

Nestor Primecare Services Limited

Allied Healthcare Shrewsbury

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 inspection took place on 15 and 16 December 2016 and was announced.

Allied healthcare Shrewsbury provides personal care and support to people living in their own homes. At this inspection they were providing personal care for 79 people.

A registered manager was in post and present at this inspection. 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.

People were safe from the risks of abuse as staff had been trained and knew how to recognise and respond to signs of abuse or ill-treatment. People were involved in their individual assessments of risk associated with their care. Staff knew what actions to take in order to minimise the potential for harm to people. The provider followed safe recruitment practices with staff members before they started working with people. The provider had systems in place to address any unsafe staff practice including retraining and disciplinary processes if needed.

People were supported by enough staff to safely meet their needs. People were supported at times that suited their individual preferences. People were confident that staff would arrive at times they had agreed. People received help with their medicines from staff who were trained to safely support them.

People received care and support from staff members who had the skills and knowledge to meet their individual needs. Any new staff members received an induction to their role and were equipped with the skills they needed to work with people. Staff attended training that was relevant to the people they supported and any additional training needed to meet people's requirements was provided.

People's privacy and dignity was promoted by staff members who supported them. People were supported to access to healthcare when they needed. Any changes to people's needs were responded to promptly by staff members. People received support and guidance to eat and drink sufficient amounts to maintain good health.

People's rights were maintained by staff members who were aware of current guidance and legislation directing their work. People were involved in decisions about their care and had information they needed in a way they understood.

People had positive relationships with the staff members who supported them. People's likes and dislikes were known by staff who assisted them in a way which was personal to them. People were confident that information personal to them was kept confidential and only shared with their permission.

Staff members were supported by a management team who they found approachable and who valued their thoughts and opinions. The provider undertook regular quality checks in order to drive improvements. The provider engaged people and their families and encouraged feedback. People felt confident they were listened to and their views were valued.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected from the risks of abuse by a staff team who knew how to recognise signs and knew what to do if they had concerns.

People had individual assessments of risks associated with their care and staff knew how to minimise these. People were supported with their medicines safely by staff who were competent to do so. The provider followed safe recruitment checks.

Is the service effective?

Good ●

The service was effective.

People were assisted by staff members who were trained and supported to undertake their role. People had their rights protected by staff members who followed current guidance.

People were supported to access healthcare provision in order to maintain wellbeing. People were supported to eat and drink enough to maintain their health

Is the service caring?

Good ●

The service was caring.

People had positive and friendly relationships with the staff who supported them. People had their privacy and dignity protected when assisted by staff. People were involved in decision about their care and had information relating to their support in a way they understood.

Is the service responsive?

Good ●

The service was responsive.

People, and when needed, their families were involved in their individual assessments of care. People received care from staff members who knew their individual likes and dislikes. People and their relatives were encouraged to raise any issues and were confident they would be addressed appropriately. The provider had systems in place to address any concerns or complaints.

Is the service well-led?

Good ●

The service was well led.

People had regular contact with the management team who they found approachable. Staff members felt valued by the provider and were able to contribute ideas and suggestions relating to their work. People and relatives were regularly asked for their feedback on the support provided. The provider had systems in place to monitor the quality of support given and to make changes when needed.

Allied Healthcare Shrewsbury

Detailed findings

Background to this inspection

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

This inspection took place on 15 and 16 December 2016 and was announced.

The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.'

The inspection team consisted of one inspector.

We reviewed information we held about the service. We looked at our own system to see if we had received any concerns or compliments about the provider. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law.

We asked the local authority and Healthwatch for any information they had which would aid our inspection. We used this information in our planning.

We spoke with five people, six relatives, five care staff members and the registered manager. We looked at the care and support plans for two people, records of quality checks, resident and relative's surveys, accident and incidents records and medicine administration. We also looked at records relating to the safe recruitment of staff.

Is the service safe?

Our findings

We looked at how people were kept safe from abuse. One person said, "I know I am in safe hands." Another person told us, "I know they (staff) will never do anything I did not like." Staff we spoke with had received training and knew how to recognise signs of abuse and ill treatment. One staff member told us, "If I ever though something was wrong I would make sure the person was safe and report it straight away. I would have no hesitation whatsoever." Staff members knew what to do and how to report incidents in order to keep people safe. We saw information was available for staff members to follow should they need to raise a concern. This included who to report concerns to and how to do so. We saw the registered manager had made appropriate referrals to the local authority and worked with them to ensure people were kept safe.

