

Allied Health-Services Limited

# Allied Health-Services Sutton

## Inspection report

Unit 29, Earlsfield Business Centre  
9 Lydden Road  
London  
SW18 4LT

Tel: 02074034888

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

About the service:

Allied Healthcare Sutton is a domiciliary care agency. It provides personal care to people living in their own houses and flats. At the time of our inspection it provided a service for 102 people. Not everyone using the service receives 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

People were not consistently protected from the risk of harm. People told us they experienced poor staff consistency over visit times and missed calls left people at risk of harm.

People and relatives raised concerns and made complaints about some poor care experiences. While the provider had a complaints policy and procedure in place, people felt they were not listened to when they raised issues.

Technology was not consistently or effectively used by the provider to ensure people were informed promptly about missed or late calls.

We have made a recommendation about the use of available technology and existing systems to improve the tracking of planned care calls to people.

The provider's auditing systems and quality assurance methods in place to monitor the quality and safety of the service did not ensure areas of concern were always picked up and/or managed in a way that enabled improvements to be made as required.

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. The provider followed the principles of the Mental Capacity Act, 2005 (MCA) in planning and delivering people's support. People's consent was obtained before they were supported.

Staff were trained in safeguarding people and understood how to assess, monitor and manage their safety.

A range of risk assessments were completed, and preventative action was taken to reduce the risk of harm to people.

People were supported with their medicines in a safe way.

People's nutritional needs were met, and they were supported with their health care needs when required.

The service worked with other organisations to ensure that people received coordinated care and support.

People were protected by safe recruitment process which ensured staff were suitable to work in care services. There were enough staff to meet people's needs.

All staff received training for their role and ongoing support and supervision to work effectively.

The registered manager and staff spoke about the people they supported with care and kindness.

Assessments and care plans included details of people's preferences and wishes for care and support.

People told us they were involved in the assessment and care planning process.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection:

This new service was registered with us on 18 January 2019 and this is the first inspection.

The last rating for this service was good (published 18 June 2018). Since this rating was awarded the registered provider of the service has changed, the service has moved premises and the provider has altered its legal entity. 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 previous rating and the date this provider registered with us.

Enforcement:

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 to do with the provider lacking both effective management of complaints and robust quality assurance processes. We made one recommendation to do with the use of technology. Please see the 'action we have told the provider to take' section towards the end of the report.

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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### 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 not always responsive.

Details are in our Responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

**Requires Improvement** ●

# 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

Our inspection was completed by one inspector.

#### 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

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because the registered manager is often out meeting people and staff. We wanted to make sure someone would be available to meet with us

The inspection site visit took place on 21 & 28 January 2020.

#### 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. We used the information the provider

sent us in the provider information return. 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 all of this information to plan our inspection.

#### During the inspection

We visited the offices of this service. We spoke with the chief executive officer, the quality assurance manager, the regional manager, the registered manager, a care co-ordinator, a field care supervisor and three care workers. We reviewed a range of records including seven people's care 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 were also reviewed.

#### After the inspection

We spoke with twelve people who used the service, three relatives and two health and social care professionals on the telephone.

# 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 requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- Staff did not always attend people's care calls on time. Communication with people by the office was not always good. People and their relatives had varying opinions about the punctuality of staff. One person said, "Timing is an issue, they don't tell me when they are going to be late or early so I never know." Another person said, "I don't know when to expect them, they often come late or early." A relative said, "They are usually on time although there have been occasions when they have been late, and the office don't let us know."
  - Some people told us they received a rota informing them which staff would be attending their care calls. Other people said they would like to receive a rota so they could know who was coming each week. Some people told us times were changed and they were not always informed. We spoke with the registered manager who told us they were aware of these concerns and had taken action recently to deal with them. They said there were some geographical issues with staff in some areas of the borough. Rostered calls had recently been re-arranged to reduce travelling time for staff between calls. Travelling time had also been extended and office staff directed to ensure where staff were likely to be running late so that people were informed as a priority. The registered manager acknowledged that at the time of this inspection the new arrangements for staff rotas and travelling time had not resulted in the expected improvements.
  - Staff told us they could experience delays traveling between calls at peak times of the day. They told us this was usually due to delays in public transport. One staff member said, "Now our calls are clustered together this should start to make a difference. Sometimes in the past, traffic and distance made us late". Another staff member said, "For staff using public transport travelling time can be especially difficult."
  - Where people received their care and support from regular staff they told us usually their care was provided on time. One person said, "My regular staff are good and usually get here on time." A relative said, "[Family member] has a group of regular carers who are pretty good with time keeping."
  - Robust recruitment checks were carried out before staff commenced their role. New staff had appropriate references, criminal record and identity checks completed before starting work. These checks enabled the provider to assure themselves that staff were of suitable character to work with vulnerable people.
  - The registered manager told us recruitment was ongoing. Where calls required covering at short notice the registered manager told us these were picked up by management and/or the existing staff team.
- Systems and processes to safeguard people from the risk of abuse
- The provider had appropriate policies and procedures in place to safeguard people from abuse that were linked with the local authority. Staff understood their individual responsibilities to report concerns and confirmed they received training in protecting people from abuse or harm. They felt confident their concerns would be acted on by the registered manager.
  - All of the people and their relatives told us they felt safe with staff. Comments we received included,

