

Allied Health-Services Limited

Allied Health-Services Sutton

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Allied Health-Services Sutton is a domiciliary care agency. It provides a personal care support service to people in their own homes. At the time of the inspection the service was providing personal care for 66 people.

The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; 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 the last inspection people experienced poor staff consistency regarding visit times and missed calls. They and their relatives raised concerns and made complaints about some poor care experiences but did not feel listened to when raising issues. Audits did not always identify issues in relation to late visits and action taken was not always clear. At this inspection staff consistency was improved, missed calls reduced, complaints responded to and audits identified late visit issues and action taken, in up to date records.

The service provided was safe for people to use and staff to work in. People were enabled to live safely and enjoy their lives, by the support they received and risks to them being assessed and monitored. The provider reported, investigated and recorded accidents and incidents and safeguarding concerns. Medicines were safely administered, by trained staff. The provider met shielding and social distancing rules, used PPE effectively and safely and the infection prevention and control policy was up to date.

People's needs were assessed, reviewed and they received person centred care. They were given choices, supported to follow their routines, interests and hobbies and social isolation was minimised, where possible. People were given enough information to make their own decisions and end of life wishes were identified, if appropriate.

The provider's culture was open, honest and positive with transparent management and leadership. The organisation had a clearly defined vision and values that staff understood and followed. Areas of responsibility and accountability were identified, with staff willing to take responsibility and report any concerns they may have, in a timely fashion. The provider reviewed service quality and made changes to improve the care and support people received. This was in a way that best suited people. The provider played a role in the community through well-established working partnerships that promoted people's participation and reduced social isolation. Registration requirements were met.

Rating at last inspection

The last rating for this service was Requires Improvement (published 10 March 2020).

Why we inspected

This inspection was prompted in part due to concerns regarding inconsistent visit times and missed calls, response to concerns and complaints raised and audits not always identifying issues in relation to late visits and missed visits. A decision was made for us to inspect and examine the risks associated with these issues.

Care Quality Commission (CQC) has introduced focused/targeted inspections to follow up on previous breaches and to check specific concerns.

We undertook a focused inspection approach to review the key questions of Safe, Responsive and Well-led where we had specific concerns about inconsistent visit times and missed calls, responses to complaints and audit management.

As no concerns were identified in relation to the key questions is the service Effective and Caring we decided not to inspect them. Ratings from the previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

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 responsive?

Good ●

The service was responsive.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our safe findings below.

Allied Health-Services Sutton

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

One inspector carried out this inspection.

Service and service type

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

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

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

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used this information to plan our inspection.

During the inspection

We spoke in person with the registered manager. We contacted twelve people and their relatives, 16 staff and one health care professional, to get their experience and views about the care provided. We reviewed a range of records. This included ten people's care records and medicine records. We looked at four staff files in relation to recruitment, training 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 requested additional evidence to be sent to us after our inspection. This included responses to complaints made, and audits. We received the information which was used as part of our inspection.

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 now improved to Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- The provider's staffing and recruitment was safe.
- At the last inspection the service did not always deploy staff to keep people safe regarding calls being missed and made on time. At this inspection we found an improvement in missed calls and calls made on time. Some people said the service was running smoothly, whilst others told us that call timing can still be a little hit and miss with the main problem being communication from the office. Other people thought office staff communicated well with them. One relative told us, "The regular carers [staff] that come are good, but if they are off the replacement isn't so familiar with [person who uses the service] for example when she [person using the service] likes to have lunch." Another person said, "After a bit of a nightmare start the carers [staff] now turn up on time and do what they are supposed to."
- Where possible people had a small dedicated group of staff that supported them, and the provider facilitated discussions that identified best outcomes for each person, between staff sharing calls and at staff meetings including things that did and didn't work for people. People told us they received a rota, so they knew who to expect and when. One person said, "The service is fine, the girls [care staff] are good as gold and turn up when they should." A relative told us, "Fine in the mornings but not always on time otherwise. I think it would work better if staff calls were in smaller patches, so they had less distance to cover. Generally, I'm informed if someone is running late. This is by the office or the staff themselves."
- The recruitment procedure records demonstrated that it was followed. The interview process contained scenario-based questions identifying skills of prospective staff, their experience, knowledge and reasons why they wished to work in health and social care. References were taken up and Disclosure and Barring service (DBS) security checks carried out prior to employment. There was a three-month probationary period with a review and reviews at four, eight-and-12-week intervals. Enough staff were deployed, to flexibly meet people's needs. This was demonstrated by what people and their relatives said, staff rotas and way staff were managed.
- Staff had induction and mandatory refresher training based on the 15 standards of the Care Certificate. They form part of the Care Certificate which is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social sectors. Staff records had recruitment and training checklists and certificates that demonstrated the training was completed. Staff told us, "I've worked for allied for seven years and the training is thorough and always kept up to date." During the pandemic, care staff were offered well-being support.

