

Nestor Primecare Services Limited

Allied Healthcare

Warrington

### Inspection report

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Date of inspection visit:  
26 June 2018  
27 June 2018

Date of publication:  
31 July 2018

### 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 on 26 and 27th June 2018. The registered provider was given 48 hours' notice of the inspection, to ensure that the registered manager or other responsible person would be available to assist with the inspection visit as well as giving notice to people who used the service that we would like to speak with them. This was the first comprehensive rated inspection of the service following their move of office and registration with the Care Quality Commission 06/07/2016.

Allied Healthcare Warrington is registered with the Care Quality Commission (CQC) for personal care and treatment, disease, disorder and injury to people in their own homes in the community. The service is located in Warrington centre close to local amenities and to local transport links. At the time of the inspection the service supported 84 people in their own homes.

The service had a registered manager. 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.

We received positive comments from people receiving support and their relatives acting on behalf of their family members. People were happy with the staff and everyone was positive about the standards of care received where they felt the staff were well mannered and respectful to them.

Staff were aware of their responsibilities in keeping people safe and had received training in safeguarding adults. Staff responsible for supporting people with their medicines had received training to ensure they had the competency and skills required.

There were sufficient staff to complete the scheduled visits for each person. People being supported relatives told us staff generally arrived on time. The service had a monitoring system that continually checked the promptness of their visits and could take action, if staff were running late for any reason.

Staff were recruited following a safe and robust process to make sure they were suitable to work with vulnerable people.

Staff were given appropriate support through a programme of training and on-going supervision, and appraisal. Staff were positive about the training provided to them which gave them the skills and knowledge they needed to do their job. People told us they felt safe and trusted the staff.

Peoples' support plans contained up to date, detailed information about their care and support, including risk assessments and action plans. Staff were knowledgeable about the needs of the people they supported.

The complaints procedure was explained in the 'welcome pack.' This was provided to people when they first choose the service for their care package. No complaints were raised at the time of inspection, everyone we spoke with told us they had no complaints.

The registered provider and registered manager used a variety of methods to assess and monitor the quality of the service. They carried out a lot of checks to all aspects of the service to make sure that each part of the service was operating appropriately. Visits to people, telephone reviews, customer surveys and observational checks were carried out by the registered provider to ensure that the standards of care were maintained and support was a good standard at all times.

## 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.

The recruitment processes in place were robust to ensure only suitable staff were employed by the service.

Staff were trained in medicine administration and regularly had their competency checked by senior staff.

Risk assessments were developed around the needs of the customers and provided clear information for staff to follow to help reduce risks.

### Is the service effective?

Good ●

The service was effective.

Support plans were regularly reviewed and monitored to help maintain people's health and comfort.

Staff completed a programme of training to help them to be skilled and understanding in the needs of their customers.

Staff told us they felt well supported by the management team and were provided with regular support and appraisal.

### Is the service caring?

Good ●

The service was caring

Customers told us they knew the staff well and that they were always respectful and caring towards them.

Customers told us that staff respected their privacy and dignity and they usually saw the same staff who knew their needs and individual requests and needs.

### Is the service responsive?

Good ●

The service was responsive

Support plans were detailed and provided guidance for staff on

how people wanted to be supported. Staff had a good understanding of people's needs.

The provider had a complaints policy and processes were in place to record any complaints received. Everyone we spoke to knew how to make a complaint.

### **Is the service well-led?**

The service was well-led

At the time of this inspection the manager was registered with the Care Quality Commission (CQC). Staff told us they were supported by the registered manager.

Feedback was regularly sought from the staff and customers.

The quality of the service was regularly monitored by the registered manager and by the registered provider.

**Good** 

# Allied Healthcare Warrington

## **Detailed findings**

### **Background to this inspection**

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the 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 of Allied Healthcare Warrington took place on the 26 and 27 June 2018 and was announced. In line with our current methodology for inspecting domiciliary care agencies this inspection was announced two days prior to our visit to ensure the registered manager or other responsible person would be available to assist with the inspection.

The inspection team consisted of two adult social care inspectors. One inspector telephoned people who used the service and their relatives to gain their views and opinions about the service being provided.

