to ensure they were being accurately completed. We were shown another audit tool that the provider used to assess the quality of their services although this had not yet been used at the location. Information we received from a local authority that commissioned services showed they did not have current concerns about Allied Healthcare Bristol.

The registered manager had identified their own priorities for developing the service. We were told an initial priority had been to develop the staff team. We found arrangements had been made to promote a team approach. This included staff meetings and having one day a week in particular when care staff came to the office to meet with others. The offices included a meeting room and a seating area where staff spent time together. One of the care staff commented "We have a great team" and staff told us they worked well together.

In the Provider Information Return (PIR) we were given information about office systems and staff roles that were still being developed and improved. We were told for example that care coaching had been introduced as a new way of supporting care staff during their probationary periods. This involved an experienced member of staff being available to act as a mentor to the new staff member.