Allestree Health & Homecare Services Limited

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

Allestree Health and Home Care Services provides personal care and treatment for adults living in their own homes. On the day of the inspection the registered manager informed us that there were a total of 50 people receiving care from the service.

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'.

Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Risk assessments were not consistently in place to protect people from risks to their health and welfare. Staff recruitment checks were not always in place to protect people from receiving personal care from unsuitable staff.

People and relatives we spoke with told us they thought the service ensured that people received safe personal care. Staff had been trained in safeguarding (protecting people from abuse) and staff understood their responsibilities in this area.

We saw that medicines were, in the main, supplied safely and on time, to protect people's health needs.

Staff had received training to ensure they had skills and knowledge to meet people's needs, though this had not covered some relevant care issues.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) to allow, as much as possible, people to have effective choices about how they lived their lives.

People and relatives we spoke with all told us that staff were friendly, kind, positive and caring. They told us they had been involved in making decisions about how and what personal care was needed to meet their needs.

Care plans were individual to the people using the service to ensure that their needs were met though this did not include all relevant information such as all of people's preferences, likes and dislikes.

People and relatives told us they would tell staff or management if they had any concerns, they were confident these would be properly followed up. They were satisfied with how the service was run. Staff felt they were supported in their work by the senior management of the service.

Management carried out audits in order to check that the service was meeting people's needs and to ensure

people were provided with a quality service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Risk assessments to protect people's health and welfare were not fully in place to protect people from these risks.
Staff recruitment checks were not comprehensively robust to protect people from receiving personal care from potentially unsuitable staff. People received care at agreed times. People and their relatives thought that staff provided safe care. Staff were aware of how to report incidents to their management to protect people's safety. Medicines had, in the main, been supplied as prescribed.

Is the service effective?

Good

The service was effective.

Staff were trained, in the main, to meet people's care needs, though further training was needed to cover all of people's care needs. Staff had received support to carry out their role of providing effective care to meet people's needs. People's consent to care and treatment was sought in line with legislation and guidance. People's nutritional needs had been promoted and protected. People's health needs had been met by staff.

Is the service caring?

Good

The service was caring.

People and relatives we spoke with told us that staff were kind, friendly and caring and respected people's rights. People and their relatives had been involved in setting up care plans that reflected people's needs. Staff respected people's privacy, independence and dignity.

Is the service responsive?

Good

The service was responsive.

Care plans contained information on how staff should respond to people's assessed needs, though information on responding to people's preferences and lifestyles was limited. Care calls were

within time to meet assessed and agreed times to provide personal care. People and their relatives were confident that any concerns they had would be properly followed up by the registered manager. Staff had contacted other relevant services when people needed additional support.

Is the service well-led?

Good

The service was well led.

People and their relatives thought it was an organised and well led service. Staff told us the senior management staff provided good support to them. They said the registered manager had a clear vision and expectation of how friendly individual care was to be provided to people to meet their needs. Systems had not always been comprehensively been audited in order to measure whether a quality service had been provided.

Allestree Health & Homecare Services

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 7 February 2017. The inspection was announced. The inspection team consisted of one inspector. The provider was given 48 hours' notice because the location provides a personal care service and we needed to be sure that someone would be in.

On this occasion we did not ask the provider to send us 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. However, we offered the provider the opportunity to share information they felt relevant with us.

We looked at the information we held about the service, which included 'notifications'. Notifications are changes, events or incidents that the provider must tell us about.
We also reviewed the provider's statement of purpose. A statement of purpose is a document which includes the services aims and objectives.

We contacted commissioners for health and social care, responsible for funding some of the people who used the service and asked them for their views about the agency. No concerns were expressed about the current provision of personal care to people using the service.

During the inspection we spoke with eight people who used the service and three relatives. We also spoke with the registered manager, a director of the company, and three care workers.

We looked in detail at the care and support provided to three people who used the service, including their care records, audits on the running of the service, staff training, staff recruitment records and medicine administration records.

Requires Improvement

Is the service safe?

Our findings

At our last inspection in December 2015 the service was not meeting the regulation we inspected with regard to keeping people safe. We followed up these issues and found that the service had made the necessary improvements.