Before the inspection, we reviewed the information we held on the service. This included checking if we had received any notifications. A notification is information about important events such as accidents or incidents, which the provider is required to send to us by law. We also invited the local authority and stakeholders to provide us with any information they held about Allied Healthcare Warrington. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

At the time of this inspection the registered manager confirmed 84 people were receiving support from Allied Healthcare Warrington. We used a number of different methods to help us understand the experiences of people who used the service. We spoke with the registered manager, the operations support manager, one field care supervisor, two care coordinators, five support staff, seven customers and two relatives speaking on behalf of their family members. This gave us a wide insight into their views across all areas of the service.

We also reviewed a range of records about each person's support and how the service was managed. These included, support records for four people to see if their records were accurate and reflected their needs. We reviewed four staff recruitment files, staff duty rotas, staff training and supervision records, minutes of meetings, staffing rotas, complaint and safeguarding records and records in relation to the management of the service.

## Is the service safe?

### Our findings

We spoke with people using the service and their relatives who spoke on behalf of their family members. They were happy with the service and told us, "I wouldn't change them, they seem to know what they are doing", "I always get a call if someone is late or having traffic problems" and "Everything is ok the manager and staff ring me up, I have the same staff, if they can't make it or late then the office always get a change and provide me with a rota every week."

Staff were positive about the management and support around making sure the service and customers were safe. One staff member told us "There is a big focus on customer safety."

We looked at how Allied Healthcare Warrington protected customers from the risk of abuse. It was organised and well managed and showed evidence of steps taken to keep their customers safe. We saw that safeguarding policies and procedures were in place. The safeguarding policies detailed types of abuse, how to recognise them and what action to take. There was a whistleblowing procedure for staff to report signs of poor practice if they were concerned which includes a whistleblowing helpline. Allied Healthcare used a computer based system called 'CIAMS' to record and monitor incidents. This stands for "complaints, incidents and accidents management system."

The manager showed us evidence of signs of potential abuse being reported to the local authority safeguarding team and internal investigations being carried out. Where a safeguarding concern is noted, the manager documented this on their database and was advised on how to proceed by the 'Providers Customer Service Team.' The Customer Service Team are centrally based, all conversations and decisions were recorded on their database. The records showed appropriate actions taken to safeguard customers and that they had followed local safeguarding procedures in notifying the local authority. Although they had submitted required notifications some had not been submitted timely. The manager agreed to review their process of managing their records so that simultaneous notifications to CQC would be sent when any safeguard referral was made to the local authority. This would evidence timely actions to notify CQC of all incidents that are required to be notified.

We saw that staff had undergone safeguarding training and this was updated when required. One staff member told us "If I saw a safeguarding concern I would report this to the manager or social services as soon as possible." Staff we spoke to were able to demonstrate knowledge of different types of abuse and how they would look out for potential signs of abuse. Staff showed us that they were aware of the importance of spotting and reporting signs of abuse. Staff told us they felt comfortable to raise concerns with the manager, deputy manager or provider. Staff told us they wouldn't hesitate to use the whistleblowing helpline if they deemed this necessary to keep people safe. Staff commenced a training and induction period before being able to work unsupervised. During the induction period staff were issued with a handbook that contained policies and procedures which must be followed, this included safeguarding and whistleblowing. The staff files we checked contained a receipt signed by the staff to confirm they had received this.

People's support files and staff files were kept in locked cabinets and computer systems were password

protected to ensure confidentiality of records. We looked at support files that contained risk assessments. Risk assessments detailed risks to the person, including their home environment, clinical needs (for people in receipt of treatment of disease, disorder or injury), medication, eating and drinking, mobility, skin integrity and infection control. The manager told us that risk assessments were updated at least annually or whenever peoples' needs changed. The risk assessments we looked at had been updated regularly and were relevant to the person.

We looked at recruitment records for four staff. These showed that appropriate checks were being made before people commenced employment. Checks had been made using the disclosure and barring service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks help to ensure that only appropriate people are employed and people not put at risk. All staff were asked at interview if they had any previous convictions, this was confirmed with an enhanced DBS. If staff did have a previous conviction there was a process in place to risk assess this, taking into account the nature of the conviction and how long ago it happened. This demonstrated the registered manager was reassured that staff were of good character prior to commencing employment.

