Nestor Primecare Services Limited

Allied Healthcare Bury St Edmunds

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This was an announced inspection which took place between 20 and 25 January 2016.

The service is registered to provide personal care to people who live in their own home.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The manager organised staff to carry out assessments to see if the service could meet people's needs. Careful consideration had been given to determine if the service had sufficient staff to meet individual's needs with regard to the location of where people lived. This branch of the service had taken over the work of a recently closed branch in Clare. An active and robust recruitment campaign for new staff had been embarked upon to ensure sufficient staff were available to attend to people's assessed needs.

An assessment of people's needs was carried out prior to the service providing care. This included risks to the individual receiving care and environmental risks. We saw that risks reviews for people were in place and reflected the current situation.

The provider had a safeguarding policy for staff that gave guidance on the identification and reporting of suspected abuse. Staff we spoke with were aware of how to raise and concerns regarding suspected abuse because of the training that had been provided.

There were sufficient staff to support people safely and provide care. Some people told us that the service staff did not miss their call, but were sometimes late. That is they came over half an hour past the allocated time. People we spoke with told us that this had improved recently. Some people had also found that when they wanted to change the time of their visit for one day, to attend an appointment. The service was not always able to accommodate this change. When the service staff were running late or in danger of missing calls to provide care to people, the service had back-up plans in place to deliver the care to people. We were also told that the service tried to ensure that when a person specified the gender of the staff member to care for them, the service usually was able to accommodate the request. If it could not then service staff did inform people in advance. The service had been able to recruit more staff in the past few months and hence was in a better position to provide the gender of staff of people's choice and also to arrange visits within the allocated time.

All people we spoke with had a care plan and they considered it was accurate. We saw that the plans were organised into a structure which identified what the staff were required to do at each visit. We also saw that at each visit the staff had written in the notes what had been achieved. The plans were person-centred and emphasis had been placed upon how to address the person and who to contact in an emergency. The

service had undertaken a considerable piece of work to introduce a new care plan format in April 2015. The individual's care plans were reviewed as required to ensure they reflected the needs of the person.

Training records informed us staff had received training to provide medication safely and the service had medication procedures in place which had been reviewed. The service had an equipped training facility and staff had received training in mental capacity and various subjects so that they could provide support to people with regard to their needs such as diabetes.

People and their relatives gave positive feedback about the staff that provided care. The service provided supervision and spot checks to support the staff. The service had policies and procedures in a place and staff told us that they had been given time at their induction for important information to be explained to them. Staff we spoke with considered they were well supported especially as they could raise matters as they happened with the service senior staff.

People and their relatives told us they were involved in the planning of their care and support. They felt that the service listened to their views. They told us that when they contacted the service their calls were always answered and staff tried to support and help them. At the time of our inspection the service informed us there were no outstanding complaints.

The service had systems in place to monitor the quality of service and had worked with people using the service and members of staff when improvements had been identified for them to be implemented. There was an on-call service available for staff and people using the service to contact to request support or raise a matter of concern.

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.

Staff were given training so that they could identify different types of abuse and how to raise and report these matters if they had any concerns.

The service carried out risk assessments to identify risks involved in providing care to people.

There was a robust recruitment system in place designed to ensure appropriate staff were appointed to support people.

Staff received medicines training in order that they were confident to administer people's medicines.

Is the service effective?

Good

The service was effective.

There was a staff induction programme for new staff and on-going supervision

People were supported to maintain good health and access healthcare services should their health needs changed.

Care staff received training in order that they had the knowledge to care for people including the requirements of the Mental Capacity Act (2005).

Is the service caring?

Good

The service was caring.

People were positive about the compassion of staff and they were treated with dignity and respect.

Care plans were structured and person-centred.

People were involved in their own care planning.

Is the service responsive?

Good

The service was responsive.

An accurate assessment of the person's needs was carried out prior to the service being implemented and updated appropriately.

Care plans were in place and identified people's preferences.

The service had a robust complaints process.

Is the service well-led?

Good

The service was well-led.

There was a registered manager in place.

The service had a statement of purpose and provided information to people clearly.

Good governance regarding spot checks to support staff and auditing the service were in operation.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

The inspection was carried out by one inspector.

We reviewed all the information we had available about the service including notifications sent to us by the manager. This is information about important events which the provider is required to send to us by law. We also looked at information sent to us from other sources. We used this information to plan our inspection.

This was an announced which inspection took place on 20 and 25 January 2016. We gave the service 48hours notice that we were coming to inspect. This was to give time for the service staff to make arrangements with and gain their consent that we could visit them in their own home. We visited five people in their homes and we spoke with a further twelve people using the service and three relatives on the telephone. We spoke with the care delivery director, the manager and six members of care staff.

