Nestor Primecare Services Limited

Allied Healthcare Lincoln

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

The service provides personal care and support to people living in their own homes in Lincolnshire.

This inspection took place between 10 and 12 January 2017. The inspection was announced. At the time of our inspection 48 people were receiving support from the service. 36 people were being cared for under the regulated activities of personal care and treatment of disease disorder or injury (TDDI). The people receiving care included children, adults and older people who experienced a range of healthcare needs.

The service had a registered manager in place at the time of our inspection. A registered manager is a person who has registered with 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 needs were assessed and planned for in a structured way. Any potential risks to people and staff, including environmental risks were identified before any new services were started. This helped ensure risks were minimised.

Staff understood how to report concerns about potential abuse and when it had been needed, the registered manager and staff took action to keep people safe from harm. Care plans were in place which helped inform staff about individual care needs and any potential risks to people's health and wellbeing.

Staff were recruited safely and there was an on-going recruitment programme in place which was used by the provider to maintain staffing at the levels they had identified as needed.

Staff undertook training in a range of of subjects relevant to the care needs of the people they supported. The training was used to maintain and develop their existing skills. Staff worked together in a co-ordinated way and were provided with regular support and supervision including direct observation of their care practice by the registered manager and senior staff.

CQC is required by law to monitor how a provider applies the Mental Capacity Act 2005 (MCA) and to report on what we find. The registered manager and staff had received training in this area and if people lacked capacity to make their own decisions the principles of the MCA and codes of practice were followed in order to protect people's rights.

People who needed staff assistance to take their medicines were supported to do this and staff assisted people to eat and drink enough to keep them healthy whenever this type of support was required.

Staff were caring and they worked in ways which helped people and their families to maintain their community interests and social lives.

The provider and registered manager listened to what people had to say and took action to resolve issues or concerns when they were raised with them. There were systems in place for handling and resolving concerns and more formal complaints.

The provider had a range of quality monitoring systems in place which included audits, reviews and surveys. These were used by the registered manager to organise and manage the service in a structured way.

The provider and manager regularly reviewed and reflected on the systems they had in place to manage the service. When action was needed they responded in ways which enabled them to keep developing and improving practices for the future.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People felt safe when they were being cared for by staff.

Staff knew how to recognise report and take any action needed to make sure people were safe from harm.

The provider had safe recruitment processes in place and there were enough staff in place, who were suitably deployed to care for the people who used the service.

People were provided with any assistance they required to take their medicines as prescribed.

Is the service effective?

Good

The service was effective.

Staff were well trained and had developed the right skills needed to support people appropriately.

Staff ensured people had timely access to any healthcare support they needed and that they were supported to eat and drink enough keep them healthy.

People were supported to make their own decisions and staff understood how to support people who lacked the capacity to make some decisions for themselves.

Is the service caring?

Good

The service was caring.

Staff treated people as individuals and supported them to have as much choice and control over their lives as possible.

Staff recognised people's right to privacy and promoted their dignity.

People's confidential information was kept private.

Is the service responsive?

Good

The service was responsive.

People were actively involved in the preparation and review of their personal care plan. Care plans were written in a person-centred way and were understood and followed by staff.

Staff encouraged people to remain active in their local community.

The provider and registered manager responded promptly to address any concerns or complaints they received.

Is the service well-led?

Good

The service was well-led.

People, their relatives and staff been consulted about the on-going development of the service.

Steps had been taken to promote good team work and staff were encouraged to speak out if they had any concerns.

The monitoring arrangements and quality checks in place helped ensure people received the care they needed.

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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 registered persons were 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 conducted by a single inspector between 10 and 12 January 2017 and was announced. The registered provider was given 48 hours' notice of our inspection visit. We did this because the registered manager was regularly out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be available in order to contribute to the inspection process.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the service, what the service does well and improvements they planned to make. The provider returned the PIR to us and we took this into account when we made our judgements in this report.

In addition, before the inspection we sent questionnaires to 20 people who use the service, 20 relatives and friends, 51 staff and 12 community health and social care professionals. We used feedback sent to us by those who returned them to inform the planning for our inspection. We also reviewed other information that we held about the service such as notifications (events which happened in the service that the provider is required to tell us about) and information that had been sent to us by other agencies such as commissioners of the service and Healthwatch England.

During our inspection we spoke with the relatives of five people who received direct support in their own homes by telephone to seek feedback about how their needs were being met. As part of our inspection we also made two visits to the provider's office. During these visits we spoke with four care staff direct and four care staff by telephone. We also met with two care co-ordinators, two field care supervisors, two clinical lead nurses who were employed by the provider, the service administrator and the registered manager.

