

Allied Health-Services Limited

Allied Health-Services Macclesfield

Inspection report

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22 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 Macclesfield is a domiciliary care service providing care to 77 people at the time of the inspection. 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.

Most of the care packages delivered were to older people living in their own home, however the service also provided personal care to a small number of people with a learning disability living within a supported living setting.

People's experience of using this service and what we found

Important information was captured through the assessment process about end of life care, however we found people's wishes and preferences could be more detailed. We have made a recommendation about this.

In all other areas of care, 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; the policies and systems in the service supported this practice. People had been involved in developing their care plans which were person centred, and people could change their care plans when they chose.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. This included accessing employment opportunities. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

People received a caring service and felt supported and valued as individuals. People told us they were treated with respect and staff upheld their dignity during care visits. People were supported by staff who knew them well and trusting relationships had been developed.

Systems were in place to manage risks to people's health and wellbeing and medicines were managed safely.

The service was well-led and staff felt well supported by an open and honest culture. The provider also worked with other professionals and organisations to ensure positive outcomes were achieved for people.

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

Rating at last inspection

The last rating for this service was good (published 8 August 2018). 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 re-registered with the CQC on 21 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Allied Health-Services Macclesfield

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 to people living in their own homes.

This service also provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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 24 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.

Inspection activity started on 14 January 2020 and ended on 22 January 2020. We visited the office location on both of those dates.

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 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 five people who used the service, three relatives and a district nurse about their experience of the care provided. We spoke with eight members of staff including the provider, regional director, registered manager, office-based staff, care workers and the trainer.

We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at five 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.

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

- Systems were in place to protect people from the risk of abuse and people confirmed they felt safe with the care they received. One family member told us, "I think my [relatives] are in safe hands."
- Staff understood the actions they must take if they felt someone was being harmed or abused. Referrals had been made to the local authority safeguarding team when abuse had been suspected.

Assessing risk, safety monitoring and management

- People were supported to take risks and live a life as unrestricted as possible. Where risks were identified to people's health and wellbeing, risk assessments had been completed and detailed information was recorded in care plans to minimise the risk. One person told us they felt staff, "know what they are doing" when providing care.
- Staff were aware of people's individual risks and were quick to identify changes or concerns. One family member told us carers had recognised risks to their relative's safety during care visits which had resulted in additional care being provided.

Staffing and recruitment

- Recruitment procedures were safe. Pre-employment checks were carried out on all staff before they started working for the service. One family member told us, "The staff that [the registered manager] pick are right for the job."
- People told us staff were reliable and punctual. Office staff would contact people if a staff member was running late for a visit.
- Most people told us staff were consistent. One person told us, "[Staff members] don't change too often so you develop a nice rapport with them." Some people told us staffing consistency was not always maintained at the weekend. We raised this with the registered manager who explained recruitment was underway for additional staff.

Using medicines safely

- Medicines were managed safely and only administered by staff who had the correct training to do so.
- People we spoke to understood the medicines they took and one person told us, "[Staff] will explain to me if I am not sure."

Preventing and controlling infection

- Systems were in place to protect people from the risk of infections. Staff used personal protective equipment (PPE) such as gloves and aprons. People confirmed that staff always used these when providing

care.

Learning lessons when things go wrong

- There was a robust system in place to monitor and review accidents and incidents.
- Staff demonstrated that they understood how to respond, record and report incidents and accidents safely.

Is the service effective?

Our findings

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

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they received a service. This information was used to develop risk assessments and care plans which reflected personal choices, current standards and best practice guidance.
- People receiving a service confirmed they had been able to discuss their care needs and wishes with staff before the care package started.

Staff support: induction, training, skills and experience

- Staff received the support they needed to do their job well. New staff completed an induction and confirmed that they shadowed experienced staff before working alone.
- Staff received appropriate training and spoke positively of the training they received. They told us it made them feel confident to do their job well. One staff member told us, "The training is brilliant, and [the trainer] makes sure I understand things."

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

- Staff were aware of the nutritional needs of people and individual needs were clear within care plans.
- People spoke positively of the support they received around maintaining a balanced diet. One family member told us, "[Name] has to have food blended due to risk of choking. Staff make sure meals are blended and still take [name] out to meals so [name] doesn't miss out."

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

- The registered manager and care staff worked with other agencies to ensure people received consistent, effective and timely care. Professional input and advice was clearly reflected in people's care plans, and professional's spoke positively of the service.
- People told us they were supported to access their GP, and family members confirmed they were kept informed of any health issues. One family member told us, "The staff are on the ball for this, and keep me informed."

