Nestor Primecare Services Limited

# Allied Healthcare Durham

## Inspection report

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## Ratings

| Overall rating for this service | Good |
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|---|---|
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

This inspection took place on 24 and 25 February and 4 March 2016 and was announced. This meant we gave the provider two days' notice of our visit because we wanted to make sure people who used the service in their own homes and staff who were office based were available to talk with us.

Allied Healthcare Durham is registered with the Care Quality Commission to provide nursing and personal care to people who wish to remain independent in their own homes. The agency provides services throughout the North East region of England and provides for people with complex healthcare and social care needs.

At the time of our visit there were 26 people using this service who were supported by 123 staff.

There was a registered manager in place who had been in their present post at the service for over ten years. A registered manager is a person who has registered with the Care Quality Commission (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.

People's care plans were person centred, detailed and written in a way that described their individual care, treatment and support needs in detail. This meant that everyone was clear about how people were to be supported and their personal objectives met. These were regularly evaluated, reviewed and updated. People using the service and those who were important to them were actively involved in deciding how they wanted their care, treatment and support to be delivered.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service. We saw risk assessments were carried out and these were updated if new situations or needs arose.

Feedback from people using the service showed that staff and the registered manager were friendly, open, caring and diligent; people using the service trusted them and valued the support they provided. People told us they felt fortunate to have the support of this agency.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We found the registered manager had a good understanding about how the service was required to uphold

the principles of the MCA, people's capacity and ensure decisions about their best interests were robust and their legal rights protected.

The registered manager and staff that we spoke with showed genuine concern for peoples' wellbeing and it was evident that staff knew people who used the service very well. This included their personal preferences, likes and dislikes and staff had used this knowledge to form very strong caring and therapeutic relationships. These relationships improved the agency's effectiveness and helped them make changes in response to people's needs or in response to emergency situations.

People were supported by staff who had received appropriate training. The provider made sure that staff were provided with training that matched the needs of the people they were supporting. This was particularly important where staff were supporting people with complex medical conditions which required staff to have and maintain specific skills and be competencies. Staff undertook specialised training and their work was overseen by dedicated and trained nurses

People were protected from the risk of abuse. Staff and the registered manager understood the procedures they needed to follow to ensure that people were safe. They had undertaken training and were able to describe the different ways that people might experience abuse. When asked they were able to describe what actions they would take if they witnessed or suspected abuse was taking place and what they expected of service colleagues and statutory agencies. Staff were continually aware of their role in protecting people from harm and were diligent in checking for signs of abuse.

We saw the provider had policies and procedures for dealing with medicines and these were followed by all staff. Staff had detailed training about how treatments were to be given. Some of these were highly personalised and dependant on people's needs and varying condition. Safeguards were in place where people required support with complex treatments and these were also supervised by qualified nurses where required. Medicines were securely stored and there were checks in place to make sure people received the correct treatment.

The service had a complaints policy which provided people who used the service and their representatives with clear information about how to raise any concerns and how they would be managed. Staff we spoke with understood how important it was to act upon people's concerns and complaints and would report any issues that were raised, to the registered manager. People using the service and those who were important to them knew about the complaints process and had confidence that these would be handled appropriately by the provider.

We found that the registered manager and provider had systems in place to monitoring the quality and ensure that the aims and objectives of the service were met. This included audits of key aspects of the service, such as medication and learning and development, which were used to critically review the service. We also saw the views of the people using the service and those who were important to them, were sought. The registered manager produced action plans, which showed when developments were planned or had taken place.

## 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.

There were systems in place to manage risks, safeguarding matters, staff recruitment and administration of medication.

Staff had been trained to work with people in a positive way which protected their human rights.

The provider had an effective system to manage and reduce the likelihood of accidents and incidents and learn from them so they were less likely to happen again.

### Is the service effective?

Good

The service was effective.

The provider ensured people's best interests were managed appropriately and they were protected under the Mental Capacity Act (2005).

People's needs were regularly assessed and referrals made to other health professionals when required and their care and support was continually monitored and promoted.

Staff received specialised and general training and development, supervision and support from the registered manager and senior staff. This ensured people were cared for by those who were knowledgeable and competent.