In addition, we looked at a range of documents and written records about how services were being provided including seven people's care files, six staff recruitment files, information relating to the administration of

medicines and the monitoring and management of the overall service provision.

Good

Is the service safe?

Our findings

Relatives who lived with people who received care told us their family members felt safe with the staff who visited and supported them with their care. One relative said, "They do as much as they can to introduce staff to us before any care starts. It helps us all feel safe and assured about who is coming into our home." A community healthcare professional told us that, "They are good are highlighting any risks and escalating to safeguarding if needed."

Risk assessments were completed by staff whenever there was someone new starting to use the service to make sure they and the people they supported were safe. These included any risks related to people's mobility, bathing, taking medicines and dressing. We saw that the care records created from these assessments detailed the action needed to minimise any risks identified. Staff told us they were aware of the risks related to the care they provided for each person and worked to minimise these.

Guidance was available for staff regarding lone working and the need to be clear about any risks associated with this. Risks related to the environment and accessing the person's home through the use of a key safe had also been considered and any agreed actions to minimise or remove the risk were recorded. Whenever it had been needed the risks related to the number of staff needed had been considered so that when more than one staff member was needed to provide care the registered manager had ensured this had been the case.

There was also an out of hour's number that staff could use to contact a senior member of staff if they had any concerns about managing risk, for example in the evening.

Training records showed that staff had received training in how to keep people safe. Staff we spoke with were able to describe the different types of abuse and harm people may face, and how these could occur. Staff also said that if they suspected a person they supported was at any risk of harm or abuse they would inform either one of the team co-ordinators, the lead nurse or the registered manager and that any action undertaken to keep people safe would be documented.

Advice to people and their relatives about how to raise any concerns about their safety and welfare were provided at the time people that first started using the service. Staff were issued with uniforms so that people would know who they worked for and they also had up to date identity badges for easy identification.

The registered manager and staff told us about the provider's early warning system (EWS). The registered manager said the system was used in line with the safeguarding role they and all staff had in protecting people. Care staff said the system had raised their awareness when they undertook care visits. A care worker said, "It helps us check for any changes or signs that the service users are not well. We act quickly by reporting any changes and record our action in the log." The care worker gave us an example of when they identified a person they visited had developed a sore on their body which they felt required medical intervention. This was reported to one of the provider's lead nurses and also, with the person's permission a

referral was raised made to a community healthcare professional. The care worker said, "We worked together and the district nurse visited twice daily. The skin integrity nurse also got involved and we kept things under review. This helped prevent things getting worse and our three visits a day helped contribute to the care and monitoring."

Records we looked at confirmed when the registered manager had needed to take appropriate actions in ensuring any risks to people were minimised and they were kept safe from harm. The actions included, when needed, raising alerts and formal reporting through notifications to external agencies such as the police, the local authority safeguarding team and the Care Quality Commission (CQC).

Relatives told us that their relations were provided with support from a consistent team of care staff. They said that although there were at times changes in staff, for example when a staff member left, their relations were in the main supported by the same staff.

The registered manager demonstrated they had safe recruitment systems in place through showing us the recruitment information and details contained in six care staff files. We saw that appropriate reference checks had been obtained as part of the recruitment process for new staff. Security checks had been carried out to ensure that staff employed were suitable to work with the people who used the service. We also saw that registered nurses employed by the provider were supported to keep their nursing registrations up to date and valid.

Staffing levels were monitored and by the registered manager who told us they were continually reviewing their staffing compliment so they could respond to any changes when needed.

The registered manager also confirmed there was an on-going recruitment process in place to ensure they had the staff required and that interviews for ten new staff were planned for the week after our inspection visit. This was to maintain care staff levels and create opportunities for new packages of care.

Care staff spoke of working together in a co-ordinated way to provide people with the support they had been assessed to have. One care staff member said, "We feel there are enough staff to support each other in the care we give. We are a good team and we ensure any gaps are covered. Sometimes there can be issues at short notice so we need to be flexible to cover each other. Any gaps which can't be met are quickly escalated to management so alternatives can be arranged."

The care staff rota information we looked at showed that staff deployment was planned to make sure care staff had the time available to meet each persons need. The arrangements were supported by a system for staff to report any delays in providing care due to events beyond their control such as those relate to carers travel time or staff sickness absence.

Relatives of people who received support, care staff and the registered manager told us that people had control over the arrangements in place for any help they needed in being reminded or supported to take any medicines which had been prescribed for them.