People told us they felt safe receiving services from the provider and were involved in any assessments of risk concerning them. One person said, "They (staff) always make sure I am nice and safe when they leave. They make sure everything is in reach so I don't have to move around much." One relative told us they were involved in the assessments of risk to ensure their relative was safe in their garden area. Following the assessments of risk changes were made to ensure the person could safely access their outdoor areas whilst limiting the potential for harm. They said, "At first I felt this was health and safety gone mad. But they (provider) explained why such assessments were necessary and ultimately they were to keep [relative's name] safe. Any work needed was agreed by us all."

We saw people had assessments of risk specific to their individual circumstances. We saw individual assessments for mobility, skin integrity and people's living environments. Staff we spoke with knew how to maintain a safe environment for people and acted when they had concerns regarding people's safety. One staff member told us, "We do have to be aware that we are going into someone's home. We can make suggestion on how to keep their home safe but this is their home and completely up to them what changes they wish to make." Another staff member said, "We recognised that [person's name] had a mat which could be a trip hazard for them. We worked with them and agreed to keep the mat but to place a table on top. This ensured the person kept their home as they liked but the risk was now minimal." Staff were vigilant to potential risks from equipment and ensured any equipment was appropriately maintained and safe to use before assisting people. One person told us, "We all make sure they equipment I use if fit for purpose. If (staff) have any concerns at all they let me know and I arrange for maintenance to come out and fix it straight away."

Staff members knew how to report incidents or accidents and these were monitored by the provider. The registered manager had systems in place to identify any trends or patterns and took action when needed. We saw records of reported incidents or accidents. Any actions were monitored by the providers health and safety representative and the actions completed by the registered manager. For example, we saw a report of someone being found following a fall. The incident was recorded and actions monitored by the providers care delivery director. The actions included talking with the person and their family to ensure the right amount of support was provided. It was only after all actions had been completed, to ensure the person remained safe, that the incident was closed.

People told us they received support from a consistent staff team who knew their individual needs and who

were on time. People said they accepted there were times when calls could be a little late but understood the reasons and this was not an issue for those we spoke with. One person said, "If for any reason they were going to be late I would receive a phone call just letting me know. I have no worries at all about that." People told us they received regular staff rotas informing them who would be supporting them throughout the week. If there were any changes to these rotas people were confident they would be informed and a revised rota would be provided.

People told us there were sufficient numbers of staff available to meet their needs. The registered manager had processes in place to respond to people's changing needs and to ensure enough staff were available. For example, Following the initial assessment for one person appropriate numbers of staff were made available to support them. As staff got to know the person they discussed their ongoing support together and with their agreement approached the funding authority and the support reduced. This was as a result of the person becoming more independent and requiring less support.

Staff members told us before they were allowed to start work checks were completed to ensure they were safe to work with people. References and checks with the Disclosure and Barring Service (DBS) were completed and once the provider was satisfied they could start work. The (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people. The provider had systems in place to address any unsafe behaviour displayed by staff members which included additional training or disciplinary action.

We looked at how people were supported with their medicines. People told us they were happy with the assistance they received. One person told us, "I can do my medicines myself but they (staff) just keep an eye on me to make sure I don't do anything silly. I find this very reassuring." One staff member told us, "We all received training in medicines and were then assessed as competent and safe before we could support anyone." Staff members we spoke with knew how to safely support people with their medicines and what to do if there were any concerns. The registered manager had systems in place to ensure staff followed safe practices when supporting people with their medicines. Following one quality check the registered manager identified a medicine had been provided but not signed for by the staff member. We saw the registered manager had taken action to prevent reoccurrence and sent a reminder to all other staff to ensure correct recording of medicines.

Is the service effective?

Our findings

People told us they thought the staff supporting them were trained and skilled to assist them. One person said, "You can just tell that those coming in to see you are trained in what they do." Another person told us, "No matter who you need to talk to everyone knows what they are talking about. This includes carers and the office staff. Everyone seems very knowledgeable."