### Is the service caring?

Good

The service was caring.

There were safeguards in place to ensure people's privacy, dignity and human rights were protected. Staff knew the people they were caring for and supporting in detail, including their complex health needs, personal preferences, likes and dislikes.

People told us that the provider was very supportive and had their best interests at heart; people said they were caring, discreet and sensitive and they trusted them.

Staff were knowledgeable about ways of communication and these were tailored to people's preferences.

## Is the service responsive?

Good

The service was responsive.

People, and their representatives, were encouraged to make their views known about their care, treatment and support needs.

Staff were understanding of peoples' expressions and recognised how these could change if they were unhappy. Staff were able to intervene to prevent a situation from escalating.

People were supported by the provider to take part in social opportunities, make and maintain friendships; and lifestyle opportunities.

## Is the service well-led?

Good

The service was well led.

There were clear values that included involvement, compassion, dignity, respect, equality and independence. With emphasis on fairness, support and transparency.

The management team had effective systems in place to assess, monitor and drive the quality of the service. The quality assurance system operated to drive improvement and sustain beneficial outcomes for people.

The service worked in partnership with key organisations, including specialist health and social care professionals, local and national stakeholders.

# Allied Healthcare Durham

**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 checked whether the registered 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.

One adult social care inspector completed this announced inspection of Allied Healthcare Durham on 24 and 25 February and 4 March 2016. We announced this inspection because we wanted to be able to meet with people who used the service in their own homes.

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.

Before the inspection we reviewed all the information we held about the service. We reviewed notifications that we had received from the service and information from people who had contacted us about the service since the last inspection. For example, people who wished to compliment or had information that they thought would be useful.

Before the inspection we reviewed information from the local safeguarding team, local authority and health services commissioners. No concerns were raised by these organisations. Prior to the inspection we also contacted the local Healthwatch and no concerns had been raised with them about the service. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work.

During the inspection we spoke with two people who used the service and six relatives. We met with three care staff, two nurses, the registered manager, the deputy manager, the office administrator and a care co-ordinator.

We also spent time looking at records, which included four people's care records, and records relating to the management of the service.

Good

# Is the service safe?

## Our findings

People who used the service told us they felt safe. They told us, "They all look out for me – I feel well protected – it's like I have my own bodyguards." One person's relative told us, "I check how their work is going so I can see how they make sure that [their relative] is safe and that safety is always considered." And, "They've overcome some of the concerns we have always had to make sure their quality of life and experiences has improved. That has made quite a difference."

We found people were protected from the risks associated with their care because the provider followed appropriate guidance and procedures. We looked at five people's care plans. Each had an assessment of their care needs which included risk assessments. Risk assessments included areas relating to the environment, for example potential hazards around people's homes, as well as those relating to the individual such as risk of skin pressure damage, risks of deterioration of medical condition or use of equipment such as a hoist to mobilise or a mechanical ventilator to help people breathe. Risk assessments were used to identify what action staff needed to take to reduce the risk whilst meeting people's needs and promoting their independence. Where this was appropriate people had signed to say they agreed with the risk assessment. There were stringent risk reduction measures in place for some procedures such as ventilation, where staff showed they were knowledgeable, versatile and confident in carrying out any required actions.

Staff said their work helped people remain safe because they were well trained by the provider. They told us they monitored people's health and care needs constantly, communicated this to their colleagues and they had also undertaken safeguarding training to help them recognise and respond if they suspected or witnessed abuse. Staff said they kept log books of their work which were checked by senior staff and if people need a change in their care plan then this happened quickly.

When we spoke with staff about people's safety and how to recognise possible signs of abuse, these were clearly understood. Staff we spoke with described what they would look for, such as a change in a person's behaviour, mood or any unexplained injuries. They were able to describe what action they would take to raise an alert to make sure people were kept safe. This included reporting to the registered manager or service staff and the local authority. This meant staff employed by the registered provider were able to take swift and suitable action when needed to keep people safe.
Training in the protection of people had been completed by all staff, with senior staff and nurses having undertaken more advanced training including their part in raising alerts with the local safeguarding authority. The registered manager and all staff had easy access to information on the services' safeguarding procedures and a list of contact numbers was available and accessible at all times.

