Allied Health-Services Limited

Allied Health-Services Limited Mill View

Inspection report

Mill View
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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

About the service
Allied Health-Services Limited Mill View is a domiciliary care agency that provides personal care to people living at an extra care housing scheme in Hauxton Cambridgeshire. The scheme consists of seventy, one- and two-bedroom flats, that can be purchased or rented. Each person's flat is provided with kitchen, lounge, bedroom[s] and a bathroom. The building, communal areas, flats and facilities such as the restaurant are run by a different organisation to the care service. Communal lounges, and dining facilities are provided within the scheme but were closed at the time of inspection, due to COVID-19. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. The service was providing personal care to 14 people at the time of the inspection.

People's experience of using this service and what we found
During the COVID-19 pandemic, people, their relatives and the registered manager told us staff did not have access to face masks, that met the government guidelines, for two days as they had run out. Actions were taken to reduce the risk of recurrence, but some people and relatives told us that staff, when wearing face masks, did not always wear them correctly. This was seen during this inspection, although quickly rectified once noted. This demonstrated to us that the checks in place around safe infection control were still not robust enough.

People felt safe having their care provided by staff at the service and staff answering emergency call bells gave people reassurance. Risk assessments were in place to identify individual risks to people's health and well-being. Measures were implemented to guide staff on how to reduce these risks. However, not all staff told us they had read this information, and this increased the risk of people receiving unsafe and ineffective care and support. Systems and checks were only now being introduced to ensure that staff were washing their hands during COVID-19, in line with their training, to reduce the risk of cross contamination. A new service manager had been recently recruited to ensure more day to day managerial oversight at this location. This was while the registered manager was not present as they were registered for two different services.

Audits were carried out to monitor the service and address any improvements required. However, the registered manager had not notified the CQC of two incidents that they were legally obliged to. One notification was received after the inspection

People and their relatives told us staff were usually punctual, but that their care call visits were sometimes cut short. This had been identified by an audit of people's daily notes and staff had been spoken with to reduce the risk of recurrence.

Most people and their relatives had no concerns around the safe management of people's medicines. Audits had identified that a new format medicines administration record would be clearer for staff and help reduce

the risk of errors. People's end of life wishes were not recorded.

There was a complaint process in place that was followed when a complaint or concern was raised. A concern raised again during the inspection was currently being relooked at by the registered manager.

Recruitment checks were completed to ensure staff were suitable to work with the people they supported. To develop their skills and knowledge staff received induction training, refresher training and supervisions. People were supported to maintain their independence.

Most people and their relatives told us staff promoted and maintained people's privacy and dignity. People and their relatives had mixed opinions of the standard of care they received. One relative confirmed that it depended on the staff member. This was fed back to the registered manager on inspection.

Staff worked in conjunction with guidance from external health and social care professionals across different organisations to help promote people's well-being. People's personal information was kept confidential. People and their relatives were involved in discussions about their family members care and support needs. Staff felt well-supported.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)
This service was registered with us on 5 August 2019 and this is the first inspection.

Why we inspected
The inspection was prompted in part due to concerns received about infection control, safe care and treatment and safe medicines management. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to regulation 12 (safe care and treatment) and regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will

return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 always safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

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Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by one inspector.

Service and service type
This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was announced.

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 4 December 2020 and ended on 18 December 2020. We visited the office

location on 15 December 2020.

What we did before the inspection
The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since it registered with the CQC. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection
We spoke with two people who used the service and four relatives by telephone about their experience of the care provided. We spoke with seven members of staff including the regional director, registered manager, quality manager, service manager and three care workers. We also spoke with the extra care housing scheme manager.