Care staff told us they had received training and refresher training on supporting people with their medicines. Care staff said their competencies were checked by the field care supervisors to ensure they did this safely.

We saw records of medicines administration which were returned to the office after completion had been accurately completed and kept with the care plan information so they could be checked at any time. These

checks helped ensure people were consistently supported to take only the medicines which they had been prescribed.

Good

Is the service effective?

Our findings

People received support from staff who had the skills and knowledge to meet their needs. A relative told us, "The staff have the right skills and understanding to care for [my family member] the training is tailored for the needs we need support with and they are effective in giving the right help to [my family member]."

The registered manager told us that all new staff, regardless of their role, received a full induction which covered aspects of care such as medicines, care people needed at the end of their lives and dementia.

We saw and care staff told us induction included completion of the national Care Certificate which sets out common induction standards for social care staff. The registered manager maintained records to show the on-going training required and completed by each member of staff. Training records showed staff training was on-going and relevant to the role they were undertaking. For example staff had completed training related to infection control, helping people to move safely and medicines. Care staff were also supported to obtain nationally recognised qualifications in care.

Two field care supervisors we spoke with confirmed they carried out regular routine observations of care staff whilst they were delivering care and gave feedback about the way care was delivered, including the behaviours displayed by staff. Care staff told us this helped them to keep reflecting on their roles and how they engaged with and responded to people when giving any care needed.

When people had started to use the service, the provider had assessed each person's capacity to consent to their care and support and people had information in their care plans to show they or if appropriate, their relative had consented to their care. Through our discussions with the registered manager and care staff it was clear they had an understanding of 'best interests' processes and The Mental Capacity Act 2005 (MCA). MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We saw records that showed people were protected through staff following the principles of the MCA and when needed decisions were made in their best interest through the involvement of the person's circle of support. Care records showed people had signed them to say they agreed with their plan for care. When people needed any additional support with their decision making this had also been recorded. For example the care plan we looked at for one person included a personalised best interest plan. This detailed how the person was able to make decisions themselves but at times, when they became confused, their relatives would help support them. The care records were signed by the person to show they had made this decision themselves and had control over how they were supported. Staff also told us and training information confirmed that as part of their on-going development staff had received training and updates in regard to MCA.

People were supported to maintain their wellbeing and health. Relatives told us how their relations were

supported to have the healthcare they required. One relative said how they felt comfortable discussing any issues related to their family member's health and was confident these would always be followed up if needed.

The registered manager and care staff we spoke with told us how they worked closely with a range of local health and social care services including local health care commissioners and community and specialist nurses to guide care staff in ensuring people received any additional care and they required. The provider also employed three qualified nurses who helped support staff in delivering care to people with complex health needs. One of the lead nurses told us, "We co-ordinate the care packages and reviews of the care arrangements to ensure things are running in the way they should." They also told us how they worked closely with community health professionals to do this. A community healthcare professional we spoke with told us, "We undertake reviews together with the service and families. The reviews include educational healthcare reviews and we are working to co-ordinate all reviews so that where possible they happen at the same time. This is more beneficial for families who may have to otherwise go through several separate reviews."

Care staff told us they understood the information available in care records regarding any help people needed to eat and drink enough to keep them healthy. Care staff said they followed the plan closely whenever this was required. Records detailed any particular dietary needs, likes or dislikes and any identified risks associated with people eating or drinking, for example in relation to food allergies and swallowing food. When it had been required staff had also received more specialised training to enable them to support people with specific needs. For example, some staff were trained to provide more specialist care such as helping people to breathe through the use of a tube and supporting people to receive nutrition through specialist equipment directly into their stomachs.

Good

Is the service caring?

Our findings

Relatives we spoke with told us the care staff who worked for the service were caring and that this was evident from the start of the working relationship they had with staff. For example, the registered manager confirmed as part of the assessment process care staff were introduced to people and their relatives so that they could check that the care staff member assigned to give care matched what the person and their family wanted. A relative told us, "The manager arranges 'meet and greet' meetings for any new staff. It's a caring approach because the staff appreciate this is our home and they fully respect that. They know exactly how to be." Another relative told us that they had asked that staff did not wear uniforms when they visited and that the registered manager and care staff had respected this. The relative said, "We just didn't want people to always know we had carers coming in. We like to keep things private and the service has been good at doing that."

Relatives also told us that they had not needed to visit the services office but knew that if they needed to they could. We saw the office was located on one level with access to car parking, including disabled parking space near to the entrance of the office. There was also private space in the office to enable people to meet with the provider in private if this was needed.