Staff told us they had confidence that any concerns they raised would be listened to and action taken by the registered manager. We saw there were arrangements in place for staff to contact nursing staff and management out of office hours should they require support or advice. Staff were very clear about what was expected of their roles and responsibilities and they said they would feel confident in raising any concerns with the registered manager or senior staff. One staff said, "Because some people have such high support

needs we are encouraged to contact the office or the nurses if there's anything that you feel unsure about."

The provider had guidance in each individuals care plan which described how staff were to respond to emergency incidents such as a fire or flood damage or if an emergency medical incident occurred. This ensured that staff understood how to respond to people they supported in an emergency and specifically what support each person required. We saw records that confirmed staff had received training appropriate to peoples' needs and general training such as fire safety and first aid.

The provider had procedures in place to ensure people received medicines as they had been prescribed. Medicines were stored safely in people's homes and records were kept which showed which medication had been administered to whom and when. We saw there were regular medicine audits undertaken by managers and senior staff to ensure administration had taken place as planned. We saw the provider had protocols for medicines prescribed 'as and when required', for example pain relief. These protocols gave staff clear guidance on what the medicine was prescribed for and when it should be given. There were examples where staff, pharmacists and the person using the service worked together to ensure people had the administration process that was most suitable for their needs and independence. This showed the provider followed the Royal Pharmaceutical Society Guidelines.

We looked at the records of five staff who had recently been recruited to the service. We saw that background checks were carried out to make sure applicants were suitable to provide services to people who were vulnerable in their own homes. All staff had completed an application form, provided proof of identity and had undertaken a Disclosure and Barring Service (DBS) check. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults. The records we looked at confirmed that staff had been subject to a formal interview and background checks, which followed the provider's recruitment policy, had been carried out. The registered manager told us that the organisation had an audit system which checked the past five years of applicants work history. However this had now changed so that all of the work history of applicants was now routinely checked.

The provider had a policy in place to promote good infection control by staff. Some people who were supported by the provider had delicate health conditions making good infection control especially important. We saw staff had continual access to appropriate personal protective equipment (PPE) such as disposable gloves and aprons. They had received training from the provider and were knowledgeable about infection control procedures. Infection control was monitored through audits carried out by senior staff and the schemes nurses and this formed part of the provider's assurances that safety and quality standards were met. One of the nurses told us, "We know the staff put a high priority on infection control as some people are very vulnerable health wise and even a minor infection can set them back a long way or maybe even life threatening. This showed the provider had considered infection control issues in people's homes and had taken action to minimise their risks when required.

The provider took steps to ensure accidents and incidents involving people using the service and staff were minimised. The registered manager told us that these occurrences were not frequent but when they did occur an analysis of the circumstances was carried out to see if there were any lessons which could be learned for future practice. We saw records which supported these findings. We talked with staff and nurses who reflected on these practices and gave examples of their experiences. We saw records which supported these findings. For example investigations into accidents / incidents were thorough, open, questioning and objective. We saw that people using the service and those close to them were included in the investigation and the outcome.

Good

# Is the service effective?

## Our findings

When we visited people in their own homes, they told us that they were confident in the support they received from the provider and staff. People were complementary and said things like, "My staff have better training than those in [a hospital]." One relative told us, "Staff are very skilled, they know exactly what to do and what's expected of them if someone needs something urgently."

Staff said they were effective because they 'had an excellent training department,' 'good relationships with people' and they had 'never felt so supported' by managers and nursing staff if they needed help and advice. They felt their work was appreciated by people who used the service and the registered manager. They said they had extensive levels of training and checks to make sure they were and remained competent. They described these as 'competencies' and included areas of their work where they were required to carry out support for people with complex medical and social care needs under the supervision of qualified nurses from the service and other medical practitioners.

The registered manager told us that it was a priority and necessity that staff had the training they needed to meet people's needs. Records showed that once recruited, new staff undertook training which included areas such as, 'Infection Control,' 'Moving and Handling,' 'Dementia Care,' and 'Administering Medication.'