We reviewed a range of records. This included three people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
After the inspection the registered manager sent us updates regarding a response to a complaint raised about poor infection control practices. They also sent information regarding the assessible information standard.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- There were mixed views from relatives and people on whether staff wore the correct Personal Protective Equipment (PPE) when supporting people. Some people and relatives told us staff wore PPE. However three out of four relatives said, "Face masks can be seen (worn) with noses outside," "(Staff have) not worn a face mask," and, "Carers attended (family member) without any PPE and I raised a concern."
- The registered manager confirmed that in September 2020 there was a two-day period when staff had run out of face masks. This had been recorded as an incident with actions taken to make sure this would not happen again. During our site visit we observed two separate incidents where staff member's face masks were not worn correctly, although this was quickly rectified. This meant there was an increased risk to the people they were supporting and was not in line with government guidance re. COVID-19.
- Care staff told us they had training in infection prevention and control that included handwashing and how to put on and remove their PPE safely. The registered manager told us that handwashing observations, to ensure staff were washing their hands in line with current best practice, were going to be added to staff spot checks.

We found no evidence that people had been harmed by poor infection control practices around the wearing of PPE however, systems were either not in place or robust enough to demonstrate this was effectively managed and checked. This placed people at an increased risk. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- Records showed people had individual risk assessments in place to guide staff.
- Most staff told us they had looked at people's care records who they had not supported previously for guidance, before delivering care and support to them. However, one staff member told us they had not looked at care records for the people they supported.
- The regional director told us this requirement formed part of staffs' induction training. However, there had not been any checks to ensure this happened. This increased the risk of staff not being aware of people's risks and care support needs and wishes.
- People had an evacuation plan in place as guidance for staff in the event of an emergency such as a fire. The registered manager told us, "Staff have fire safety training and had it last week with the building manager. (There are) evacuation areas. (We have) fire alarm tests but no evacuations."

Staffing and recruitment

- There were mixed opinions over whether staff stayed the full time of a care call visit. A person said, "(Staff)

can cut care calls visit's short by five or 10 minutes." Staff not staying the full length of time had been identified following an audit of the service. Action taken included individual staff being spoken with.
● People and their relatives told us that staffs care visits punctuality was satisfactory. A relative said, "(Family member) says they are quite good. Staff are quite good at accommodating the care call times preferences of my (family member)," A person said that staffs time keeping was, "Not bad overall."
● Staff when recruited had a series of checks undertaken to make sure they were suitable to work with the people they supported. These included a completed application form, a DBS [criminal records check] check and proof of identity and address. Staff told us references were sought from previous employers.

Systems and processes to safeguard people from the risk of abuse
● Staff told us they had safeguarding training and could recognise the different types of harm. They said they would report any safeguarding concerns to their management team.
● Most people and their relatives told us that the support given by staff gave them reassurance. A relative said, "I see staff quite often I visit every day. I have never personally seen anything that would cause me any concern and my [family member] says the same."

Using medicines safely
● The majority of relatives and people who were supported by staff to administer their prescribed medication told us they did not have any concerns. A relative confirmed, "(Family member) has to have a specific medicine once a week (health condition). It was this that caused the fall as (family member) was getting a drink to take the medicine with and fell. So, an extra call has been added in for staff to help administer this medicine once a week and get (family member) a drink of water to take it with." Although another relative raised concerns during the inspection and with permission these were raised directly with the registered manager.
● Care records documented whose responsibility it was to order, collect and dispose of people's medicines as clear guidance for staff.
● Staff told us they were trained to administer people's prescribed medicines safely. A staff member said, "The training makes you feel so confident after it. I have had three spot checks to check I was doing it (administering) correctly. I needed that reassurance." However, another staff member told us, "No medicines spot check yet."

Learning lessons when things go wrong
● A staff member talked us through an example of learning following a medicine recording error.
● Actions were taken to reduce the risk of recurrence and learning from this incident was shared with the staff team.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People had access to, and staff worked with guidance and information from external health and social care professionals such as district nurses, social workers, occupational health and GPs. This was to promote people's well-being and deliver effective care and support.

