

Allied Health-Services Limited

Allied Health-Services

Coventry

Inspection report

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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 Coventry is a domiciliary care agency. It is registered to provide personal care to people in their own homes, including, older people, people with mental health needs, and people living with dementia. At the time of the inspection visit the service supported 70 people.

People's experience of using this service:

People and relatives felt safe with staff who visited them. Risks associated with people's care were assessed and managed safely. There were enough staff to provide the care and support people required. There were safe procedures for recruitment of staff and to manage people's medicines.

People's needs were assessed to ensure they could be met by the service. Staff received training and support to be effective in their role. 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. Where required, people were supported with their nutritional needs.

Staff were caring. They respected people's rights to privacy and dignity and supported people to maintain independence. People felt involved in their care and made decisions about their care and support.

People received care from staff they knew around the times agreed. Care plans contained all the information staff needed to provide personalised care. Systems were in place to manage and respond to any complaints.

The provider and managers understood their regulatory responsibilities. Managers and staff understood their roles and responsibilities and staff felt supported by the management team. There were processes for regularly assessing and monitoring the quality of the service.

Rating at last inspection: The last rating for this service was Good. The last inspection report was published (22 March 2017). Since this rating was awarded the registered provider of the service had changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected: This was a planned inspection based on the date and the rating of the previous inspection.

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

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, 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 Coventry

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One inspector and an expert by experience carried out the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. The expert by experience supported the inspection by making phone calls to people who used the service.

Service and service type:

Allied Health Service Coventry is a domiciliary care agency. It provides personal care to people living in their own homes, including, older people and people living with dementia. CQC regulates the personal care provided.

A registered manager was not in post. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. A new manager had been appointed, who was applying to register as manager of the service.

Notice of inspection:

This comprehensive inspection took place on 22 August 2019. The inspection was announced. We gave the service 48 hours' notice of the inspection because we needed to be sure the manager and other staff would be available to speak with us.

Inspection activity started on 24 July 2019 and ended on the 22 August 2019 when we visited the office

location to meet with the manager, speak with staff; and to review care records and policies and procedures.

What we did:

Prior to the inspection, we looked at the information we held about the service and reviewed the information we had received about the service since the last inspection. We also sought feedback from the local authority that contract with the service.

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 the provider had opportunity to discuss this on the inspection visit. We used all of this information to plan our inspection.

During the inspection:

We spoke with 13 people who used the service and three relatives, by telephone to obtain their views of the service provided. We spoke with the branch manager, quality manager, area director and four members of staff.

We reviewed a range of records. This included, four people's care records, including daily records, risk assessments and medicine records. Three staff personnel files, including recruitment and training records. Records of complaints and the provider's quality audits and checks.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe with the staff that visited them. Comments from people included, "I'm safe with them all, I know them, no problem."
- Care staff had completed training, so they knew how to recognise abuse and understood their responsibilities to report concerns to the manager.
- The manager knew the procedure for reporting concerns to the local authority and to us (CQC).

Assessing risk, safety monitoring and management

- People had an assessment completed at the start of the service to identify any potential risks to providing their care and support.
- Where risks associated with people's health and wellbeing had been identified, plans were in place to manage those risks.
- Staff knew about risks associated with people's care and had completed training to manage people's risks safely. Such as, helping people to move, and administration of medicines.
- People confirmed staff knew how to manage identified risks. One person told us, "I'm in a wheelchair and they help to get me out of it and into the hoist carefully."
- There were enough staff to allocate all the visits people required and to ensure people were safe.
- Staff said they visited the same people regularly.
- Records confirmed calls to people were scheduled to a small team of regular staff at pre-arranged times. One person said, "The carers are brilliant. I've had them for four years. They come four times a day, they are on time, and if they can't make it on time, they always give me a phone call."
- The provider used an electronic system for call scheduling, which also monitored the time staff arrived and left people's homes.
- The provider's recruitment process included checks to ensure staff who worked for the service were of a suitable character. Records confirmed checks and references had been obtained before staff started to work with people.