Staff told us the provider supported them to gain the skills and knowledge they needed to meet the needs of people who they cared for. The nurses employed by the provider told us that they oversaw the care provided by staff and supported their training, development and continued competency assessment. Registered nurses also ensured their own professional development requirements were met by undertaking specific training, research and refresher courses as required for their continued practice.

We looked at records which showed all staff had achieved extensive and wide ranging training. Staff told us they had access to the providers training programme which supported them to gain and sustain the skills and knowledge they needed to meet the needs of people they supported. Some of the specialist courses were carried out by nurses who also gave on-going support and oversight of peoples care. One of the nurses told us, "We won't sign off staffs training until we are absolutely sure they are competent."

Records showed there was an extensive programme of induction for new staff and specialised training to prepare them for their work. Specialist training included areas such as 'Breathing with Tracheostomy (Where people breath through a insertion in their windpipe),' 'Suctioning' (removal of excess fluids from the mouth)' and 'Ventilation' (assisted breathing by mechanical means) Once staff had undertaken training, measures were also in place to ensure this knowledge was put into practice with each person using the service so that their levels of skill and knowledge was continually developed. The service was organised so that staff needed to have undertaken training competencies in every area of each person's individual needs. For example if a person had needs such as support with percutaneous endoscopic gastrostomy [[PEG] where a tube is passed into a person's stomach through the abdominal wall to provide a means of feeding when oral intake is not adequate]], staff received generic training as well as specific instruction and practice about meeting the nutritional requirements of that person. We met with people who had complex needs where

staff were required to have training in multiple areas which the service referred to as 'competencies.' We found that all of the staff supporting people had demonstrable training in the specific areas of need that people using the service required. These were frequently monitored by senior staff and nurses and further training provided when this was required. Nursing staff we spoke with said, "We never sign off staffs learning unless we are absolutely sure they are competent. And we ask them to come back for more training if they don't feel confident or want to refresh their learning." This meant that people using the service were supported by staff whose training and support matched their care and health requirements.

Staff received regular monitoring, supervision and appraisal from senior staff and nurses. The registered manager and senior staff told us about an extensive system of monitoring and supervision visits carried out with each member of staff. This involved monitoring of staff practice in people's homes and reviews of care records, including medication administration and daily notes. We looked at records held at the providers' offices which showed that the monitoring and supervision visits were carried out for all staff. Staff received a performance score to show how their work had been appraised. The registered manager confirmed that they reviewed the monitoring and supervision of senior staff and deputy managers to make sure the timescales and scope of the supervision meetings were met. This showed that the registered provider had a good understanding of peoples' needs and how they were being met by the registered provider's staff. Nursing staff received peer support from colleagues employed by the organisation on a regional and national basis and professional supervision including re- evaluation of professional skills from senior nursing managers in the organisation.

When we met with people in their own homes we saw how staff were in place to enable people to live as independently as possible in their home environment. Some people had homes which had been adapted to make sure their physical and healthcare needs could be met there. This included adaptation to ensure people could access all necessary areas of their home, have space for equipment and be able to receive treatment to meet their needs. Some people required continual support from teams of staff who monitored their healthcare needs and conditions to ensure these were met. For these people there were sophisticated equipment and monitoring routines to help staff keep people safe. We saw how staff fitted in their support around people's needs and lifestyles and how routines were adaptable depending on their choices. Some people needed support to manage long term conditions such as ventilation or dietary needs. We saw examples of detailed records of how staff supported people's needs and when we spoke with people who used the service they confirmed that staff were diligent. One person we spoke with said, "They are always really up to speed, they are very, very observant because if I'm not well I might not be able to tell them myself." This showed that the provider made sure that peoples complex healthcare needs were met.

Records showed that the service made sure that people's health care needs were met. Where appropriate the provider co-ordinated and maintained consistent access with community healthcare professionals or supported people to attend regular appointments. This ensured people had the advice and treatment they required. This included contact with general and specialist doctors, dentists, specialist trained nurses and occupational therapists. We saw records which showed how staff and the provider contacted relevant health professionals if they had concerns over people's health care needs. For some people this included teams of staff from several organisations which were co-ordinated by the provider.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Act.