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.

- The service was working within the principles of the MCA and staff were confident in explaining how they would support a person who refused care.
- People had signed their care plans to confirm they agreed with the care they would receive and confirmed staff always sought their consent before providing care.
- Where concerns arose about a person's capacity to give consent or make a choice, care records contained assessments of capacity and the outcome of any decisions made in a person's best interests.

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 confirmed they were well treated and supported. One person told us, "[Carers] are great. I would give them all 110%." Another told us, "I don't think there is anything they could do better. They staff are lovely, and we get friendly with quite a few of them."
- Staff had built positive and trusting relationships with people and their families. One family member told us, "I think the care is impeccable. Couldn't ask for anything more." Another told us, "They all seem lovely."
- Staff considered people's protected characteristics under the Equality Act 2010. Religious and cultural needs were discussed when developing the care plan.

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

- People (and their relatives) were fully involved in decisions about the care and support they received. One person told us, "I have seen my care plan and have been involved in it." Another told us, "I could ask at any time if I needed to change anything." A family member told us, "We have meetings once a year with the social worker and Allied to talk about [name's] care and plans are reviewed."

Respecting and promoting people's privacy, dignity and independence

- Staff encouraged people to do as much as they could for themselves. One family member told us, "Staff support [name] to be as independent as they can. Staff will encourage [name] to help cook for themselves."
- People told us staff respected their privacy and dignity. One person said, "The staff will always knock on my door." Staff could describe how they provided support in a way that upheld peoples dignity.

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.

End of life care and support; Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- At the time of the inspection, the service was not supporting anyone with end of life care. Although information was recorded in care plans when a person didn't wish for resuscitation in a medical emergency, we found end of life wishes were not specifically discussed with people when their care plan was developed.

We recommend the provider considers best practice guidance to ensure people have an opportunity to share their wishes and preferences about end of life care.

- In all other areas of care, people received a service which did reflect their needs and preferences. Care plans were person centred, capturing people's personal histories and specific wishes in relation to the care they received. We were told, "[Staff] listen to me, and they are lovely. They do everything for me I need them to," and, "[Staff] do what I want them to do." One family member also told us the care provided was, "Very personal to [name]."
- Staff told us care plans were clear and easy to follow and they were kept informed of any changes. One staff member explained they didn't just depend on a written care plan and told us, "I get to know people through talking and spending time them."
- Care plans were reviewed on a regular basis in response to changes in need.

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 communication needs of people were thoroughly assessed and reflected within care plans.
- People confirmed they were supported with their communication needs. One person told us they received assistance with reading letters and a relative told us staff understood the needs of a person who used body language to communicate very well.
- Information was also available in different formats To help people who may find small print or complicated information difficult to understand.

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

- The service considered people's social and cultural interests when developing care plans and supported

people to pursue their personal interests including visiting local cafes, attending social groups and shopping. People were also supported to access and maintain voluntary work placements. We were told the encouragement and support from staff had also helped one person in particular to develop and maintain new friendships.

Improving care quality in response to complaints or concerns

- There was a robust system in place for recording complaints. We saw that where complaints had been received there was a detailed record which included a record of actions taken. We also saw that feedback was provided on each occasion.
- Information was available informing people of the complaints process and people confirmed they knew how to make a complaint.

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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 the service was well led and staff shared the registered managers vision for the service. When speaking about their role, one staff member told us, "I love it. My job is caring for people and we are helping people live longer at home. I make sure that people that need help are treated the best they can. If it was your family member you would want them to be treated well and that's how I always think about it."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was a robust framework of governance underpinning the service. Audits and other checks completed by the registered manager and senior care staff were effective in identifying and driving improvements.
- The provider met regularly with the registered manager to discuss the quality of the service provided and new initiatives which would further improve the service. This included the planned introduction of a new intranet system to improve communication and access to information which would assist staff in their daily role.
- The registered manager understood their responsibility for notifying the Care Quality Commission of events that occurred within the service and we saw that accurate records were maintained.

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

- People confirmed they were encouraged to offer feedback about the service through regular contact and questionnaires. The results of these recorded positive satisfaction with the service provided and records were maintained of improvements made as a result of feedback.
- Staff were engaged and motivated and felt valued in team meetings. They told us there was an open and honest culture to share their views and felt they were listened to.
- The registered manager worked closely with external professionals and local community groups to ensure consistently good outcomes were achieved for people.