All the people we spoke with and their relatives thought that personal care had been delivered safely. They were unanimous that staff kept people safe.
A person told us, "Staff keep me safe. They support and guide me and they are gentle with me." Another person said, "They transfer me using a board and help me into my chair, they keep me safe. They know how to help with my mobility." A relative told us, "Without doubt, they keep my relative safe."

Staff told us they were aware of how to check to ensure people's safety. For example, they checked that water was not too hot before helping people with bathing, assessed rooms for tripping hazards, made sure people were wearing the right foot wear to eliminate the risk of people falling, ensured people were safely positioned when they used commodes and checked that equipment was in a proper working condition when assisting people to move. Staff told us that the registered manager always ensured that people had the equipment needed to assist them.

We saw that people's care and support had been planned and delivered in a way that ensured their safety and welfare. For example, there was a risk assessment in place which directed staff to support a person to get up out of a chair, as the person had a painful elbow. Another risk assessment outlined that a person had a lifeline, an electronic system designed to call for help, and for staff to encourage ensure that the person wore this. However, care plans did not always contain guidance to reduce or eliminate the risk of any issues affecting people's safety. For example, one assessment stated that a person was at risk of not drinking enough and therefore being dehydrated. However, there was no risk assessment in place to guide staff to ensure that the person was always encouraged to drink and left with a drink between calls. Another person was identified as having breathing problems. There was no risk assessment in place to guide staff to assist the person to deal with any issues that could arise from this condition, which could have left staff not knowing what to do if the person had severe breathing problems. The registered manager said this would be followed up.

There was information in place with regards to checking risks in the environment to maintain people's safety. For example, of dealing with any loose rugs that people could trip on, ensuring lighting and heating was adequate, that's people's beds and chairs were the correct height for them and checking that gas and electrical supplies worked effectively. We saw information in a person's care plan that the person left the front door unlocked. There was an instruction for staff to ensure this was locked when leaving the person's home. This information assisted staff to ensure facilities in people's homes were safe.

We saw that staff recruitment practices were, in the main, in place. Staff records showed that before new members of staff were allowed to start, checks had been made with previous persons known to the respective staff member and with the Disclosure and Barring Service (DBS). DBS checks help employers to

make safer recruitment decisions and ensure that staff employed are of good character. However, for one staff record we saw, only one reference was in place. The register manager swiftly followed this up and sentus information that the person's previous employer had been contacted for another reference.

All staff records we looked at had a DBS in place. However, two staff records indicated that the staff had records which detailed previous offences. There was evidence in place that they had declared this to the registered manager. There were no risk assessments in place to assess whether there was a risk to people using the service. The registered manager said that because of the nature of the offences, this was assessed as having minimal risk, but agreed that this evidence should have been in place. The registered manager followed this up and swiftly sent us risk assessments to deal with these issues.

People and relatives we spoke with said that there had been proper timeliness of calls to deliver care. We also saw evidence in people's care records that calls were at or near agreed times, so there was no risk to their safety.

Staff we spoke with had been trained in protecting people from abuse and understood their responsibilities to report concerns to other relevant outside agencies if necessary, and to report concerns to if they had not been acted on by the management of the service.

The provider's safeguarding and whistleblowing policies (designed to protect people from abuse) were available to staff. These informed staff what to do if they had concerns about the safety or welfare of any of the people using the service. The whistleblowing policy contained in the staff handbook directed staff to a relevant outside agency, which was CQC, but not other relevant agencies such as the police or the local authority. The registered manager said this procedure would be amended. This would then supply staff with all relevant staff information as to how to action issues of concern to protect the safety of people using the service.

Policies set out that when a safeguarding incident occurred management needed to take appropriate and action by referring to the relevant safeguarding agency. The registered manager was aware of this and stated that there had been no safeguarding issues since the last inspection.

People and their relatives told us that staff had reminded people to take their medicines and there had been no issues raised about this. A person told us, "Staff remind me to take my tablets. They are always right." A number of people also confirmed that staff applied creams when they needed them.

We saw evidence that staff had been trained to support people to have their medicines and administer medicines safely. There was also a medicine administration policy in place for staff to refer to and assist them to safely provide medicines to people.