We looked at the care plans of the five people we had visited and compared these with the records held in the office. We also looked at a further three care plans and records relating to the management of the service including four staff files, supervision, annual appraisal and staff training records. We also looked at audits and surveys to determine if people using the service were satisfied.

Good

Is the service safe?

Our findings

One person told us. "The staff know me, I usually have the same staff and they know how to use my key safe, so I do feel safe with them."

Senior staff carried out risk assessments as part of the process when they met the person to determine if they could provide a service. We saw that the risk assessments covered the environment, people's physical condition and personal needs and were updated in the light of new events. People using the service and carers were provided with written information about the risks associated with the provision of care from the service. The people we visited in their own homes had risk assessments in place in their care plan. One person told us. "I did not know what a risk assessment was, but this was explained to me, so that once done, I felt safe and it was also for the benefit of the staff."

The staff we spoke with showed an understanding and awareness of the different types of abuse and how to respond appropriately where abuse was suspected. Staff had been provided with training in safeguarding people from the risk of abuse. A member of staff told us. "We have a procedure to tell the manager anything that is of concern, but we can report directly to the safeguarding team, if we need to do so." We saw that risk assessments had been completed for how to move people safely. One person told us about how the member of staff carrying out the assessment had spoken with them about equipment required to help them regarding moving from their bed to a wheelchair.

The service had a whistle-blowing policy and we noted that no whistle-blowing concerns had been recorded. Staff were trained to report any incidents and accidents so that senior staff could work with them and people using the service to plan how to reduce the likelihood of any situations being repeated.

The service usually had sufficient staff to meet people's needs. The service explained to people that staff would call upon them often referred to as a visit, at a pre-arranged time within half an hour either side. One person told us. "They are sometimes later than the half hour, but it has been getting better of late and they usually tell me, if they are running late. Another person told us. "They have never missed a call but have been late sometimes. Other people told us the service was very good and appreciated that the staff came in all weathers to help them. Another person said. "I would rather have a lady than a male carer, but I understand if they cannot always do that. They tell me in advance and the male staff was very nice and professional." Two people told us that the service was not that adaptable to changing the time of the visit when they needed it, at an earlier time in the morning for them to be up early and supported to make an appointment. However, each person we spoke with told us that the service did try to make the changes when they occurred and thought that with more staff now in place things were improving.

The manager explained to us the recruitment process in use by the service. We saw from the recruitment files that the service had followed its own policy and procedure for the recruitment of staff. A member of staff told us about how they had been recruited and was impressed with the time and support they were given to become accustomed to the work of their role. They said they did not feel rushed, appreciated the time the manager had spent with them and had found working with an experienced colleague in the first

instance before working on their own extremely helpful. The manager told us that for each member of staff the service had sought information from the Disclosure and Barring service. We saw information that confirmed this was correct. This is so that people applying to work in care are deemed as suitable. Nobody had commenced work until this had been obtained. We saw that the service had interview questions, staff had completed an application form and references had been sought regarding the potential new member of staff.

One person told us. "I do not know what I would do without them. They always know what medicines I need." The manager explained to us how medicine administration was part of the care staff role and the service provided training to teach staff to administered medicines safely. A member of staff confirmed to us they received training in the administration of medicines and yearly refresher training. The records we saw confirmed this and we also saw the medicines policy, procedure and training plan for training staff with medicines management. When we visited people in their homes we saw that medicines administration records (MAR) had been completed correctly.

Good

Is the service effective?

Our findings

One person told us. "I have no problems, they come on time and know what they are doing so I would say they are effective." A relative told us. "The staff that look after [my relative] are very kind, never rush and are organised so they know what to do."

The manager told us that it was very important that staff felt supported and confident. Hence they ensured the training was provided and staff were asked if they felt confident to deliver support and if they did not then this would be discussed and additional training provided. This was reflected by what people said to us that the care staff that supported them had the knowledge and skills to provide the care they required. A member of staff told us. "There is a lot to cover in the induction training, it was good and I enjoyed it, I felt that I had the knowledge to do the job." Another member of staff told us. "I felt confident to work on my own because to start with I worked with an experienced member of staff, it is nice that we still work together when a person needs two staff to help them." We saw that the care staff completed initial induction training which covered areas such as health and safety, hygiene, safeguarding, mental capacity and moving and handling. The manager took feedback from staff providing the training and new staff to alert and update the training on a regular basis.

