

Allied Health-Services Limited

Allied Health-Services Peterborough

Inspection report

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Tel: 01733233484

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08 January 2020

09 January 2020

13 January 2020

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Allied Health-Services Peterborough is a domiciliary care agency registered to provide people support with personal care and treatment, disease, disorder and injury. At the time of this inspection the service supported 37 adults and children living in their own homes in Peterborough, Cambridgeshire and Lincolnshire.

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

The registered manager had notified the CQC of most incidents they were legally obliged to notify us of. However, we found one notification had not been submitted and one notification had not been submitted in a timely manner.

We have made recommendations for the registered manager to make sure there is a robust process in place to ensure that all incidents that are notifiable are sent to the CQC in a timely manner.

Trained staff knew their duty of care to follow the systems in place to monitor and manage people's risks and to try to keep people safe from poor care and avoidable harm. Staff used their training and personal protective equipment such as disposable gloves to help prevent the spread of infections. Trained staff managed and administered people's prescribed medicines safely. Field supervision competency checks reviewed staff's competency to manage this support task safely. When errors or poor practice had been identified, staff were spoken with or placed onto medicines refresher training.

Staff received training, supervisions and appraisals from the registered manager to develop and expand their skills and knowledge. Staff were encouraged and supported to give people a good-quality service. Checks were made to monitor the quality of care being given including provider visits to the service. Any actions required were either completed or on-going.

Staff treated the people they supported kindly. People and their relatives had positive opinions of the staff who cared for them or their relative. Staff promoted and maintained people's privacy and dignity when caring for them. People who required this support from staff were encouraged to attend events within the local community.

Staff supported people to eat and drink enough amounts and people were involved in making decisions about their care. Staff gave and respected people's choices. Their preferences on how staff delivered their care was recorded in care records for staff to follow.

Staff investigated any complaints received and resolved them where possible. People and their relatives knew how to raise any concerns. Staff gave people and their relatives opportunities to give their view of the service and from this feedback action was taken to make any improvements.

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:

The last rating for this service was good (published 3 March 2017). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This is the first inspection since the service reregistered with the CQC on 18 January 2019.

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.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Allied Health-Services Peterborough

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

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care and treatment, disease, disorder and injury support to adults and children 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 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 8 January 2020 and ended on 13 January 2020. We visited the office location on the 9 and 13 January 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. We sought feedback from the local authority who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and two relatives about their experience of the care provided. We spoke with seven members of staff including the regional director, registered manager, head of complex care, clinical lead nurse, and three support workers.

We reviewed a range of records. This included three people's care records and 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 were reviewed.

After the inspection

We continued to seek clarification from the provider. This was to validate evidence found around notifications being submitted for all incidents the registered manager is legally obliged to notify the CQC about.

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 good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Trained staff knew the process to follow to report any incidents of poor care or harm. They understood their duty to report safeguarding concerns to try to keep the people they supported safe.
- A poster on display in the agency's office gave information on how to raise any concerns if needed.
- A staff member said, "If I suspected anything I would contact the registered manager. Outside of [the provider] I would report concerns to social services or the police." When asked if they would whistle-blow they replied, "I would if I thought there was an issue because of my duty of care."

Assessing risk, safety monitoring and management

- Staff support helped give people reassurance. A person explained how this extra assistance helped them feel safe. They said, "I am having to use a care agency as I have had several accidents in the bathroom. The extra support makes me feel safe. When [staff] support me with personal care I feel reassured that I am not going to fall again."
- Staff had access to people's care records which held individual risk assessment information including an environmental risk assessment. These gave staff information on how to monitor risks to promote people's safety without removing their independence. For example, equipment people used to promote their independence and well-being was recorded. Staff had information on who was responsible for the servicing of this equipment included in these records we saw.
- The provider had an early warning system where staff reported any concerns they had about people they supported. We found a person's daily notes raised a potential concern that had not been flagged as part of this process. We spoke to the registered manager, head of complex care and clinical lead nurse about the process and why this health concern had not been flagged. We were told these records had not yet been audited but this concern would be investigated. The registered manager confirmed that this type of concern should have been raised by staff using the early warning system. They told us they would communicate this expectation to all staff.

Staffing and recruitment

- The registered manager told us there were enough staff to cover all care call visits. People and their relatives told us that staff were punctual to their care call visits most of the time. One person said, "Staff turn up on time all of the time. No missed care calls [visits]." However, another person told us, "I think they should just let us know if they cannot make the agreed care call [visit] time. Communication feels one way. I think the new [registered] manager at the service is still sorting things out." Records showed that office staff had been asked to make this improvement. However, it was too soon to say whether this improvement had been embedded.
- The number of staff to support each care call visit was determined by the person's care and support

needs. This information clarified how many staff were needed to support people safely.

- Potential new staff had recruitment checks completed on them to make sure they were suitable to work with the people they supported. A staff member said, "I applied for the job and had a face-to-face interview. When I found out I was successful I then had a series of checks completed on me to make sure I was suitable. Checks included showing my driving licence, proof of address, and a DBS [criminal records check] was completed."

