Allied Health-Services Limited

Allied Health-Services Bournemouth

Inspection report

Unit 6, Churchill Court
Boscombe
Bournemouth
BH1 4HN

Tel: 01202420022

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15 September 2020

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Allied Health-Services Bournemouth is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of this inspection 60 people were receiving care and support from the service.

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.

People's experience of using this service and what we found
At our last inspection we made recommendations on how the service could improve the experience for people.

The recommendations included ensuring there were enough staff to cover the geographical area so people received a consistent and reliable service and had the time agreed in their care plan, Embedding a proactive approach to anticipating and managing risks to people that staff understood. Also ensuring effective systems, policies and procedures were in place to ensure safeguarding concerns were identified and managed promptly. The provider had made improvements.

People told us they received their prescribed medicines on time. Their medicines plans were more detailed which meant medicines were managed safely.

There was an ongoing programme of improving people's care plans to make them more detailed in terms of their needs and how staff worked with people and relevant others to manage risks. Updated plans had enhanced explanations of how staff could support people to stay safe.

Staff had enough personal protective equipment to help keep themselves and people they supported safe from infection. Spot checks were undertaken to ensure staff wore this appropriately and in line with government guidance.

There was ongoing improvement to oversight of the service. This included a manager who started the day prior to the inspection.

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
The last rating for this service was requires improvement (published 12 March 2020) and there were multiple breaches of regulation. The previous registered manager completed an action plan after the last inspection to show what they would do and by when to meet the regulations. At this inspection we found improvements had been made and they were no longer in breach of the regulations we looked at.

The service remains requires improvement. The service has been rated requires improvement for the last two consecutive inspections.

Why we inspected
We carried out an announced comprehensive inspection of this service on 9 January 2020. Breaches of legal requirements were found.

We undertook this focused inspection to check they had met legal requirements in relation to safe care and treatment and good governance. This report only covers our findings in relation to the key questions safe and well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Allied Health Services - Bournemouth on our website at www.cqc.org.uk.

Follow up
We will continue to monitor information we receive about the service. If we receive any concerning information we may inspect again.

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.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Allied Health-Services Bournemouth

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 site visit was carried out by one inspector. An Expert by Experience made telephone calls to people and their relatives to obtain their views. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

The service did not have a registered manager at the time of the inspection. A registered manager is a person who has registered with CQC to manage the service. 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. A manager started at the service the day before the inspection.

Notice of inspection
This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 15 September 2020 and ended on 21 September 2020. We visited the office

location on 15 September 2020.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. 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 used all of this information to plan our inspection.

During the inspection
We spoke with three members of staff including the manager, quality manager and care coordinator. An Expert by Experience spoke with 11 people and three relatives by telephone to obtain their feedback.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three 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
We continued to seek clarification from the provider to validate evidence found. We spoke with four care staff by telephone. We also spoke with two health and social care professionals who have worked with the service.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection medicines management systems that were in place were not effective and did not ensure safe administration of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

● Staff had completed safe management of medicines training. All care staff now had their competencies checked regularly. Staff responsible for competency checking other staff had had their competency checked.
●People's medicines plans contained more detail than previously. This included relevant medical history, current health, allergies and safe storage.
● Medicines Administration Records (MAR) were completed to a better standard. The quality manager said that monthly auditing had identified there were still sometimes gaps in dating the sheets and recording the correct codes when medicines were refused or not required. Where issues were identified, staff were sent reminder memos, given refresher training and reflective supervision. This had also included a learning session in the most recent team meeting.
● People told us they received their medicines on time and as prescribed.
● There was improved guidance for staff on how to rotate the application of medicines patches applied to the skin and how to safely dispose of them.

Systems and processes to safeguard people from the risk of abuse

At our last inspection we recommended the provider ensured that effective systems, policies and procedures were in place to ensure safeguarding concerns were identified and managed promptly. The provider had made improvements.

● There were effective safeguarding systems and procedures to keep people safe from harm and abuse. When required, appropriate referrals had been made to the local authority safeguarding team. A social care professional advised us, "I have a good impression of them. They are good at reporting when they have concerns about my client. I'm confident they are safe."
● Staff had up to date safeguarding training and recognised the signs and symptoms that could indicate people were experiencing abuse and neglect. They knew how to raise concerns both internally and to

external agencies. One staff member said they would look out for "bruises definitely or a change in a person's state of mind, temperament or presentation." Staff felt confident the provider and manager would listen and take appropriate action.

Assessing risk, safety monitoring and management

At our last inspection we recommended the provider ensured a proactive approach to anticipating and managing risks to people who used services was embedded in the service and that staff understood and used the systems and strategies consistently. The provider had made some improvements.

● There was an ongoing programme of improving the care plans to make them more detailed in terms of people's needs and how staff worked with people and relevant others to help manage the risks in their lives. Updated plans contained enhanced explanations of the control measures for staff to follow to keep people safe. 22 care plans were now in the new, comprehensive format with 39 more care plans to be updated. The quality manager said, "We still have a way to go. We are prioritising the updating of care plans according to people's risks."
● Staff had a good understanding of the risks people faced and felt the new plans helped them manage these. One staff member told us, "They've worked really hard to update the care plans. This gives us more confidence in knowing what to do when we are with clients. Otherwise you can go in blind."
● People said staff helped them feel safe. Their comments included: "Oh yes I feel very safe because they get on with their job, we have great fun they are a lovely bunch of girls. They are really lovely" and, "The whole demeanour of the staff makes me feel safe and they are very caring."
● At our previous inspection there were no health conditions information sheets in the files we checked. Information on particular health conditions was now readily available for staff to consult and use alongside people's personalised risk assessments. For example, there was clear guidance for staff on how to support a person with breathing problems including if they experienced complications linked to their condition. The new, more detailed risk assessments included input from people.
● The service had a reporting system which staff had used in consistent and timely way to respond to risk and escalate appropriately. Staff were trained and reminded to look out for changes in people's health including speech, breathing, skin integrity, behaviour and dietary intake.
● General environmental risks in people's homes were assessed such as home security, food hygiene and fire safety.