We saw that training was planned for new staff as part of the induction training and also training was on-going for existing members of staff to keep their skills and knowledge up to date. Staff told us that supervision was provided to them and they found this helpful and support to discuss any problems and for them to build upon their skills. They also told us that spot checks were carried out. This is when a member of the senior team visits them unbeknown to them while caring in someone's home. This includes seeing if they are on time, wearing their name badge and carrying out the support as planned. This is an opportunity to discuss any issues with senior member of staff to support them and is referred to as additional supervision.

Staff told us they had received training in mental capacity both during induction and regular refresher training and felt they would recognise if a person's capacity had deteriorated. The manager explained to us that the service provided training regarding the Mental Capacity Act 2005. A member of staff told us. "I found this very difficult to grasp at first but the examples used were relevant to our work in the person's home in the community." They further explained to us that they were able to talk about the training and link this to best interest meetings of which they were aware were happening with some people who used the service. They also felt well supported by their manager and felt confident that if unsure of anything they could discuss this with their manager.

We saw that the service trained staff to know how to record fluid and food charts and also provided information about food preferences for people of various religious faiths and choices such as vegetarian and vegan. One person told us. "I have my meals delivered and the staff know how to use my microwave, so I have something cooked each day."

The care plans provided information about food, fluids and specialised diets in order that the staff could

support people when a particular need had been identified. Care plans also contained information about the need to prepare light snacks for people. We saw in the care plans that time had been taken to discuss personal preferences and choices for food. We asked staff how they would ensure that people had enough to eat and drink. Staff told us how they would use food charts to record and monitor people's intake. Staff also told us that they would know from talking to people about their diet and observing any food that had not been consumed. One person told us. "As well as sorting my dinner out, they always make me a sandwich for later so it is fresh that day."

People were supported by the service to maintain good health and access healthcare services. We saw in the care plans where people had been supported to access Doctors and Opticians. We also saw that when other professionals have become involved in the persons care that information had been recorded in the care plan and any changes in care delivery recorded. One person told us. "I felt a bit awful as I was making them late but they stayed with me until the GP arrived." They further explained that the staff thought the person should see the GP and arranged this appointment.

Good

Is the service caring?

Our findings

People told us that the staff who provided care to them were both respectful and compassionate. One person said. "It took some getting use to having strangers in your home, but I am glad I did, they are not strangers now and do care about me." Another person told us. "They are cheerful and we have some jokes together."

The staff, we accompanied on visits to people's homes knew the people and had provided care to them in the past. One person told us about how the staff member had worked with them to resolve some difficulties they had experienced regarding their care. Another person told us. "I am very pleased with the service because they look after me very well."

A relative told us. "I am happy with the care as is my [relative], because the staff do listen to both us and we are a team, so most important that we all have time to talk about how, who and what we are going to do."

The staff we spoke with told us that they considered the service was improving because there were more staff and they now had better regular schedules so that they saw the same people and could build up a relationship with them. A member of staff told us. "I am not travelling as much as I did and I am enjoying working with a smaller number of people." One staff member told us they were caring for someone whose health had deteriorated and by knowing them and reporting accurately, their changing care needs, had resulted in extra time being provided for them to meet the person's needs. They felt sorry that the person had deteriorated but took pride in being able to help them and had the time to have got to know the person.

People were involved in their own care planning. One person told us. "They wrote the plan and I checked each section with them, so I was involved and understood what had been written."
When carrying out an assessment of people's needs the service had used this opportunity to discuss and record people's views about their care. This was also checked up at the times that the care was reviewed to see if any changes were required. All people told us they had a care plan and regarding those people that we visited, we saw the plans were in people's homes. We also saw copies of the plans at the service office. The plans followed a structured template which the manager told us was to ensure that the plan covered all the required care components, such as an assessment, care plan, emergency contact details, personal information and daily records. A new care plan format had been introduced in April 2015 and a considered had been undertaken to transfer and update information from the old to the new plans. We also saw that the care plans contained information about people's personal choices. People and their relatives told us they had been actively involved in making decisions about their care and support. Care records showed that people had been consulted and involved in decisions about what they liked to be call and whether the preferred to have a shower or a wash. One person told us. "My neighbour visits most days so we agreed the staff would come after seven, when they have gone, so they respected that and we work together."

People confirmed their privacy and dignity were respected at all times. The staff we spoke with understood the importance of respecting and promoting people's privacy and dignity. They gave examples of how they did this, such as making sure doors and curtains were closed when they provided personal care and assisted

people to use the lavatory. One person told us. "I like my staff they do not make a fuss, which is really nice." A member of staff told us. "I try to think empathy when giving support what would it be like for me and I use that as my yardstick."

Good

Is the service responsive?

Our findings

A person told us. "I think they are responsive, you just have to ask when they are here and they will help you."

One relative told us. "The manager spoke with me about how [my relative], having spoken with them about needing more assistance, we agreed to increase the visits."