Using medicines safely

- Staff supported people's medicines safely. People, who required this level of support from staff told us they had no concerns about how their prescribed medicines were managed. One person said of the medicines support they received, "Staff do all of this for me. They pass me the tablets, I take them, and they watch me take them. It is part of my routine. We have not yet run out of tablets because staff have ordered them for me."

- Staff had information within people's care records about whose responsibility it was to order, collect and administer people's medicines. Where staff administered, they would record this within the medicine administration records (MARs). MARs were then audited to check they were accurate. Any errors found during these checks, such as a gap in the records where staff had not recorded anything, the staff member had to undergo refresher medicines training or were spoken with.

Preventing and controlling infection

- Trained staff told us they had enough personal protective equipment (PPE) such as gloves to use to promote good infection control. A staff member said, "I use PPE and the office staff make sure that we do not run out."

Learning lessons when things go wrong

- The registered manager told us, and records showed that there had been learning from feedback received from people who used the service and their relatives. Learning was for office staff to be prompt when informing people, the reason behind why their care call visit would not be on time. This would help reduce people's anxieties as to whether staff would be attending.

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

- Staff met with potential new people referred to the service to establish their care and support needs. To help make sure staff had the right skills and knowledge to support the person an initial assessment took place.
- Staff who supported people with complex health needs had information from external sources to guide them on, for example, people's specific health conditions or swallowing needs. This information could be found within people's individual care records. Staff then used this up to date guidance and best practice to support people's well-being.
- The regional director showed us a draft care plan that was about to be rolled out to all people. This care plan expanded the current information held within people's care records about oral health support. These were to include more detail on how staff were to assist people in maintaining good oral healthcare. This was in line with best practice guidance.

Staff support: induction, training, skills and experience

- Staff told us when new to the service they completed an induction programme which included training and the completion of the Care Certificate. This is a nationally recognised induction training programme.
- Staff said they had their skills and knowledge to deliver effective and safe care developed through a training programme, competency checks, supervisions and an appraisal. A staff member said, "My induction included doing the Care Certificate workbooks. It was useful completing these. Training here has been good. I have also done specialist training such as moving and handling, peg feeds [when a person cannot feed orally], nippy machines [used to clear a person's airway] ...and oxygen. I have felt confident and competent after this training to deliver this support. I was given a chance of [skills and knowledge] development but due to personal reasons I had to decline. I have had appraisals and supervisions. These are opportunities to discuss any concerns I might have, they are a two-way conversation."

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people where needed to eat and drink sufficient amounts. People told us they were happy with the assistance they got from staff to make sure they ate and drank enough. One person said, "Staff support me with my food and drink. Their cooking is okay." Another person told us, "Staff help me with my food and help me with my dinner in the evenings I have microwaved meals, so they just have to heat it up. Most of the time these are cooked well."
- Staff also supported people who were on a specialist diet due to a health condition or under the speech and language therapist due to an increased risk of choking. A staff member told us, "I have had food hygiene training and training around supporting someone who is at risk of choking. The [person] I support has a mild

risk of choking and we put thickeners in their food." This helped reduce the risk of the person choking.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff made referrals to external health professionals such as speech and language therapists, district nurses, and the GP to promote and maintain people's well-being. A staff member said, "We set up external health appointments. We have set up a doctor's appointment regarding one person's [named concern]."
- Records showed that some people with complex health needs had district nurses visit them to support the person with any nursing tasks required that staff were not trained to support with.
- The head of complex care and the clinical lead nurse told us that there was a nurse on call to support staff with any clinical concerns they may have had about the people they supported.

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 respected people's choices. A person confirmed to us that, "They will prompt me but not in a bossy way, it is done nicely." Another person told us, "Staff ask my permission before they help me."
- The registered manager told us that no one using the service during the inspection lacked the mental capacity to make decisions. People's care records reminded staff that any decisions made on a person's behalf must be in their best interest. Staff demonstrated their understanding of why it was important to support people to make their own choices. A staff member said, "MCA in general is for people who can't make decisions for themselves, so you advise and assist them. You encourage them on what to wear and what to eat using visual prompts."
- Where people had a lasting power of attorney in place, care records did not record the type, or the date or time seen. The regional director and registered manager told us they would make sure this information would be recorded in people's care records going forward. Lasting power of attorney is a legal document that lets a person appoint one or more people to help make health and welfare, or financial decisions on their behalf.

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 good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives gave positive comments about the care and support provided to them by staff. One person said, "Staff have been flexible and worked their routine to work around me which I appreciate. We get pretty regular carers, so not a lot of changes." Another person told us, "The service has been very good on the whole. The carer I have regularly I have built up a good rapport with and get on well with. [They] help me with a lot of things."
- Staff knew the people they supported. Staff assisted people in accordance with the person's wishes and their individual care plans and risk assessments. One relative confirmed to us, "[The] service is going okay. [When staff] are here they do what they have to do and what is required." A person said, "I am very specific about how I want things done...I have no concerns."