Training in Moving and Handling, Medication and Safeguarding were provided in house by a permanent trainer employed by the provider. We saw evidence that staff received regular supervisions and medication competency checks. There were also bi-annual appraisals. One staff member told us "We receive positive feedback as well as advice if we need to change the way we do something." This demonstrated that the registered manager made sure staff felt safe, were assessed as competent and ready to care for people before working without supervision, administering and supporting people with medication.

During this inspection we looked to see if there was sufficient staff employed to meet the needs of the people being supported. We were provided with access to the computer system that managed staffing levels and all staff rotas. The records showed the staff rotas and the number of hours each person needed each week. The computerised application helped staff to manage the staffing levels to meet all their care packages. The application helped office staff to visually track who was at a call and was easily able to identify if a staff member was late. The computer system helped them to safely manage their staffing levels to meet their customer's needs.

The service had an infection control policy which detailed the requirements for detecting, preventing and controlling the spread of infection. Risks assessments we looked at demonstrated the need for staff to wear appropriate personal protective equipment for example; gloves and aprons.

The office environment was clean and accessible for people with disabilities. The registered manager showed us all necessary liability insurance and premises safety documents. The service rented offices from a private landlord who carried out most of the health and safety checks for the building. The registered manager ensured that the office premises were safely managed and fully accessible. We saw evidence of up to date maintenance checks and overall management and auditing of health and safety within the service including: fire alarm testing, gas safety checks and an electrical installation certificate. The registered manager forwarded evidence of an up to date certificate for portable appliance testing (PAT) for electrical equipment, following the inspection. Environmental risk assessments were in place relating to various areas of the service such as: lone working, fire, slips and trips. This showed that areas of potential risk had been identified and assessed to help reduce or eliminate the risks to any persons visiting and working in the office.

## Is the service effective?

### Our findings

People receiving support and relatives, we spoke with were positive and shared various comments such as, "I have a care plan with lots of information, the staff keep a file in my house", "I wouldn't change anything they seem to know what they are doing" and "No problems, everything's in order."

Newly recruited staff completed detailed mandatory induction. The induction programme started with mandatory training completed over four days. New staff were issued with a 'Coaching Passport.' This detailed the name of the senior carer advising them, the responsibilities of the trainer and the new staff member and a tick sheet of tasks which must be completed and assessed during the induction period. There was also a 'Care Coaching Survey' and a 'First Day Evaluation' form. This enabled new staff to feedback to management if they felt they required more support. This demonstrated that the registered manager was making sure staff felt ready to care for people before working without supervision. One staff member we spoke to told us, "We get lots of training, taught everything we need to do and if we struggle we can phone for advice."

We saw evidence that staff received regular supervisions and medication competency checks. There were also bi-annual appraisals. One staff member told us, "We receive positive feedback as well as advice if we need to change the way we do something."

Formal observations and staff supervision helps to support staff and give them the opportunity to talk about their personal development and review future training and development needs, promote good practice and raise the quality of service. Senior staff met staff during their observational visits to review the care they provided to people. This system promoted discussion and evaluation of individual staff performance and standards of care. Records of these discussions were also examined and showed detailed supportive processes in place for all staff.

Staff made positive comments about the service and the training provided such as, "I'm on training tomorrow, I have a list of training to do, we get a lot, we get the training we need to do our job" and "I feel well trained and supported by them."

The registered provider had developed a comprehensive training programme for all staff which was organised via their computer system. The system was very organised and able to monitor staff training to ensure essential training was completed each year. We spoke to staff who confirmed that they had received an induction and they said it was good in helping them when they started working at the service. They told us they received training face to face at the office and also received support by shadowing experienced staff to help them get to know people and their care needs.