The registered manager confirmed one of the care co-ordinators had recently taken on the role of dignity champion for the service. This is a government initiative which aims to put dignity at the heart of care services. The care co-ordinator told us, "We are rolling this out to the teams so everyone is aware of the importance of ensuring people's dignity is maintained at all times." The role of dignity champions is to stand up and challenge disrespectful behaviour.

Care plans included information about people's wishes, preferences and maintaining independence. For example, they gave details the support people needed to access community services and to be part of their communities. One care staff member told us, "We support one person to go to church and to attend communion and also go with them to the gym so they can do their chosen exercises. They love to go and we help in maintaining independence in the way they want to."

People were supported to express their view and make their own decisions about how they wanted to be cared for. A care worker described how when they worked with one person they had noted their family member regularly wanted them to go to bed earlier than they had chosen to. The care worker told us, "I spoke to my manager about this and we had a meeting with the family to ensure the person could make their own decisions about when they went to bed."

If people needed any additional help to express their views they and the staff team would provide information for people to access advocacy services. Advocates are people who are independent of a service and who support people to make and communicate their wishes. Information was available in the office for visitors and staff to see and as part of our inspection the registered manager showed us they had updated the service user guide to include the contact information for the local advocacy services so people had this information available to them.

The registered manager and staff we spoke with said they always respected people's privacy and protected the information they held about the people they cared for. The care plan records we looked at showed information recorded by staff for each visit they had completed was factual and did not disclose any personal or private information which the people did not want to be shared. We also saw that copies of records and personal care files were stored securely in the service's office. The registered manager also confirmed all of the services computer documents were password protected wherever necessary so that only staff who needed to access the information could do this.

Good

Is the service responsive?

Our findings

People were provided with the support and care they needed and relatives spoke of being involved in creating their relation's support plans. One relative told us, "We are fully involved with the arrangements and the staff respect us fully regarding our role and the importance of family in the care process."

Staff we spoke with knew about the care needs of the people they cared for and relatives said that they had built good professional relationships together with the established staff who visited them. We looked at care records for seven people. The records were written in a person centred way and some of the sections had been recorded using the person's own words. We could see people's likes and dislikes were recorded for staff to be aware of and where more complex needs were identified the records were clear about how to staff should support the person. Relatives told us and care records confirmed care reviews were completed to make sure the information about the care needed was up to date and reflected the care being given. Relatives described how they had been involved in the reviews. Where people had complex care needs reviews were undertaken at least every three months or sooner if needed so that the management team could check on and confirm if the care being provided was at the right level for the person.

The registered manager told us how they worked closely with other healthcare professionals to keep the person and their families at the centre of communications. A healthcare professional we spoke with described the professional relationship they had built with the agency saying, "We have daily email and telephone contact, including monthly meetings with the senior staff to go through the support needs of all the people being supported that we have involvement with. The meetings are called 'virtual care rounds.' Since we have been having them they have helped improve communication and joint working. They are trying their best to maintain all care at the levels agreed. If the care packages can't be covered they tell us in advance whenever this is possible and call us direct if changes are need at short notice."

We saw the registered manager kept a log regarding any hours which could not be delivered and notified the service commissioners in advance wherever possible so that alternative provision could be arranged. We looked at the logs for January 2017 and saw they contained information to show where care was not delivered and reasons for each entry. These included where care could not be delivered due to staff availability, people using their hours in flexible ways to cover periods unplanned for and changes to individual care staff made at people and relatives request. Any risks associated with the changes were discussed together with people who used services, their relatives and commissioners. This was so arrangements could be made for families to cover themselves if they could or for alternative provision to be made.

The registered manager showed us the provider had a service user guide which gave information about how to contact the service and key details about health and safety, safeguarding and respecting people's right to make their own decisions about their care. We noted the guide had some information about the local office and service but that the main information was generic to the provider. Although this was helpful there was no information in the guide to confirm the details regarding for example the services minimum call time or how people and their families could bank the hours they did not use. One relative described how they had

been able to bank hours which had not been used and that they could arrange to schedule these with the service at a later date when it was needed. However, the relative said they had been informed the hours outstanding could not now be used as the period they needed to take them in had expired. The relative wanted some clarity about the arrangements for using the hours and said they were happy for us to speak with the registered manager about their concern. Following our discussion the registered manager confirmed they had arranged a review visit to the person. They also told us the hours they had banked could be used and that they were working together with the service commissioner to clarify the arrangements for banking hours. The registered manager also confirmed they were liaising with the provider in regard to including more detail about how the local services operated so it was clearer for people and their families. After we completed our visit the registered manager confirmed the guide had been updated and would be re-sent to all people who used the service.