Staff support: induction, training, skills and experience
● New staff completed an induction which included training and shadowing another staff member until competent and confident to deliver care.
● There were mixed views from staff about supervisions, however staff told us they felt supported. One staff member told us they had not yet had a supervision to discuss how they were progressing, but a more experienced staff member said they had, "Supervisions once or twice."
● Most people and relatives spoke positively about staff. However, one relative felt that staff lacked the skills to encourage and support a person, who initially when asked would refuse personal care support.

Supporting people to eat and drink enough to maintain a balanced diet
● There was a restaurant within the extra care housing scheme that provided hot main meals for people, but this was run by a different organisation to the care service.
● Most people and their relatives talked positively about the staff support. When needed, staff gave people support by making drinks and snacks. One relative said, "[Family member] lost a lot of weight and now a member of staff is trying to sit with them at teatime to get them to eat."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● The registered manager said external health professionals such as GP's and district nurses continued to visit people when needed.
● A relative told us, "After (family members) fall…the manager went to see (family member) and organised them to have a four wheeled walking frame with trays to carry stuff when needed such as a drink and brakes to help aid mobility."
● People were supported to live healthier lives with access to assistive technology that would promote their safety and independence. This included lifelines worn to summon help in an emergency and an electronic medicines prompt. A relative said, "[Named person] fell a couple of days ago and we called the alarm and [staff] arrived and helped them up. No injuries. Staff are available 24/7 and that gives us reassurance."

Ensuring consent to care and treatment in line with law and guidance

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Staff had training on the MCA 2005 and Deprivation of Liberty Safeguards.
- Staff had guidance within people's care records around people's specific best interest decisions. A relative told us staff were good at accommodating the preferences of their family member.

Requires Improvement

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- There were mixed views from people and their relatives around whether they were happy with way staff supported them, their family member. A relative said, "[Family member] is very happy they are living here. They do more for themselves here and are well cared for. It has made a massive difference to us as a family as we don't have to worry anymore." A person told us, "[Staff] treat me nicely I look after my carers and they look after me."
- However, one relative gave examples of how they felt staff lacked the skills to persuade their family member to not neglect their personal care, medication or eat and drink enough. Another relative said, "Care? it is variable it depends which carer is on duty." A person told us "One or two staff don't want to help but in the main they are not a bad lot."

Respecting and promoting people's privacy, dignity and independence

- Most people and relatives had positive comments to make about staff promoting and maintaining their privacy and dignity.
- One relative said, "Care staff ring the doorbell and come in. We are ok about it." However, another relative gave us several examples of where staff had not treated their family member with dignity or privacy. One example was, "Staff just enter my [family members] flat without waiting for them to answer or give permission. On [named date] I was at the flat and a carer let themselves in. The carer just came in and made [family member] jump and then when realising the relative was also there the carer rang the bell in hindsight. Staff need to give [family member] a chance to get to the door."
- Most people and relatives told us the support staff gave them or their family member helped promote their independence. A relative said, "Staff try to support [family member] to do what she can do and maintain life skills."
- People's personal information was kept confidential.

Supporting people to express their views and be involved in making decisions about their care

- Staff encouraged people and their relatives to express their views and be involved in decisions around their family members care and support needs.
- A relative said, "I feel involved and care and support needs was discussed and agreed." Another relative told us, "Due to pandemic the pre assessment was not face to face. However, I felt listened to and had a long meeting with [the registered manager] about what care [family member] needed, when planning them moving in and receiving a care service."

Requires Improvement

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

End of life care and support

● People's end of life wishes had not been discussed or recorded within their care records as guidance of what they would wish to happen in the event of their death.

● This meant that there was an increased risk that people's end of life wishes may not be followed by staff.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● Most people and relatives told us that they were involved in, their family members care decisions. Records showed that people and their relatives, where appropriate, were involved in the review of their individual care and support needs. This helped ensure that care and support met people's individual current needs.