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

- Staff supported people to make their views known and be involved in the decisions around their care and support requirements. This included telephone quality reviews.
- A person confirmed to us, "I am involved in my care record and care decisions. The new [registered] manager [named person] has been out to see me and we went through the book [care record] and discussed it. Through this we got to know one another." Another person told us, "I was involved in the setting up of my care records, [staff] got to know me."

Respecting and promoting people's privacy, dignity and independence

- Staff promoted and respected people's privacy and dignity. A person told us, "Staff speak to me nicely. They respect my choices. I need encouragement sometimes to have a bath etc and staff will encourage me nicely and I do feel better afterwards, and I am glad they encouraged me." Other people said, "Staff promote my privacy and dignity when delivering personal care," and "When staff support me with my personal care they try wherever possible to promote my dignity. They could not put me more at ease."

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 good. This meant people's needs were met through good organisation and delivery.

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

- People had personalised care that met their needs and wishes.
- People and their relatives told us how they were involved in the setting up and review of their, or their family members care record. A person said, "I am involved in the [care record] review regarding any changes."

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 told us they currently did not have to provide anyone with information in a different format such as large print or pictorial prompts, to help aid the person's understanding. They confirmed that if required they would be able to action this request.

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

- Staff assisted people who needed this additional support to take part in external activities. A staff member said, "We go to a theatre group. We are looking for a day centre placement [at the moment]. We are out most days." Another staff member confirmed, "We have been to an activity at [named venue] today."

Improving care quality in response to complaints or concerns

- People and their relatives told us they were confident to raise a complaint or concern. A person said, "If I had a complaint I would ring the office. I know how to phone the office and they would resolve the concerns for me." Another person told us, "I can and know how to contact the office and out of hours if I need to."
- Where complaints had been received we saw they were investigated and resolved where possible. Analysis of complaints received were documented and reviewed to look for learning to be made around any patterns or recurring themes as part of the providers governance system.

End of life care and support

- The regional director told us they were looking at developing ways they could ask, and document people's end of life wishes; without the conversations causing any upset to people who did not consider themselves at this stage.
- As clear guidance for staff, where people had wanted to document they did not wish to be resuscitated or

receive any medical intervention should they become seriously unwell, we saw that this information was recorded in people's records.

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 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; Continuous learning and improving care

- We found that the registered manager notified the CQC of most incidents they were legally obliged to notify us of. However, during the inspection we found that one safeguarding notification had not been received by the CQC and one had not been sent in a timely manner. The registered manager investigated and sent the missing notification through to us retrospectively.

We recommend that there is a robust process in place to make sure that all incidents that are notifiable are sent to the CQC in a timely manner.

- Staff told us the new provider and the registered manager had worked hard to make sure it was 'business as usual' during the transition from the old to the new provider. A staff member said about the changes, "It has been business as usual and as smooth as it could be."
- As part of the on-going monitoring of the quality of care provided audits were carried out. The results of these audits were then uploaded into a computerised system that looked at staff and a system that looked at the service delivered to people using the service. This analysis and any actions to be taken were then discussed at the senior leadership meetings to ensure organisational oversight.
- The registered manager also carried out 'self-audits' to monitor the service, the results of these audits were reported to the regional director. Any improvements required were either actioned or on-going.
- The chief executive officer (CEO) also visited the service regularly. Management staff told us that the CEO was very open to new suggestions and ideas and was 'tech savvy.' They told us that due to the provider changes they had been able to re look at systems used and kept what worked but discard or upgrade systems that did not work.

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

- The registered manager, office staff and the care and support staff were spoken positively about by people and their relatives. A relative said, "They do pretty well, with no missed care calls for example, no one's turned up. We have consistent staff which is preferred. If a regular staff member is sick then they will replace them. I am satisfied with how this is done."
- Staff spoken with said they felt supported. Staff spoke positively about the registered manager and office staff. A staff member said, "I'm happy working here. We get advice easy enough when needed... I read the

care records and find them useful. I can contact the office when needed and out of hours [support] is made available to me."

- Surveys were undertaken to gather feedback on the service from people and their relatives. Records showed that mostly positive feedback was received. A person said, "I have been sent a survey to ask me to feedback on how things are going." Where improvements were needed we saw actions taken to try to resolve the issue.

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

- Notifications received of incidents that occurred and complaints records showed us that people were informed in line with the duty of candour. A person said, "I did write in my book that when the carers started leaving... I did have a missed care call [visit]. I was given a choice for another carer to come out, but I declined and chose to go without. It has settled down a bit since then."

Working in partnership with others

- The registered manager and staff worked in partnership with external organisations such as the local authority contracts monitoring team and quality improvement team. They also worked with people's GP's, district nurses, and speech and language therapists. This helped make sure people received joined up care and support.