We saw evidence in medicine records that people had largely received their prescribed medicines, although there were a small number of unsigned records, which had not been explained. There were also a small number of instances where the medicine had not been supplied, but the specific reason why had not been recorded. The registered manager said she was in the process of contacting staff who had not properly recorded records, to ensure that people always received their medicine to safely protect their health needs.

Good

Is the service effective?

Our findings

People using the service and the relatives we spoke with said that the care and support they received from staff effectively met their assessed needs. They thought that staff had been properly trained to provide effective care. One person said, "Yes, I think staff definitely know what they are doing." Another person said, "I have had no problems at all. They all seem to be well trained." Staff told us that they thought they had received training to meet people's needs. A staff member said, "I have had a lot of training. I was given a list of training I needed to complete. The manager is helping me get the training as well. Apart from that, I don't think I need anything else to help me do my job." Another staff member said, "We cover lots of things. It is good training."

Staff training information showed that staff had training in essential issues such as such as how to move people safely and keep people safe from abuse. We saw evidence that staff had been supplied with some training about people's health conditions, such as training in dementia. However, training did not include relevant issues such as protection from developing
pressure sores, Parkinson's disease, mental health conditions and diabetes. The training information we saw stated there was optional training for other issues such as end of life care, stroke care, and challenging behaviour. Comprehensive training in these issues would assist staff to have an awareness of people's conditions so that they understood the issues and challenges that people faced. The registered manager stated that training would be reviewed to ensure that staff had all the skills and knowledge to meet people's needs.

We saw evidence that new staff were expected to complete induction training. This training included relevant issues such as infection control. There was also evidence in communication memos that staff training was raised to remind staff to complete training on essential issues. We also saw evidence that new staff were enrolled on the Care Certificate training. Staff members we spoke with confirmed they had undertaken this training. This is nationally recognised comprehensive induction training for staff.

Staff told us that when new staff began work, they were shadowed (worked alongside) experienced staff on shifts. At the end of the shadowing period, the new staff member, if they did not feel confident and competent, could ask for more shadowing to gain more experience to meet people's needs. This meant new staff were in a position to confidently provide personal care to meet people's needs.

Staff felt communication and support amongst the staff team was good. Staff also told us they felt supported through being able to contact the management of the service if they had any queries. Supervision with staff had taken place, though this had been on an annual basis. The registered manager acknowledged this and stated the frequency of supervision meetings would be reviewed so that sessions took place on a regular basis. This will then help to advance staff knowledge, training and development.

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.

There was evidence of assessments of people's mental capacity, and the registered manager indicated that all the people the service supplied care to had capacity to decide how they lived their lives. We saw relevant information in care plan such as, "Has the capacity to make informed choices." There was information in care plans to direct staff to communicate with people and gain their consent with regard to the care they providing. People confirmed that staff always asked for their consent when they were provided with personal care. Staff were aware of their responsibilities about this issue as they told us that they asked people for their permission before they supplied care. Staff had also received training about the operation of the law in relation to mental capacity. This meant that staff were in a position to assess people's mental capacity to make decisions about how
they lived their lives.

People and their relatives were satisfied with the support staff provided when they assisted with meal preparation, provision and choice offered. A person told us, "The food I get is well-prepared." A relative told us, "The food staff supply is to his liking and he always gets a choice of what he wants."

People and relatives told us that food choices were respected and staff knew what people liked to eat and drink. People confirmed that, as needed, staff left drinks and snacks between calls so that they did not become hungry or dehydrated. We also saw information in people's care plans about the assistance some people needed to eat to promote their nutritional needs.

People told us that staff were effective in responding to health concerns. For example, one person said, "Once, I wasn't feeling well. Staff rang up the surgery and got the doctor for me." We also saw evidence that staff contacted medical services if people needed any support or treatment. For example, we saw incident reports where staff had called the emergency services when people had fallen and had an injury.

A relative said that her family member had not been well and staff had rung the GP surgery and obtained treatment. This showed us that people's health needs had been protected because of the effective care that staff had provided.

Good

Is the service caring?

Our findings

People and their relatives we spoke with all thought that staff, were kind, caring and gentle in their approach. They said that staff always gave people time to do things and had not rushed them. A person said, "They (the staff) are lovely. We are so pleased with them." Another person told us, "All the staff are good. I can't speak more highly of them." Another person told us, "They (staff) are very caring. They sit down and chat to me, which I like. I have no concerns about privacy and dignity because they respect me." A relative told us, "Staff respect her choices. They are very friendly and caring."