The care plans were person-centred and each commenced with an assessment of the person's needs which had been carried out prior to the service being provided. The assessment was carried out to determine if the service could meet the person's needs. The care plan was written in way that responded to the identified need and explained the goal and how it was to be achieved.

Care plans we viewed were written on the service standard care plan document which included the time that staff would attend and the time allocated for the service visit. The care plan was written with sufficient detail to show how people would like to receive their care and allow the person to have as much choice as possible. For example, one care plan we looked at recorded that the person only liked one type of drink and whereas another specified the person liked to be asked what they wanted as this could vary from tea to coffee to milk. The care plans contained personal information including life history about the person and their preferences which would show how they liked to receive their care and support. The plan also had information about details of families and friends and who to be contacted should there be an emergency. The service had also developed a small set of vital facts about the person so that should they need to go to hospital at short notice. This information would assist the hospital staff to be able to have information about their care and support needs.

The people and relatives we spoke with all felt confident that they could approach the office staff with a complaint and it would be taken listened to and taken seriously. All people knew how to complain and all knew the name of the manager of the service. A person told us. "I have never complained no need to they are very good." We were aware that when a complaint had been made the service had followed its own policy and complaints procedure. The service had used information provided which was around when staff had attended to someone later than expected or provided a person of different gender to that of the persons choice. As an opportunity to learn to learn of how it could improve and had apologized to the people concerned. When staff of a different gender had been offered to fulfil a care visit, the service had also offered a staff member of a different gender but at a later time to try as far as possible to agree with the person and meet their needs. One person we spoke with said. "I am quite impressed it is remote where I live, but they always get someone here and I am pleased to see them."

We were aware that the care delivery director had visited a person to discuss a complaint around times of visits and providing a particular gender of staff. This had occurred after the manager had also addressed the issue with the family. We listened to the concern of the family that they wanted to the service to get things right for their relative in the future. We also listened to the plans the service had put into place and that they were determined to continue to try to meet the persons assessed needs and also their wishes.

Good

Is the service well-led?

Our findings

The service had a manager in place and a statement of purpose to provide clarity of the aims and objectives of the service.

There was a clear management structure in place including a care delivery director for the area who supported the manager of the service. They had overseen the closing of a local country branch of the service and brought many of people who used that service under this registered location. This had also been the case of the staff employed at that service. People using the service, their relatives and staff transferring all told us that they considered this had been achieved effectively and with the minimum of difficulty. People told us that they had been kept informed of the situation and progress of the operation. Staff told us that they found the manager approachable and supportive during this time, which had been difficult as not all staff had moved with the service, while many of the people using the service had stayed. It had taken time to recruit which took far longer that the notice period staff were required to give. However in a relatively short period of time the service had recruited new staff. The benefit was that staff felt they worked in small geographical areas and hence supported the same people regularly and hence got to know them well.

Staff told us that they had sufficient time to travel between call visits and spend time with the person to deliver the care required. Should they ever find it difficult to travel between calls with regard to having enough time they found the manager was supportive and understanding. They worked with the staff designated to arrange visits to adjust the situation to resolve the problem. Staff also told us that if they were running late for any reason they were encouraged to inform the office staff so they could let the person know what was happening. They found this comforting that they did not have to lose further time in calling the person awaiting care and also that the person awaiting them was being kept informed.

The manager explained to us the on-call service arrangements. These were a combination of a local arrangement between the senior staff and also using the national hub of the provider when necessary to co-ordinate a response to an identified need.

Staff told us they were supported by the service. They gave examples of support through team meetings and , training. A member of staff told us. "Whenever I call into the office, a senior member of staff greets me and is pleased to me and checks that I am ok, I find that really nice." They further explained they saw that as an example of being appreciated. All staff that we spoke with told us that their rota was stable, they knew who they were supporting and also annual leave requests were usually granted.

The manager arranged spot checks of the staff's work which had been recorded and any areas of improvement identified with the member of staff and recorded.

A member of staff explained to us that a strength of the service was reviewing peoples on a systematic basis as well as when any change in the person health had been identified. We saw examples of reviews which had involved the person, family members and other professionals plus a member of the service. A relative told us. "I do not know what I would have done without the staff cannot fault them, they have been so helpful to

support my [relative].

We noted how the service had carried out audits of the care plans and the manager had identified anything that required updating and had then taken steps to work with people using the service and staff for the care plan to be adjusted. This included ensuring consent forms were in place and had been signed.

We saw that the service also arranged to carry out surveys on a quarterly basis to listen to the views of people who used the service relatives and staff. When people identified themselves and an issue they wished to raise. The manager had approached them to discuss the matter and had recorded in writing what could be done about the issue.