Systems and processes to safeguard people from the risk of abuse

- People were safe using the service. People felt safe and their relatives also thought people were safe using the service. One relative said, "I'm confident in the regular staff."
- Staff training equipped them to identify abuse and the action to take if required. They were aware of how

to raise a safeguarding alert and when to do so. There was no current safeguarding activity. The provider policies and procedures regarding safeguarding and prevention and protection of people from abuse were available to staff. There was health and safety information and training provided for staff that included general responsibilities, safety in people's homes and travel and transport. People's hoist and falls risk assessments and body maps were up to date.

- Staff informed people how to keep safe and specific concerns about people were recorded in their care plans, such as risk of falls.

Assessing risk, safety monitoring and management

- People's risk assessments enabled them to take acceptable risks and enjoy their lives safely. The risk assessments contained relevant aspects of people's health, activities and daily living. They were regularly reviewed and updated as people's needs changed. Regular staff knew of people's routines, preferences and identified situations where people may be at risk and acted to minimise those risks.
- Policies and procedures in respect of risk and crisis management, service continuity and whistleblowing included reporting bad practice. Operational staff were made aware of the lone working policy to keep them safe. There was also a clear staff disciplinary policy and procedure. One staff member said, "I understand the procedures but it's not just about the procedures, other staff are also very supportive."
- People who displayed behaviours that others may find challenging at times, had clear records of incidents and plans in place to reduce those incidences. People had personal behavioural plans if required. Records showed that action was taken, in a timely way and the advice of specialist professionals sought when they occurred.

Using medicines safely

- People received their medicines safely.
- Medicines were safely administered, regularly audited and appropriately stored and disposed of. Staff were trained to administer medicine and this training was regularly updated. People's medicine records were fully completed and up to date. If appropriate, people were encouraged and supported to self-medicate.

Preventing and controlling infection

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider's infection prevention and control policy was up to date and regular audits took place. Staff had infection control and food hygiene training that people said was reflected in their work practices. This included frequent washing of hands using hand gel and wearing PPE such as gloves, masks and aprons.
- The agency provided COVID-19 updates for people using the service, relatives and staff including ways to avoid catching or spreading the disease. There was a written procedure for identification, management and reporting of possible and confirmed COVID-19 cases.

We have also signposted the provider to resources to develop their approach.

Learning lessons when things go wrong

- The provider learnt lessons from when things went wrong.
- Safeguarding concerns, missed or late calls and accidents and incidents were kept under review to identify and ensure themes were identified and any necessary action taken.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- At the last inspection, people and their relatives raised concerns and made complaints about some poor care experiences. While the provider had a complaints policy and procedure, people felt they were not listened to when they raised issues. This was a breach of regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvements have been made and the provider is no longer in breach.

- The provider responded to concerns and complaints made.
- Concerns and complaints made and responses and action taken were appropriately responded to. One person said, "I was always listened to by staff who came to visit and feel more listened to now by the office."

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

- People made decisions about their care and how staff delivered it. Relatives said staff made sure people understood what they were saying, the choices they had and that they understood people's responses. A relative told us, "We were involved in and discussed what was needed."
- When a referral was made, a trained staff member met with the person and their relatives to assess their care needs with them. This included what they would like to gain from the services provided and their desired outcomes. From the assessment a person-centred care and support plan was agreed with them and their relatives, as appropriate. There were also local authority assessments for people who were sponsored by them.
- People were supported to take ownership of their care plans and contributed to them as much or as little as they wished. Their care and support needs were reviewed a minimum of six monthly and assessed annually with people and their relatives. The care plans were updated to meet their changing needs with new objectives set.
- People said they discussed with staff any wishes or concerns they might have, and staff met their needs and wishes where possible, in a way that they were comfortable with and liked. Their care plans and daily notes recorded their decisions and the tasks they required support with. They also highlighted areas where staff could encourage people to be independent.

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 provider followed the AIS and provided people and staff with easy to understand information.
- The provider liaised with people and their relatives to ensure people's communication needs were met and staff familiarised themselves with specific communication needs and what gestures, sounds and words might denote. One relative said, "She [care staff] understands mum and what she wants even though mum has dementia."
- There was an on-call response service in operation.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's social interests and hobbies were included as part of their care plans and staff encouraged and supported people to engage in them.