The provider's statement of purpose set out that each person needed to be involved, and in agreement with care decisions. People and their relatives considered that care staff were good listeners and followed preferences. They told us their care plans were developed and agreed with them at the start of their contact with the service and that they were involved in reviews and assessments when they happened. We did not see evidence that people had signed care plans to agree that their plans met their needs. The registered manager said this issue would be followed up.

People told us that their dignity and privacy had been maintained and staff gave them choices. For example, staff used preferred names and gave a choice of food, drinks and clothes. We saw evidence in the care plan that a person had fallen and staff had offered to call for an ambulance but the person had chosen not to have this service. The registered manager explained that the person was not seriously injured or there would have been more encouragement by staff to have the emergency services called to assess the person. It showed that staff had respected the person's choice in this matter.

One care plan outlined a person's choices of how they wanted to clean their teeth. This stated that the person preferred to use mouthwash instead of toothpaste. Another care plan recorded that a person wanted only certain staff to supply care to them. We saw evidence that the provider stated that this would be attempted if at all possible. This indicated that people's choices were sought and encouraged.

Staff gave us examples of promoting people's privacy such as leaving people when they were using the bathroom, shutting doors when visitors were present and covering people when helping them to wash and dress. They said they were mindful of protecting people's privacy and dignity. For example, they said they always knocked on doors. One staff member told us, "We listened to people and provide what they want." This was confirmed by the people we spoke with.

A staff handbook was provided to staff. This emphasised that staff should uphold people's rights to privacy, dignity, choice, confidentiality, independence and cultural needs. This encouraged staff to have a caring and compassionate approach to people.

People told us that staff respected their independence so they could do as much as possible for themselves. One person said, "Staff help me to maintain my independence. I can wash myself to some extent and they don't take over from what I can do. "Care plans we looked at stated that staff needed to encourage people's independence. People said that being independent was very important to them. The staff handbook

emphasised the importance of promoting people's independence. People gave us examples of staff encouraging this such as supplying them with flannels so that they could wash themselves. This presented as an indication that staff were caring and that people and their rights were respected.

Care plans included people's religious, cultural and spiritual preferences to provide information to staff on respecting people's beliefs.

Good

Is the service responsive?

Our findings

People and relatives told us that staff responded to people's needs. They said that staff took the time to check whether there was anything else they needed before leaving. One person told us that staff were very attentive and always thought of things to make them feel comfortable. For example, to make sure the telephone was accessible before they left the call. People and relatives told us that staff would do anything asked of them. A person said, "Staff make sure I am okay." A relative told us that they were kept informed of any significant changes in their family members circumstances.

We saw evidence in people's records that staff had stayed longer than the call time to make sure the person had their lunch. We also saw evidence that staff had assisted a person to have their breathing exercises, as medically recommended. A relative told us that they had been informed that if their family member needed assistance. This showed us that staff had responded to people's needs.

A relative told us they had a concern about a staff member and they contacted the registered manager. They said the issue was swiftly resolved as a replacement staff member had been provided. They were very appreciative of this quick response to their concerns.

People told us that if staff were going to be significantly late, they were informed of this. They understood why this happened so it did not have any impact on their care. We checked call times from daily records and found they were either on time or near to the agreed call time.

People and relatives we spoke with told us that their care needs had been reviewed and we saw evidence of this in care plans. In these plans, we saw that relatives had been included in reviews, but there was no evidence that people had taken part. The registered manager said this issue would be followed up.

We found that people had an assessment of their needs. Assessments included relevant details of the support people needed, such as information relating to their mobility and communication needs. For example, in one care plan, there was a statement about referring the person to the occupational therapist for an urgent assessment to respond to obtain a specialist chair to assist them to stand. There was some information as to people's personal histories and preferences to help staff to ensure that people's individual needs were responded to. However, detailed information did not include all people's preferences and their likes and dislikes. The registered manager said this would be followed up and sent us information after the inspection visit that action had been taken to carry this out.