We checked whether the service was working within the principles of the MCA, and whether any conditions or authorisations to deprive a person of their liberty were being met. The registered manager told us there were no authorisations in place or presently under consideration for any support undertaken by the registered provider. We found the registered manager had a good understanding about how the service was required to uphold the principles of the MCA, people's capacity and ensure decisions about their best interests were robust and their legal rights protected.

Good

# Is the service caring?

## Our findings

We spoke with people about the support they received from the provider. All of the people's responses were very positive. One person said, "All of the staff are caring and understanding" Another person said, "Allied would do everything for [my relative] nothings a problem."

Staff told us they were caring because they 'made sure people were treated with dignity and respect,' 'promoted choice and independence' and 'had regular reviews so that people could raise any concerns.' One relative told us," They find good people, staff who have something extra than you would expect. We get to know each other very well so it is very important to get the right person."

Staff were often recruited to support individual people and have specific skills and attributes. People who use services and their relatives were often involved in the recruitment of staff who were to carry out their support. This showed the provider was flexible in their approach and valued the views of people using services and their relatives. One relative commented, "I appreciate being involved in the recruitment – I can always tell early on which staff will fit in with [their relative] and the rest of the Allied staff team."

When we visited people in their homes they were complimentary about the service, the staff and the registered manager. They said they knew the registered manager personally and had confidence that their service was set up for their individual circumstances. One relative told us, "I have been very specific about what I wanted for [their relative]. I continue to monitor how well the staff are doing their jobs and if I have any issues at all I say so. It doesn't take long to train up new staff in the way that [my relative] likes their support to be given with all the support they get [from the provider.]

The registered manager, deputy manager, nurses and staff that we spoke with all showed genuine concern for peoples' wellbeing. They all placed great thought and consideration when making decisions that may affect their care and welfare. It was evident from discussion that all personnel knew people's needs circumstances and sometimes life histories in detail, including their personal preferences, likes and dislikes and had used this knowledge to form very strong therapeutic relationships. We saw all of these details were recorded in people's care plans. The registered manager gave examples of how they would ensure that people using the service received appropriate end of life support.

In response to people's needs for equality we found the provider had in place arrangements to assess people's needs and had put in place plans and strategies to ensure people had a lifestyle which promoted their independence. For example specific plans were in place to enable people to continue to live in their own homes with long term medical conditions. One person told us, "It's thanks to these staff that I'm able to live in my own house – it's made a big difference to me and my family."

The deputy manager told us how the service sought to recruit people who had the personal attributes to make excellent staff. She said, "We go out of our way to find people who are right for the service then we spend a lot of time training them and keeping them motivated. Staff are trained to work with specific people because of the way the service operates. This helps them build up excellent skills and I find staff have

genuine and trusting relationships with the people they support." Records confirmed that trained staff stayed with the provider for lengthy periods. We found several staff had been working successfully for the registered provider for several years.

The staff we spoke with explained how they maintained the privacy and dignity of the people that they cared for. They explained how they were very aware of the need to maintain and support peoples' privacy when they were supporting them in their own homes. One staff member told us, "You always have to understand that you are in someone else's home so we show respect by knocking on doors and by arranging our work around the person and their family routines." We found staff were committed to delivering a service that had compassion and respect and which valued each person.

The staff we spoke with understood people's routines and the way they liked their care and support to be delivered. Staff described how they supported people in line with their assessed needs and their preferences to make sure their care and lifestyle needs were met.

Staff talked about how they 'worked in teams' and their strong relationships with colleagues and people who used the service and their relatives which helped them to be effective.

Good

# Is the service responsive?

## Our findings

We visited the provider's offices we looked at individual's records to see how their care was planned, monitored and co-ordinated. When we spoke with people who used the service they told us that the provider made sure they received the service that was expected and the staff who visited were always known to them and knew what their needs were. One person told us, "They're so good at getting everything you need – hats off to them – I'm pleased I have them."