The service had a designated training room in the office building with a hoist and slings for staff to practice their moving and handling techniques. The training room had been developed to offer a lot of visual information on the topics covered in their training. On-site training was accessible via the registered provider's own training and development officer. Training records showed that essential training was

provided annually to three yearly for some topics. We saw from individual staff records that they had received induction and training in core subjects necessary to their role, such as: Safeguarding, fire safety, food hygiene, health and safety, infection control, moving and handling, first aid and management of medication. Staff were happy with the training provided and told us they received a lot of training relevant and necessary to their role.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff told us that if they had any concerns regarding a person's ability to make a decision they worked with the local authority to ensure appropriate capacity assessments were undertaken. This was done to ensure a person was not deprived of their liberty.

In the sample of support files, we looked at during this inspection we saw that where possible people being supported had signed their consent agreeing to their plans. These records showed that people had been consulted and involved in making decisions about their care package and that they had been happy to confirm their agreement to the support being provided. Staff we spoke with, showed good understanding of the importance of gaining consent from the people they were supporting.

Some people needed support from the staff with preparing meals and snacks. We saw there were appropriate support plans describing how staff support people with their dietary needs and requests. We spoke to people who told us they were very happy with the staff support in helping them prepare snacks and light meals.

## Is the service caring?

### Our findings

We were unable to observe care being carried out directly but people we spoke with commented in a positive way about the care and support received. They told us they were happy and felt well cared for. They offered various positive comments such as:

"They are very reliable, very caring" and "The staff are alright, we have a nice little talk while they are here, I've never had a problem" and "The staff are kind and friendly, I trust them, I wouldn't let them in otherwise." One relative told us, "The staff are lovely."

Staff told us they usually supported the same people so they got to know them very well and how they liked things to be done. Most people confirmed they usually saw the same staff which helped the consistency and approach to their care package. Staff demonstrated a good understanding of what was important to people and how they liked their care to be provided, for example people's preferences about the way their personal care should be provided and how they liked to spend their time.

Staff gave examples of where they had gone out of their way to go the extra mile for some people such as: Staff told us they send letters to their customers to let them know what's going on such as the Christmas party they organised. One person couldn't go the party so they arranged to send them a party bag of food so they felt included. They found out about one person's communication difficulties and realised they needed specific aids around the home which they organised. They told us this had completely changed the person's life and ability to understand what they were doing with the support offered.

The registered manager described the process of carrying out regular observational checks undertaken on staff. The checks helped them to check the competencies of staff and the qualities and standards provided, ensuring that staff respected people's privacy and dignity. Staff spoken with and evidence seen of the documented observational checks confirmed this was a regular process carried out by senior staff.

Information was present in people's support files about their individual likes and dislikes and how they wanted to receive their support. The support plans we saw demonstrated that people were involved in making decisions about the support they received. People we spoke with explained they felt involved in the support of their care and how they wanted it delivered by the service. Most people told us they liked the stability of the same team of staff as they got to know them well and understood their individual ways of how they wanted to be supported. Personalised support files showed how the staff provided care and support based on people's personal preferences and helped staff better understand the individual.

We saw that staff had access to policies and procedures for maintaining privacy, dignity and confidentiality. These values were also covered in staff induction. We saw staff had received information about handling confidential information and on keeping people's personal information safe. All care records that were in the office were stored securely to maintain people's confidentiality.

## Is the service responsive?

### Our findings

Relatives and people being supported told us the care provided was in line with their needs and preferences. They told us that the support provided was, "Not too bad" and "I've been spoilt the last six months with regular staff, the manager is very good."

They told us they knew who to contact if they wanted to make a complaint. They told us they had no complaints and shared various comments such as, "If I have a concern the staff sort everything out", "If I had a problem I would speak with the manager to sort it" and "We don't have any problems." Staff told us that when they had raised concerns and suggestions about people they supported that the registered manager always took action and responded positively.

We saw that the service's complaints process was included in information given to people when they started receiving care. We reviewed a sample of complaints over the last 12 months that the registered manager reviewed via their computerised systems. The policy gave people information and contact details as to how to contact other organisations for help and assistance such as the local authority and the government ombudsman. The policy contained the address of the local ombudsman but did not have the address or contact number for the local authority. The registered manager advised they would review their policy to include all relevant direct contact details for the local authority in their policy document.