Using medicines safely

- Most people administered their own medicines or had family members that supported them to do this.
- Where staff supported people to take their medicines, this was recorded in their care plan.
- Staff had been trained to administer medicines safely.
- The management team completed regular checks to ensure staff worked in line with the provider's medicine administration procedure and best practice guidance.

Preventing and controlling infection

- Staff received infection control training and followed good hygiene practices to help reduce risks, such as wearing protective clothing.
- People confirmed staff wore gloves and aprons during their care routines. One person told us, "They have gloves, aprons, everything."

Learning lessons when things go wrong

- Staff completed reports when a person had been involved in an incident or accident. These were reviewed locally by the manager and sent electronically to the provider to monitor any trends or themes.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. 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's needs were assessed before they started using the service. Assessments included people's care and support needs, likes and life style choices. This ensured people's needs could be met and protected characteristics under the Equality Act 2010 were considered.
- Information from assessments was used to develop care plans that were kept under review to identify any changes.

Staff support: induction, training, skills and experience

- People and their relatives said staff had the skills and training to look after them. Comments included, "Oh yes they are well trained, and the newcomers come in with the carers and learn."
- Staff received an induction when they first started working at the service. This involved training and working alongside experienced staff.
- Staff new to care completed the Care Certificate. The Care Certificate is a nationally recognised induction standard to provide new staff with the skills and knowledge to carry out their roles effectively.
- Staff completed ongoing training and received individual meetings, to support them with their work.
- Staff spoke positively about the training they completed. Which they said was provided regularly and was a mixture of classroom training and e-learning on the computer.

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

- Where people required support with food preparation, eating or drinking this was recorded in their care plan.
- Staff made sure people who required support with their nutritional needs had enough to eat and drink. For example, we were told, "They always ask if I'd like a drink. I get my own breakfast and they do my dinner at teatime. They put it in the microwave as it's ready-made, and they sit and won't go till I've eaten some of it, so they know I'm okay."
- People told us staff made them drinks while they were there and left them with a drink before leaving.

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

- People made their own healthcare appointments or had family who supported them to arrange these.
- People said staff would contact the GP or district nurse if they were concerned about their health. One person told us, "If I'm not very well they phone the doctor to come. I'm well looked after." Another told us,

"They did phone the doctor after I had a fall, and they got the ambulance."

- Staff monitored people's general health and knew to report any concerns to people's family and the office staff.
- The management team and staff worked closely with health and social care professionals to improve outcomes for people, including social workers, GPs and district nurses.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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. We checked whether the service was working within the principles of the MCA.

- People's capacity was assessed at their initial assessment.
- The managers understood their responsibilities under the Act and knew to contact the local authority if they had concerns about a person's capacity.
- Where relatives had the authority to make certain decisions on behalf of their family member, this was recorded in their care plan.
- People told us they had signed their care plan to consent to the care being provided.
- People using the service made daily decisions for themselves, or with the support from relatives and staff.
- No one using the service had restrictions on their liberty.
- Staff completed MCA training and people confirmed staff gained their consent before they provided them with assistance.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 were happy with the care staff that visited them and described staff as kind, caring and friendly.
- One person told us how staff had made their birthday very special, "They are so kind to me. I'm 92 and I had a marvellous 90th birthday as all the carers came. My lounge was like a flower shop, they all brought me presents and I had a great big cake."
- People told us staff were considerate. For example, "They treat me as if I'm one of their family and talk to me and show me pictures as if I'm their grandma."
- Staff knew how to treat people well. One told us, "Be gentle and nice to people always ask if things are ok. Let people know what you are doing so they know what's happening and communicate in a friendly way."
- Staff often did extra than what was expected of them. One person told us, "If I want a little shopping they pick it up and they will nip out to the post office. They just do it without any fuss."
- A staff member told us how they would 'hang washing out for people and bring them milk if they need it'.
- The managers told us about a member of staff, who after visiting a person whose first language was not English, had gone home that evening and taught themselves some of the person's language so they were able to speak together.