Staff members we spoke with told us they felt well trained and supported in order to perform their role. One staff member said, "When I first started with Allied healthcare I completed an induction which included the basic training I needed such as moving and handling. I then had a care coach who was an experienced staff member who supported me." Another staff member said, "I went out with other more experienced staff members and was introduced to people. This gave me the opportunity to learn what people needed in order to support them." People receiving support told us they were involved in the introductions of new staff members. One person told us, "When a new staff member starts they come in and see me. We get to know each other and I can explain to them what I need and how they can help me."

All staff were expected to complete a care coaching booklet which detailed their knowledge as part of their introduction to their role. As part of this introduction staff members were assessed as competent to complete their roles and more support provided if needed. Staff members told us that additional time and support was available to them should they feel they needed it in order to feel confident in their role.

Staff members told us they had access to a programme of training that complimented their existing skills and knowledge. Additional training was also provided for staff to meet people's specific care needs. One staff member told us, "I have just completed a specific training session regarding Huntington's disease. This gave me a much better understanding of the condition and how to support people." The registered manager told us staff had access to additional training including diabetes awareness and specific dietary support some people may require. All the staff we spoke with told us the registered manager was receptive to suggestions regarding their individual training and development needs.

People received care from a staff team who felt supported. Staff told us they received regular one-on-one support sessions where they could discuss all aspects of their role. Staff members told us they felt able to seek support and guidance at any time outside of these formal sessions in order to help them do their jobs. We saw one staff member asking for advice and guidance from the registered manager when they came into the office. One staff member told us, "We have regular sessions where we can talk about our role and any concerns we have. We also have yearly appraisals but can always just pop in or phone if something is on our minds." People and staff members also had access to an out of hours service in cases of emergency or if guidance was required.

People told us they were supported to make decisions and were given choice about the support they wanted. One person said, "It really is up to me how they (staff) support me. I don't tend to direct them as everyone knows how I like things done anyway." Another person said, "I am always asked if there is anything else they can do for me or if I want anything different." One staff member said, "Although we know people

and can make suggestions about what we think someone may need. It is their decision and we go along with what they want."

The registered manager told us people's capacity to make decisions was assessed when needed. Staff members knew how to assist people to make decisions for themselves. One staff member told us, "We encourage people to make their own decisions where possible. If offering a choice we can sometimes limit the number of options. This is so the person does not feel overwhelmed which ultimately prevents them from making an informed choice." The registered manager and staff knew the actions to take if someone lacked the capacity to make decisions for themselves and how to act in the person's best interests. The registered manager told us one person did not have the capacity to make decisions regarding their financial management. They worked with the identified power of attorney for finances and supported the person to make everyday purchases. This encouraged the person to still retain a level of involvement they were comfortable with whilst safeguarding them from potential financial mismanagement.

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. Any applications must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. The provider had trained and prepared staff in understanding the requirements of the MCA. At this inspection it had not been necessary for the provider to make any such applications.

People told us they were assisted to receive enough food and drink to maintain well-being. Staff members were knowledgeable of individual's dietary requirements, food preferences and any allergies. One person told us, "They (staff) always make sure I have eaten something. If I don't fancy anything they will make sure I have something I like left out for me."

People had access to healthcare services, including GP, district nurses and occupational therapists and were supported to maintain good health. One relative told us, "[Relative's name] became unwell. [Staff member's name] called the GP and stayed with them until they arrived. It was reassuring to know they had that support when they needed it." Staff members we talked with told us they usually encourage the person themselves to make contact with healthcare professionals if they need. If they are unsure about doing so then staff members will support them to ensure they receive the treatment they need to remain healthy.

Is the service caring?

Our findings

People told us they were supported by staff who were "Lovely, friendly and chatty". One person said, "[Staff member's name] is brilliant. Nothing ever seems too much trouble for them. They always make sure I am ok and greet me with a warm smile every day. I cannot fault any of them."

One relative said, "I know they are here to support [person's name] but all the family seem to matter to them. I am always asked if they can do anything for me or if I just want a coffee. I know it sounds small but it makes me feel that I matter as well. The care they provide is really holistic and not just about the person but also those they care about as well."