We spoke with staff and the registered manager who told us everyone who was supported by the service had a 'person centred' care plan. 'Person centred' is a way of working which focuses the actions of staff and the organisation on the outcomes and wellbeing of the person receiving the service. They described to us in detail how staff made sure people were properly cared for and we looked at how this was written in their care plans.

Staff told us they 'kept people informed of things like shift patterns and rotas,' were good at keeping accurate records' and ' answering carers questions and keeping them informed'. One staff told us, "We have home meetings if some staff aren't following the correct procedure so we can correct this as soon as possible – its everyone's responsibility." Another said, "We work closely in teams so we talk to each other all the time to keep up to date." When we spoke with staff they described people's circumstances and the support they provided in detail. The ways in which they provided care were tailored to each individual. Staff described how the service they provided changed in response to what people needed at different times. For example, some people had fluctuating health conditions an could quickly become ill or where people were recovering from an accident.

All the people who used the service had care plans in place. These were developed following an assessment of each person's needs and where appropriate a consultation with everyone who had a role in the person's life. People who used the service were supported and empowered by the registered provider and senior staff to make decisions about how they would best like their care and lifestyle needs to be met. These decisions formed the basis of a formal agreement between the provider and the person using the service. We saw examples of these agreements in people's care plans and these were signed by all parties to acknowledge that the agreement would be followed.

We looked at the care records of four people who used the service to see how their needs were to be met. We saw each person's needs had been assessed and plans of care written to describe how each area of need was to be supported. Some people had very complex needs and their support needed to be extensive and detailed. The assessments we looked at provided suitably detailed information about each person's condition. We looked at examples of how peoples' needs were to be met and found every area of need had clear descriptions of the actions staff were to take. This included their health and social care needs. The care plans we looked at had appropriate levels of detail to guide staff practice and included people's personal preferences, likes and dislikes.

Where people were at risk, there were written assessments which described in detail the actions staff were

to take to reduce the likelihood of harm. This included the measures to be taken to help reduce the likelihood of accidents. The registered manager told us that the service had helped support people who wished to remain as independent as possible whilst still having an oversight which could be used to minimise risks if required. This showed us that the service was flexible in its approach whilst maintaining people's safety.

The way care plans were written showed how people using the service were to be supported and there were reviews by senior staff every month or sooner if their needs had changed. These were organised within the providers 'Customer Compliance Reporting Tool' [CCRT]. This meant people's changing needs were identified promptly and were regularly reviewed with the involvement of each person and those that mattered to them; and any changes that were required could be put in place quickly.

The service protected people from the risks of social isolation and recognised the importance of social contact and companionship. People were encouraged to maintain and develop relationships, hobbies and interests. Staff were proactive, and made sure that people were supported to keep relationships that mattered to them, such as family, community and other social links. Staff were supportive of people so they could continue with important family events and special occasions. We found people's cultural backgrounds and their faith were valued and respected.

When people used or moved between different services or agencies this was anticipated and planned in detail. People who used the service and those that mattered to them were involved in these decisions and their preferences and choices were respected. There was an awareness of the potential difficulties people faced in moving between services such as hospital admission and strategies were in place to maintain continuity of care and ensure their wishes and preferences were followed. Some people who used the service had advocates who expressed the persons view or spoke on their behalf. One person who used the service told us, "When I've needed emergency care they've been superb – saying what has happened what is needed and making sure my treatments right."

We checked complaints records. This showed that procedures were in place and could be followed if complaints were made. The complaints policy was seen on file and the registered manager when asked, could explain the process in detail. The policy provided people who used the service and their representatives with clear information about how to raise any concerns and how they would be managed.

People who used the service and those who were important to them told us they felt comfortable raising concerns with the registered manager and found them to be responsive in dealing with any concerns raised. The staff we spoke with told us they knew how important it was to act upon people's concerns and complaints and would report any issues raised to the registered manager. We saw people were actively encouraged to give their views and raise any concerns. When we spoke with people no one raised any concerns but told us they knew who they could approach if they did. The registered manager saw concerns and complaints as part of driving improvement.

Good

# Is the service well-led?

## Our findings

People who used the service talked positively about the registered manager. People said they were 'well organised' and 'had no doubt they would get things done.' All of the people who used the service and their relatives we spoke with said the registered manager had acted in the best interests of the people who used the service.