Respecting and promoting people's privacy, dignity and independence

- People thought staff were caring and treated them with dignity and respect. A relative told us, "They call [person] by their name the way he likes, and they always greet him properly. I don't have any worries about dignity and respect."
- Staff knew how to maintain people's privacy and dignity.
- The care and support people received supported them to maintain their independence and remain living at home. People told us, "It's because I have carers that I feel independent" and "They do support me to be independent."
- Staff were able to support people to do things for themselves to maintain skills and independence. One said, "I have time to do things with people rather than for."

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

- People had regular care staff who they could build trust and relationships with. Comments from people included, "They have a kind and caring attitude, they are very friendly and I really do like them." And, "We have nice conversations because they know me inside out. Honestly they are like friends."
- Staff said they had time to sit and talk with people so got to know people well.

- People were involved in their assessment process, care plan reviews and made everyday decisions about their care.

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 good. At this inspection this key question has remained the same. 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's care and support was planned with them when they started using the service. This included agreement of the times their calls were to be provided.
- People said their call times were consistent with what had been agreed.
- People were visited by regular care staff they knew and who understood their needs and preferences.
- Comments from people included, "They're the same people, they don't keep changing them and I get on with them." "I have four regular carers, they all know how I like things, and always ask."
- We reviewed four people's care records that included care plans and risk management plans.
- Plans were personalised, detailed and provided staff with all the information they needed to support people in a way that met their needs and preferences.
- Plans were reviewed with people regularly and were updated if people's needs changed. Reviews took place annually if no changes had occurred.

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 was meeting the AIS standards. Information was available in different formats, such as large print if required.

Improving care quality in response to complaints or concerns.

- Systems were in place to manage and respond to any complaints or concerns raised.
- People knew how to raise complaints and had been provided with complaints information when they started to use the service. One person told us, "If I wasn't satisfied with anything I know the [field care supervisor] in the office very well and I would talk to her."
- Complaints were recorded and monitored by the manager and provider for trends and patterns.

End of life care and support

- At the time of this inspection no one supported by the service was at the end stage of life.
- Care records contained information about people's end of life wishes, if they chose to share it.

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 good. At this inspection this key question has remained the same. 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: 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

- There was no registered manager in post. It is a condition of the providers registration to have a registered manager for Allied Health Services Limited. A manager had been appointed who was in the process of registering with us.
- The service was led by an experienced management team, that included the branch manager, a field care supervisor, and the provider's quality manager and area director.
- Staff said the managers were, supportive, approachable and knowledgeable.
- The provider and managers understood their roles and responsibilities. They understood what they needed to notify us about and their ratings were displayed as required.
- There were processes to monitor the quality of the service. The provider and manager had systems to monitor all aspects of the service, including the scheduling and care planning system, staff training, supervision and complaints. Records from people's homes had been audited when returned to the office and service user surveys were sent regularly.
- Feedback from people and staff were used to support continuous improvement.
- The provider and manager had an improvement plan to drive forward improvements in the service. The plan was kept under review and updated regularly.
- The provider understood their responsibility to be open and honest when things had gone wrong.

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 relatives were happy with the care provided and told us they would recommend the service. Comments included, "I couldn't fault them, they are absolutely brilliant."
- Staff felt supported in their role and received regular individual meetings and observations of their practice to make sure they worked in line with the provider's policies.
- The provider had implemented 'care coach's'. These were experienced staff who supported new staff by providing shadowing opportunities, assessing staff skills, and as acting as mentors who led by example.
- Staff said they felt valued and appreciated. The provider had a 'carer of the month' award to recognise staff contribution and hard work.

- There was an 'on call' system at evenings and weekends so staff working outside office hours always had access to support and advice. Staff told us the 'out of hours' worked well.
- People thought the service was well managed. One person said, "Yes it's run well ... there are no faults at all."
 - Feedback from people, relatives and staff was encouraged through satisfaction visits, review meetings and quality questionnaires. People told us, "They ring and come out to see me to check things are alright," and "They come and talk to us and I'm happy with that."
- People were provided with telephone numbers, so they could contact the if they needed to.

Working in partnership with others

- The management team had developed positive working relationships with people's families and health and social care professionals which assisted in promoting people's physical and mental health.