● A relative said, "We have had plenty of chance to review (care and support plans) … and have met with [registered manager] to discuss the care decisions. We have added an extra call in following [family members] most recent fall." Another relative told us, "(Care and support agreed) has been reviewed and tweaked as we have gone on re what [family member] needed."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● The registered manager confirmed that people would receive information in a format that aided their understanding on request. For example, information in large print.

Improving care quality in response to complaints or concerns

● In the main people and relatives were happy with how complaints and concerns were handled. One relative confirmed that following an incident they were, "Communicated to and apologised to."

● There was a complaint process in place that was followed when a complaint or concern was raised. A concern raised again, during the inspection by a relative was currently being relooked at by the registered manager.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- Checks to ensure that staff were washing their hands effectively in line with their infection control training during COVID-19 were only now being introduced. Actions had been taken to make sure that staff did not again run out of PPE during the pandemic, following an incident. However, during this inspection we saw a couple of occasions where PPE was not worn at all or worn correctly. Although quickly rectified when identified, this suggested a lack of robust checks and measures in place and embedded, to manage the increased risks posed by COVID-19.
- Care staff told us the different ways in which they disposed of their used PPE and were unclear as to which was the method they should use. Although the methods to dispose of PPE was in line with current guidance, the registered manager has now confirmed staff, following this inspection, have been told to dispose of PPE using one clear method.
- During this inspection we became aware of two incidents where the registered manager should have notified the CQC, as they are legally required to. One notification around face masks not being available for two days was received by the CQC after the inspection and well after the event.
- All incidents reported to the local authority safeguarding team should be notified to CQC. In the incidents log sent through to us after the site visit we found one incident that where the safeguarding team was contacted but CQC were not notified.
- In the main staff were clear about their roles, however one new staff member was not aware they had to read and understand people's care records before delivering care to them. This had not been followed up with them as a new staff member by more senior staff. This increased the risk to people they were supporting.

We found no evidence that people had been harmed however, systems and checks were not robust enough to demonstrate safety was effectively managed. This placed people at an increased risk of harm. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A service manager role based at this location had been newly recruited and they would be based on site at the location with more day to day oversight of what was going on. This was because the registered manager was registered for two locations and split their time between the two sites.

● The regional director told us the service manager will be able to do more on site and that their contact details had been put into people's care plans to make staff more assessible. This was in response to concerns that staff were not always contactable. A relative told us that sometimes it's, "Hard to get hold of people."
● Audits of the quality of the service provided had identified that care call visits had sometime been cut short by staff and that visit notes needed to be more detailed. Audits had also identified that new medicines administration records formats would be less confusing for staff and reduce the risk of errors.
● The registered manager gave examples of learning when things had gone wrong and how they had tried to learn from it to reduce the risk of recurrence.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People and their relatives had mixed opinions about their relationship with the registered manager and staff team. Some people found the management assessible and others said they could be hard to contact. Some people and relatives told us communication was good whilst others felt it could be improved.
● Feedback was sought on the service delivered from people. Examples seen were positive. Reviews with people about their care and support needs took place. When needed, social workers were contacted to review a person's care if the registered manager thought a person's care and support requirements had changed.
● The registered manager and management team were assessible to staff and staff told us they felt supported. Staff reported any concerns about people using the service. However, a staff member said about a concern raised, "(I'm) not sure what has been done about this," as they did not always get feedback.

Working in partnership with others
●The registered manager and staff team worked in partnership with representatives from key organisations. These included GP's, occupational therapists, social workers, and district nurses' teams to provide joined-up care and support.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People who use services and others were not always protected against the risks associated with inconsistent infection control and cross contamination practices, because of some staff not wearing their personal protective equipment properly. Regulation 12 (2) (h).

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance People who use services were not protected against the risks associated with unsafe and ineffective care and support due to a lack of a robust systems of checks in place. Regulation 17 (1) (2) (a) (b)