There were management systems in place to ensure the service was well-led. We saw the registered manager was supported by the deputy manager, nurses and senior staff and there was regular monitoring of the service. The registered manager shared the organisations office and was in regular communication with staff, service users, relatives and other professionals involved in people's care. These showed that the registered provider had oversight of the quality of the service offered by Allied Healthcare Durham.

The provider had a system in place to monitor key areas of the service. One of these was called 'Complaints, Incidents Accidents Monitoring System' [CAIMS]. These were used to compile key performance information and compare trends within the service and with other services run by the provider organisation. This meant that any unexpected changes could be identified and analysed and actions taken to reduce the likelihood of them happening again.

The registered manager has worked at Allied Healthcare Durham for over 10 years and is also a senior manager for the organisation. This background and experience has given her the skills and knowledge to structure and successfully operate the service. During the inspection we saw the registered manager was active in the day to day running of the service. We saw they interacted and supported people who used the service and supported staff to do the same. From our conversations with the registered manager it was clear she knew the needs of all of the people who used the service in detail. Staff told us they worked with the registered manager as a team to make sure peoples' healthcare and lifestyle requirements were met.

The registered manager told us she encouraged open, honest communication with people who used the service and their representatives, staff and other stakeholders. Relatives and people using the service told us they were 'involved in making decisions' and 'well informed.' One relative told us, "I am treated with courtesy and respect - like customer by Allied and that's how I think it should be." We saw the registered manager and staff worked in partnership with a range of multi-disciplinary teams including social workers, community health staff and other professionals such as GP's consultants and psychologists / therapists in order to ensure people using the service received a good service.

We saw there were procedures in place to measure the success in meeting the aims, objectives and the statement of purpose of the service. There were quality assurance systems in place for the registered manager to ensure objectives were met. For example audits were carried out for key areas of service provision such as care planning, training, health and safety, accidents and incidents and medication. These were compiled and shared with the provider's national office to see how the service compared with other similar services run by the organisation.

The staff we spoke with were complimentary about the registered manager, nurses and senior staff. They told us that the management style was 'very approachable' they could 'talk to the managers when they needed.' Staff said they felt that their skills were appreciated and valued. Staff we spoke with told us they would have no hesitation in approaching the registered manager if they had any concerns and they regularly discussed their work with senior staff on a day to day basis. They told us they felt supported and they had regular supervisions and team meetings where they had the opportunity to reflect upon their practice and discuss the needs of the people using the service. We saw documentation to support this.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service. We saw detailed risk assessments were carried out and these were updated if new situations or needs arose. The service was effective at making changes quickly for people with complex and varying needs. We saw evidence of how these were reviewed regularly and changes made to the care plans where needed. In this way the provider could demonstrate they could continue to safely meet people's needs. Peoples nursing care needs and the judgements made by nurses were monitored by a system of quality reviews and these were shared weekly with the provider's regional or national head of nursing. At least every three months the provider also carried out a 'Virtual Care Round' where the needs of people and the support the service provides is discussed in detail. This includes all staff who have present involvement with the person and covers areas such as nutrition, skin pressure care, falls and reviews of risk assessments. This showed that people's needs were continually reviewed and the quality and of treatments or clinical judgements were overseen by senior staff.

The registered manager had in place arrangements to enable people who used the service, their representatives and other stakeholders to affect the way the service was delivered. For example, people who used the service were routinely asked for their views by completing surveys. The outcome of this feedback was collated and circulated to the provider's senior managers with any actions identified as a result of this feedback. When we looked at the most recent surveys completed by people who used the service, those that mattered to them and professionals involved in people's care and support, we saw there was a high level of satisfaction about people's care, treatment and support.

All of these measures meant that the provider gathered information about the quality of their service from a variety of sources and used the information to improve outcomes for people.

The registered manager had notified the Care Quality Commission of all significant events which had occurred, along with associated outcomes, in line with their legal responsibilities.

We saw the provider had extensive management systems in place to support the registered manager including finance, training and human resources support.