People we spoke with told us that their plans of care were regularly reviewed. They told us they had a file produced by the service with lots of information about Allied Healthcare Warrington and had various contact numbers and names to contact if needed. Senior staff carried out regular reviews by visiting and telephoning people to get their feedback. They brought care records back to the office for filing and review. We found that staff were able to clearly describe people's individual care needs and how they met those needs.

We looked at the care files of four people who were supported by the service. They were person centred, describing the needs of the person and how they wanted to receive their support. For example, there was a section offering detailed personal information and a personal profile about their life. This helped the staff supporting each person to learn all about the person's life, their history and family and what was important to them. We saw plans of care were in place for topics such as: nutrition, falls, personal care, communication, mobility and health conditions such as incontinence. Care plans had been regularly reviewed to ensure they reflected people's current needs. They gave a lot of information to help staff to know what was important to each person they were supporting.

We saw that the support plans were reviewed on a regular basis throughout the year and every time staff brought previous records to the office for storage. Senior staff audited the records to check the quality of care and record keeping. The support plans had been signed by people and their next of kin to show they were involved and consented to their plan of care and support.

The service carried out an assessment of a person prior to a service being delivered. This included obtaining personal details about the customer and completing relevant risk assessments and taking into account

what support they wanted. Where possible the assessment included the customer and their relative or nominated person. We saw evidence of this in the support files we looked at. This meant that the service could show how they assessed each person to ensure they could meet all of their customer's assessed needs.

## Is the service well-led?

### Our findings

A registered manager was in place at the time of our 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. The registered manager was present during the inspection. The registered provider and registered manager maintained good oversight of the service.

We received various positive comments about the management team and the staff were very positive about the registered manager. One customer told us, "The manager is very good."

Staff told us they felt listened to by the management team. If staff were unable to attend staff meetings, they always had access to the minutes. In addition to the team meetings, updated memos, text messages and emails were also sent to them. This meant that staff were kept up to date about relevant information.

The registered manager had organised systems in place to show regular checks on the quality of the service and they had a clear line of support in place which meant that the staff team had a clear management structure in place. The registered manager demonstrated a commitment and willingness to continually improve the quality of care delivered to people by keeping in regular contact with them.

The registered manager showed us recent results of a 'customer survey' that was positive regarding their feedback. The service had developed the results into graphs and charts to show areas of good work and areas needing further review. The results had not yet been shared with the people being supported. The registered manager did not have a written action plan although she planned to visit customers to discuss it further. The registered manager agreed to submit a copy of the action plan to CQC once she had developed it and was planning on sharing the results with people.

We found there were detailed records kept for staff supervision, appraisal, staff training, accident and Incidents, staff competency checks monthly medication and support file audits and staff files. The provider had detailed audits tools used to check the quality of the service which was managed online and accessible at all times to senior managers. This meant an effective governance system had been implemented to review information to identify any trends or areas to improve the service provided.

Records and reports we examined were well constructed, organised and stored appropriately and kept securely locked.

We saw an information booklet; a service user guide and a statement of purpose was available for clients and included the company's 'philosophy of care.' A Service Philosophy set out the service values and aims to ensure people have services designed to assist them in their home. People supported and their relatives had clear information with easy to access contact details for the registered manager.

The service had comprehensive policies and procedures that were continually updated at head office. However, we noted they had online access and hard copies, the file containing paper records had not always been updated. The manager advised they would review this process to make sure the staff always had access to the most updated guidance. The policies were extensive and included topics such as, health and safety, equality and diversity and recruitment of staff.

Part of a registered manager's or registered provider's responsibility under their registration with the Care Quality Commission (CQC) is to have regard to, read, and consider guidance in relation to the regulated activities they provide, as it will assist them to understand what they need to do to meet the regulations. One of these regulations relates to the registered managers/registered provider's responsibility to notify us of certain events or information. We checked our records before the inspection and saw the service had submitted a number of notifications to CQC. The incidents had been managed effectively and reported to the local authority as a matter of priority but the notifications to CQC had not always been submitted in a timely manner. The registered manager confirmed they were reviewing their processes and requirements for specific events so they were fully up to date and able to submit the information in a timely manner.