Staff told us that they always read people's care plans so they could provide individual care that met people's needs. They said that care plans were updated if people's needs had changed so that they could respond to these changes. We saw evidence of information about people's changing needs that had been sent to staff so that staff could respond to these needs.
Staff told us they knew they had to report any complaints to the registered manager. They had confidence that issues would be properly dealt with. One person said, "I have never needed to complain but I am confident if I did it would be dealt with."

People told us that the registered manager had responded to their requests and made changes where needed. This made them feel positive about raising any issue of concern. A person said that staff would listen and clarify any issue for them. A person said one staff member often came late so they rang the office of the agency and requested a change of staff. This had been immediately responded to. People told us they had information about how to complain in the information folder left with them by Allstree Health and Home Care Services.

The provider's complaints procedure gave information on how people could complain about the service. We looked at the complaints procedure. The procedure set out that that the complainant should contact the service. It provided information about referral to relevant agencies such as the complaints authority and the local government ombudsman. However, it indicated that the local government ombudsman would investigate the complaint. This is not the case as the role of the ombudsman is to check whether the correct process has taken place, rather than reinvestigating the complaint. The registered manager said the procedure would be amended.

The registered manager stated that there had never been a complaint but if this occurred, it would be investigated and action taken as needed. This will provide assurance to complainants that they would receive a comprehensive service responding to their concerns.

Relatives told us of other agencies involved in their family member's care including the occupational therapy service and social workers. This showed that the service had contacted other agencies to ensure that people's personal's needs had been responded to.

Good

Is the service well-led?

Our findings

When asked if they would recommend Allestree Health and Home Care Services, without exception people and relatives we spoke with all said they would. One person said, "It's a good service. I like everything about it. It provides a personal touch." Another person said, I would absolutely recommend this agency to my family. It is so well run. I have never regretted being with them." One relative told us "Yes, it's very well managed. I've had no problems at all. Any problems, they get in touch with us. They have supported and reassured me which I really appreciate."

People and relatives we spoke with who had contact with the registered manager and director said that they were impressed with their commitment to providing a quality service. A number told us that staff were like family members to them.

People and relatives told us that initial assessments of the personal care needed were made. Not everyone said they had received visits by senior staff to observe the care staff at work and review of their care. However, all the people spoken with were satisfied with their packages of care which, they said, had met their needs. They said that if they had a query they rang the management of the service who responded quickly. Relatives told us they had been kept informed of any important issues relating to the care needs of their family members.

People and relatives told us that Allestree Health and Home Care Services had a stable staff group. They said the agency tried to provide them with the same staff and that this was important to them, as staff knew them and their preferences. Achieving this produced a culture in the organisation to be mindful and respectful of people's needs and recognise how potentially disruptive changes of staff can be.

The registered manager was aware that incidents of alleged abuse needed to be reported to the relevant local authority safeguarding team to protect people from abuse.

Staff had been provided with information in the staff handbook as to how to provide a friendly and individual service with regard to respecting people's rights to privacy, dignity and choice and to promote independence. Staff told us that the management of the service expected them to provide friendly and professional care to people, and always to meet the individual needs of people.

All the staff we spoke with told us that they were supported by the registered manager. They said that the registered manager was available if they had any queries or concerns. We saw evidence of awards being made to recognise exceptional care provided to people. This encouraged staff to always provide quality care to people. Some spot checks had been made by the management of the service to observe staff performance, though this had only been on an annual basis. The registered manager stated that this issue would be reviewed to consider more regular spot checks. This would enable more rigorous checking to ensure that staff had always provided a quality service to people.

Staff confirmed that essential information about people's needs had been communicated to them, so that

they could supply appropriate personal care to people. We saw evidence of this in the records we looked at. This indicated that a system was in place to ensure staff had up-to-date knowledge of people's changing needs.

All the people and their relatives told us that they had care plans kept in people's homes so that they could refer to them when they wanted. They confirmed that staff updated records when they visited.

We saw evidence that a survey had been sent to people in 2015 using the service asking them what they thought of the care and other support they received from the agency. The registered manager said this had not been carried out in 2016 but she was in the process of sending out in the next few weeks following an inspection visit. This will mean people will have an opportunity to state their experiences of the care and whether this needed to be improved.

We saw quality assurance checks such as medicine audits and care plan audits to check the quality of the care provided and to check that calls had been made within required times. A comprehensive auditing process assists in developing the quality of the service to meet people's needs.