The staff we spoke with talked about those they supported with warmth kindness and respect. Staff were able to tell us about individuals including their life histories and wants and desires for the future. People were spoken about in a way that was valued and respectful. One person told us, "Because I see the same staff members all the time we have really got to know one another. We have a good laugh together and I don't feel that I am just another call that they have to make that day."

Staff took the time and opportunity to reassure people in times of upset and worry. One relative told us, "[Relative's name] fell and hurt themselves when on their own. This usually makes them very upset and incredibly anxious. [Staff member's name] arrived and then stayed with them for what seemed like ages just to reassure them and to make sure they were comfortable and alright to be left. The staff member recognised [relative's name] would be upset and so just supported them. They even phoned them a little later to see if they needed them to return."

People felt that staff communicated with them well and adapted how they spoke depending on their needs. One relative said, "[Relative's name] does struggle with hearing. (Staff) all know to talk louder with them and to make sure they are facing them. [Relative's name] can make their needs known alright but it is good to know staff have the skills to support them in that respect." One staff member told us, "As we see the same people time and time again we start to build a rapport and know how people like to communicate with us. If needed we can use gestures or prompts just to get them to tell us what they want or need and this tends to work."

People told us they were involved in making decisions about their own care and support. Any decisions they had made were recorded for all staff to follow in order to provide consistent care for people. One staff member told us, "[Person's name] has started to think about their future and what support they will need. We talk about the options available and they have made some very specific decisions about what care and support they want and also what they don't want. This is recorded so that we are able to respect their wishes." We saw records which detailed people's decisions about their care and support.

People told us their privacy and dignity was respected by staff providing support. One person said, "Everything is very discreet. Even if no one else is in the house they (staff) will always close the door and give me the time I need in private. Everything is very respectful."

People were supported to be as independent as they could be whilst living in their own homes. One relative told us, "I know [relative's name] would not manage without the support of Allied Healthcare. They would have moved into residential care a long time ago without them. However, they still do what they can. They (provider) completed assessments around their home and made recommendations for changes to be made so [relative's name] could move around easier without constant support from anyone."

Staff members told us what they understood by confidentiality. One staff member said, "Nothing personal to the person is ever discussed without their permission. If we need to talk to a GP or nurse on someone's behalf we always get their permission first." We saw information was securely stored and only accessed by those entitled to do so.

Is the service responsive?

Our findings

People had care and support plans that were personal to them. People told us that when they first started to receive the support of Allied healthcare a member of staff made an appointment to meet with them and if needed their family or friends. One person said, "[Staff member's name] came out and we went through just what I thought I needed. They made some suggestions about alterations to my lounge area to make it easier for me. We then agreed what care I needed." We saw care and support plans which detailed what people thought staff needed in order to provide them with care that met their needs. One staff member told us, "The care plans are there to give us the information we need about those we support. However, they are guidance and if there is anything different the person wants we support them as they wish. If there are any major changes or if there is any risk involved we will refer them back to the office for a review of their plan." We saw that people, and with their permission their families and friends, were involved in the development of their care and support plans.

People told us their care plans were regularly reviewed to confirm they were receiving the right amount of support. One relative told us, "We noticed a slight change in [relative's name]. We spoke to [registered manager] and they arranged for someone to come out and complete a full review of the care they provided. No major changes were needed but it is good to know they (provider) are responsive to any change." One relative told us, "I thought it would be a good idea to try something different to help [relative's name] relax more. (Provider) came out and we all went through a full assessment together. There were many things I had never considered and although I thought it was a bit longwinded I understood they (staff) needed to get it just right."

Staff we spoke with knew the individual needs and preferences of the people they supported and the things that mattered to them. Personal likes and dislikes were recorded and staff could tell us what people's preferences were. One person told us, "They (staff) have been coming out to me for so long they are part of my family so to speak. I sometimes think they know me better than I do." One staff member was able to tell us about those they supported. They told us about the high and low points in this person's life. They said, "You have to understand the person fully if you are to provide them with good care. Life is not just sunshine and flowers but people also have bad experiences and we have to support them through such times. If someone is not themselves or appears down it is good to understand what may be going on and support them as they wish."