End of life care and support

- Whilst the service did not provide end of life care, people were supported to stay in their own homes for as long as their needs could be met with assistance from community-based palliative care services.

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 now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At the last inspection the registered manager carried out regular audits of the service to drive improvements. However, during the inspection we found there were insufficient auditing systems to ascertain the number of late or missed visits and identify trends and patterns. This meant that people did not always receive care and support at the agreed time. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvements have been made and the provider is no longer in breach.

- The registered manager and staff were clear about their roles and its importance.
- The provider had comprehensive quality assurance systems that contained key performance indicators which identified how the service was performing, any areas that required improvement and areas where the service was accomplishing or exceeding targets. Any areas that required improvement were acted upon. This encompassed all aspects of the CQC five key questions and based upon key lines of enquiry (KLOE). Monitoring and quality assurance audits took place at appropriate intervals.
- The provider care planning system contained appointment scheduling, client details, and rota updates which informed and updated people using the service and staff. Staff were regularly contacted to provide them with support which enabled them to give the service that people needed. There were regular meetings to discuss any issues that had arisen and other information, including care staff that may not be able to cover calls, any tasks that were not completed and why. One staff member told us, "The office staff are very helpful and know their job. You can talk to them."
- The provider looked for areas to improve and progress the quality of services people received, by working with voluntary and statutory partners, to meet local needs and priorities. Feedback was integrated from organisations such as district and palliative nurses and GPs to ensure the support provided was what people needed. This was with people's consent. They worked with hospital discharge teams so that vulnerable people who did not have relatives close by would not be discharged to an empty house and that food and drink were in place.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider's culture was open, honest and positive. People's relatives said this resulted from the attitude of and contribution made by staff, particularly field staff who listened to them and did their best to

meet people's needs. One person said, "Everything is running smoothly with people [staff] turning up on time and if I have any problems, I contact the office." A relative told us, "The carers [staff] do have [person using the service] best interests at heart." A staff member commented, "I left and came back as I didn't find what I was looking for. You get back what you put in." Another staff member told us, "I feel recognised for what I do."

- The services provided by the provider were outlined so that people and their relatives were aware of what they could and could not expect from the service and staff and the statement of purpose, mission statement and user guide were regularly reviewed. Staff said they were well supported by the registered manager and office staff.
- The organisation's vision and values were clearly set out, understood by staff, and relatives said they were reflected in staff working practices. They had been explained during induction training and revisited at staff meetings.
- There were clear lines of communication and specific areas of responsibility regarding record keeping. This promoted an inclusive and empowering culture.

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

- The provider was aware of their duty of candour responsibility.
- There was a clear management reporting structure and an open-door policy. A staff member told us, "It is good that some people that now occupy senior posts, in the organisation, started lower down and understand the difficulties of the job and are approachable to discuss things."
- Our records told us that appropriate notifications were made to the Care Quality Commission in a timely way.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics Working in partnership with others

- The provider enabled people, their relatives and staff to give their views about the service and worked in partnership with them. This was by telephone, visits to people, and feedback questionnaires and surveys. One staff member told us, "I do feel engaged with, by the management." The provider used the feedback information to re-shape the service so people's needs could be better met. The provider checked if the feedback was to be confidential or non-confidential and respected confidentiality accordingly. Information relayed included updates from NHS England, CQC and United Kingdom Homecare Association Ltd (UKHCA). This is the professional association of home care providers from the independent, voluntary, not-for-profit and statutory sectors.
- Staff received annual reviews, regular supervision and there were virtual staff meetings that covered priorities such as COVID-19 and PPE, training including infection control, high-risk health & risk assessments.
- People were signposted by the provider, towards other organisations, such as Age Concern, who may be able to meet needs within the community and prevent social isolation.
- The provider had good links with community-based health services, such as district nurses, physiotherapists, occupational therapists, GPs and other health care professionals. This was underpinned by a policy of relevant information being shared with appropriate services within the community or elsewhere.

Continuous learning and improving care

- The provider improved care through continuous learning.
- The provider gave information that kept people using the service, relatives and staff informed of updated practical information such as keeping safe guidance and PPE good practice.
- There were policies and procedures regarding how to continually improve and work in co-operation with

other service providers.

- Internal branch audits contained action plans to address any performance shortfalls that required to be addressed and progress made towards them. There were also external quality manager visits that reported on performance based on the five CQC key questions.
- People and their relatives provided the provider with regular verbal feedback to identify if they were receiving the care and support, they needed. A staff member told us, "We are learning new things about people every day."