Staffing and recruitment

At our last inspection we recommended the provider ensured there were enough staff to cover across the geographical area, so people received a consistent and reliable service. The provider also needed to ensure that travelling time was considered to make sure people received the amount of care that had been agreed in their care plan. The provider had made improvements.

● The quality manager advised that staffing the assessed hours was still sometimes a challenge. A staff member said, "We were struggling with staff and management at the previous inspection. [Name of quality manager] is still putting things together." The quality manager said, "We try to give staff visits near to where they live; that makes geographical sense but we are driven by customers wishes. We try to avoid toing and froing of carers across areas."
● There was rolling recruitment via a leading employment site and social media. A staff member offered, "We have enough staff in the office now. We probably need another couple of carers." The manager told us, in the interim, they would focus on prioritising current people's needs over taking on new packages of care.

● A review of visit schedules identified instances where staff had travelling time between visits and where they did not. Sometimes staff were not provided with travelling time as the visits were to people in the same building or road. All but one staff member told us they had enough time to travel safely between visits. The quality manager said, although "travel times were significantly better than they were" they were going to review the rotas in consultation with care staff.
● People told us they received their visits on time and staff stayed for the allotted time. The service monitored visit timeliness and duration of visits. Reports showed compliance was 89% and 94% respectively. People commented: "The staff arrive on time, and each week we get a list of each of the carers that will be visiting", "The staff are never late they are always on time or early", "They have never missed a visit…one time we got a call from head office to check that the staff had arrived on time" and, "They do everything they're supposed to."
● Where any visit was consistently under or over the agreed duration the service raised this with local authority commissioners.
● The service had safe recruitment practices. Pre-employment and criminal records checks were undertaken to reduce the risk that staff were unsuitable to support people who could be considered vulnerable.

Preventing and controlling infection; Learning lessons when things go wrong
● Staff had received infection prevention and control training and understood how to use in practice.
● Staff told us they had enough personal protective equipment to help keep themselves and people they supported safe from infection. Spot checks were undertaken to ensure staff wore this appropriately and in line with government guidance. People confirmed this.
● Complaints, incidents and accidents were monitored and analysed by the provider to help recognise any themes and prevent a reoccurrence. Learning was shared by the service via regular contact with carers, supervision and team meetings.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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 and risks

At our last inspection governance, management and accountability systems were either not in place or robust enough to ensure effective management of the service and that people received good quality care. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

● Since the previous inspection quality assurance systems had been improved and now provided better oversight of service delivery. The quality manager was completing a monthly audit of the service with the regional director then reviewing this. The regional manager then completed their own location audit.
●The service did not have a registered manager at the time of the inspection. A new manager started the day prior to the inspection. They told us they would apply to be the registered manager. The quality manager said they will induct the manager and provide a comprehensive handover and weekly support. The manager said they planned to "look at processes over growth at the moment. I want to get on top of care plans, processes and build team confidence by involving them in the improvements. I want to make this branch what it can be."
● The quality manager explained they had been supporting 14 locations at the time of the previous inspection; this had now reduced to a total of seven locations.
● The service had employed an extra field care supervisor since the previous inspection. This was to ensure the quality of care plans and daily logs could be improved and maintained.
Staff told us they received praise for good practice. One told us, "[Name of quality manager] will thank me when I have done a good job. [Name of quality manager] is always appreciative." Records also confirmed this approach was taken. One staff member's supervision record noted, "[Name] is very diligent in [their] work."

Regulatory requirements

At our last inspection the provider had failed to submitted notifications of incidents as required. This was a breach of Regulation 18 Notifications of other incidents (Registration) Regulations 2009 Part 4.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

● Since the previous inspection the provider had ensured all required notifications, including those related to people's deaths and potential safeguarding issues, had been sent to external agencies such as CQC and the local authority safeguarding team. This is a legal requirement.
● The quality manager said the provider was now screening for all notifiable incidents and relevant staff had received training to help them understand legal requirements in this area.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● Staff told us they all got on well and supported each other. Their comments included: "It's a very friendly team", "We have a good, little team. I enjoy my work" and, "The team are always there to support you when needed."
● Staff had each been given a gift bag as a token of appreciation for their hard work and commitment during the Covid-19 pandemic.
● Staff spoke positively about the quality manager who had been supporting the branch since the previous inspection. Some staff had also had the opportunity to meet the new manager with comments including: "[Name of manager] is very nice" and "[Name of manager] has some good ideas."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; 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

● People told us they and, where appropriate, their relatives were asked for feedback on the quality of the service they received. One person said, "Funnily enough, we had a phone call about two weeks ago to see how I felt about the service and I was very open." Another person told us," We had a lovely lady from the office to see how we were getting on with the carers and the support, it was recent I think."
● We saw examples of good practice in protecting peoples equality characteristics.
● The provider and manager had a good understanding of the duty of candour. They explained it was about "being transparent, keeping families updated when something happens and providing them with an outcome."

Continuous learning and improving care; Working in partnership with others
● Staff had team meetings which were used as opportunities for reflection, developing team cohesion and to improve staff performance.
● The service had developed and maintained good working relationships with system partners such as social workers, GPs, district nurses and speech and language therapists. A staff member expressed, "It's important how we work with health and social care professionals. We have a good relationship with them. That then builds trust and confidence in us as a service."