People felt comfortable about raising any concerns or complaints with staff or the registered manager. One relative told us, "I did have to raise some concerns a while ago. [Registered manager] contacted me straight away and between us we resolved it. I was informed about the outcome and was happy. I know I can contact them at any time." People and their relatives had information they needed if they needed to raise a concern. This included phone numbers and names of those who could assist with any concerns they had. All those we spoke with were confident they would receive a positive response from Allied Healthcare if they did raise a concern. The registered manager had systems in place to investigate and feedback any concerns raised with them.

Is the service well-led?

Our findings

People told us they felt involved in the service that was provided. All those we spoke with knew the registered manager and all of the office staff. People, relatives and friends of those receiving support told us they had no hesitation in contacting the office for support or guidance at any time. All those we spoke with told us they had received positive experiences when talking either to the registered manager or one of the supporting staff members. One relative told us, "I did have to raise a concern regarding the response from the office regarding an issue and this was resolved immediately. Otherwise everything has been fantastic."

People and staff told us they thought the management team at Allied Healthcare was open and transparent. One person told us, "When I raised a complaint with them I was given a full explanation about what had happened. I was kept informed about what they (provider) did and never thought for one minute that they were hiding anything from me." The registered manager told us that they look at complaints and concerns as an opportunity to make positive changes. They said, "If something has gone wrong we need to acknowledge it and improve what we do. There is no benefit to anyone being defensive."

We asked staff about the values they believed they followed when supporting people. One staff member told us, "I believe we support people as they wish to be supported. To help people to remain as independent as possible and to encourage their involvement in directing their own care." The registered manager told us they aimed to put the person at the heart of what they do and to create support that met the person's individual needs in a way that they wanted. People and relatives we spoke with felt they were fully involved in decisions about the support provided and that staff displayed these values with supporting them.

Staff member's we spoke with told us they felt valued by Allied healthcare. As part of their employment staff members could be nominated for monthly awards for excelling at their roles. One person told us, "[Staff member's name] went above and beyond when helping one night. We desperately needed support and they made sure we got it and stayed with us until we were alright. They were fantastic and I want them to be recognised for it so I have nominated them."

Staff members told us they had the opportunity to discuss their work on a regular basis either through one-on-one sessions or as part of team meetings. The registered manager said that as part of the team meetings they provided updates about national developments with Allied Healthcare. We saw information was available to staff members in the form of newsletters in communal areas for their reference.

The provider regularly requested feedback from staff members in the form of a questionnaire which amongst other things asked what could be improved. Feedback received as part of the latest questionnaire indicated that staff would like more engagement with the provider's wider organisation. We saw the registered manager had arranged for regular updates to be made available for staff members which included news from other locations. One staff member told us, "We do have regular newsletters just letting us know what is happening elsewhere. It makes you feel part of the bigger picture." Also following feedback from staff the registered manager had also created child friendly areas in the office. This was in order for staff members to go into the office when they wanted without compromising confidentiality.

Staff members told us there were appropriate policies in place to guide their practice including a whistleblowing policy. Staff understood the whistleblowing process and felt they would be supported by the provider should they ever need to raise a concern.

People and their relatives were encouraged to feedback on the service they received by completing one of the regular questionnaires sent out or through the review process. The results of the latest questionnaire were not available at this inspection as they were still being processed. People and relatives we spoke with told us they had completed and returned the latest questionnaire although their suggestions for improvement were minimal. One relative told us, "Why fix something that is not broken. Everything is fine and if I needed to change anything I would just phone up and let them know."

At this inspection there was a registered manager in post and was present throughout this inspection. The registered manager understood the requirements of their registration with the Care Quality Commission. The registered manager had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.

The registered manager told us they maintained their professional development by attending regular training sessions and obtaining qualifications appropriate to their role. In addition they attend regular meetings with other managers within their provider's organisation. They took this opportunity to share learning from other areas to improve their practice. For example, following information shared they updated risk assessments for specific pieces of equipment used to ensure the safety of people was maintained in their area.

The registered manager and provider had systems in place to monitor the quality of service delivered. The care manager told us they assessed information from quality checks, incident and accidents and feedback from people and staff which they used to drive improvements. In addition they also carried out spot checks with staff members to ensure people received a good standard of support. One staff member told us, "I have regular spot checks. On the whole everything is fine and it is good to receive some positive feedback. I did receive some guidance regarding the recording of medicines which I now follow. At the last spot check everything was fine and they were happy with how I recorded things."