When we spoke with another relative they told us they had experienced some communication problems with the service and wanted to discuss these in more detail with the registered manager. The relative said, "I know the manager was planning to come out to see me at some point but I haven't heard anything or got a date yet." With the persons permission we discussed this with the registered manager who made immediate contact with the relative to arrange a meeting. Following our inspection visit the registered manager told us the issues raised had been fully addressed and resolved.

The registered manager kept information to show the number of compliments and complaints they had received. They told us in the last 12 months they had received 30 compliments and that they had needed to respond to 16 concerns which had been raised with them. We saw that the concerns had been taken seriously and followed up by the registered manager in line their policy and procedure for complaints. We noted there was one outstanding concern which the provider had notified us about and which was in the process of being concluded. At the time of our inspection the registered manager confirmed there were no other outstanding formal complaints.

Good

Is the service well-led?

Our findings

There was an established registered manager in post who worked together with a senior support team to co-ordinate and deliver the care agreed for people. A community Healthcare professional told us, "Senior Management are always willing to meet and discuss any ways to improve service together and are approachable."

The registered manager told us they had an open approach to being contacted and that that in addition to being available during the day there was an 'on call' system in place outside of office hours to enable people, their relatives or staff to gain help and advice when they needed it.

The provider told us they had recently appointed a new chief executive officer who held monthly meetings with the regional directors and care delivery directors to monitor performance of the services they owned locally and nationally. The registered manager told us they met regularly with their area manager to discuss any issues, the development of the service overall and to agree any actions needed together. People and staff we spoke with told us that they were clear about how the organisation worked and staff we spoke with said they felt well supported in their roles.

As part of their strategy for managing the service the provider and registered manager had developed an on-going audit action plan which was kept under review and updated regularly through reports to the agency's directors. We saw the registered manager had completed their audit in July 2016 and they told us this was up to date with actions completed in full.

The registered manager told us how the services owned by the provider were being further developed. In their PIR they described the support they had been given during the last year to attend a range of training aimed at supporting managers in their role. For example, the registered manager described how they had improved staff recognition and retention through rewarding compliments staff received through a carer of the month award and by giving incentives linked to a staff reward scheme.

We spoke with the registered manager about the checks they made to ensure the service was delivering good quality care. In addition to care record and medicine record audits which were completed regularly they told us they, the lead nurses and the field care supervisors visited people to check the service was consistently meeting people's needs. We found that through these visits any actions needed were completed quickly. These included improving communications, changes in care staff and adjustments to the call times.

Staff we spoke with told us they felt able to raise any concerns they had direct with the registered manager and the two care co-ordinators who supported them on a day to day basis. They said if they had any concerns they would be listened and responded to appropriately. Staff also confirmed they had access to a confidential whistle-blowing procedure to enable them to report any concerns they had without fear of any recrimination. Staff said they understood that if they had any issues which they felt needed to be escalated outside the agency they would not hesitate to raise these direct with external organisations including The

Care Quality Commission (CQC).

Quarterly staff team meetings were held at the provider's office. Previous meeting records for April and July 2016 were available and a care worker told us that at the last team meeting held in November 2016 they discussed the 'early warning system' being used to identify and escalate any concerns they identified through their care visits. Other topics discussed at the meeting included staff recognition, development of staff skills and learning, annual leave arrangements and service developments. Records of the meetings were circulated to staff who were unable to attend so that all staff were aware of any information they needed to know about.

The registered manager undertook 'customer satisfaction surveys' which were completed usually after a service had been provided for eight weeks and then annually after that. Relatives we spoke with told us the surveys enabled them to feedback on how the services were running and that they always had the chance to contact the office at any time regarding the care provided. Annual survey results were sent to the provider who reviewed the results and shared these with the registered manager. The last annual survey was completed in June 2016. The information we looked at regarding the responses the provider received indicated the overall feedback from people was positive. The registered manager said they were in the process of sending out a new annual survey.

Surveys were also sent out by the provider to staff every three months which were used to invite feedback on how they were being supported to do their jobs and how the service was working overall. The registered manager told us the results from the surveys helped them to monitor the arrangements in place to support staff. They also had a system in place to ensure they effectively managed staff annual leave and any sickness absence to ensure staff were supported when needed and that staffing levels could be maintained.

The provider had a business continuity plan in place so that the registered manager and staff would know what to do if, for example there were delays in the ability to deliver care due to extreme weather conditions. This information included details about the other professional agencies the management team would need to work with and how communications would work to ensure the continuation of the service. The registered manager told us this document was kept under regular review so it could be updated in line with any service changes as required.