"When the carers come they do a good job for me and I do feel safe with them," and "I feel safe with the carers who come here. I know time keeping is an issue but when they are here they do a good job," and "They are sometimes a bit late, but they do everything they are supposed to do and I feel safe with them."

- The registered manager understood their responsibilities to protect people from the risk of abuse and reporting concerns of abuse to the local authority safeguarding team and CQC.

#### Assessing risk, safety monitoring and management

- Risk assessments for people helped to minimise the risks of avoidable harm. They covered risks with people's safety and the delivery of their care and support were assessed. Risk management plans were included as part of people's care plans. This included risks relating to the person's medicines, mobility and their home environment. Records showed assessments were detailed, reviewed regularly and reflected the current risks to people's health and safety.
- Risk assessments were in place for the environment to protect staff as well as people from potential harm such as from trip hazards.

#### Using medicines safely

- People received the support they needed with their medicines. One person said, "They prompt my medicines as prescribed by my GP." A relative said, "They prompt [family member] appropriately and they sign the sheets [medicines administration records]."
- Care plans contained guidance for staff when supporting people with their medicines. Some people could manage their own medicines and others only required prompting or had relatives to support them. The records we looked at were appropriately completed showing people received their medicines when they needed them.
- Staff who administered medicines were trained to do so. The registered manager told us staff received regular assessments to ensure they remained competent and administered medicines in line with the company's policies and procedures.

#### Preventing and controlling infection

- Measures were in place to control and prevent the spread of infection that staff were fully aware of. Staff had personal protective equipment (PPE) available including gloves and aprons. People confirmed staff wore PPE when providing care and support.
- Staff completed infection prevention and food hygiene training to ensure they helped to keep people safe from the risk of infection.

#### Learning lessons when things go wrong

- There were processes in place to share any identified learning from incidents with staff. Staff meetings were used to feedback on any lessons following an accident or incident, so that practices could be changed if required.



# 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

- Before people's care started the provider received comprehensive assessment information from the referring local authority to do with people's physical, mental and social care needs. The provider subsequently carried out their own assessment of people's needs to help ensure people received care that reflected their assessed needs and personal choices in line with best practice.
- People told us assessment of their needs was done together with them or their relatives. Relatives confirmed this and said people were encouraged to be as independent as possible and were given choices as to how they wanted their care to be provided for them.

Staff support: induction, training, skills and experience

- The registered manager showed us the induction records used with all new staff. This evidenced all staff received induction training. Staff told us this helped them to carry out their roles effectively. Staff said other training they received helped them to develop their skills and knowledge appropriately for their roles. The registered manager said that training was refreshed annually and delivered by a variety of methods including e-learning and classroom-based learning.
- Staff received appropriate support to carry out their roles effectively. Staff said that the registered manager was always available if they needed to discuss anything related to their work.
- One to one supervision sessions were held with staff. Office based staff carried out spot checks on staff whilst they were providing support to people in their homes. During the checks they obtained the views of people who used the service about the staff working with them. Any issues were raised with staff in supervision, so improvements could be made.
- Staff also completed an annual appraisal which helped the registered manager and staff plan any additional training they required.

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

- People told us they were supported by staff appropriately with the preparation of their meals. They said their help and support was agreed with them when their care plan was drawn up. They were happy with this support.
- People's care records contained guidance for staff on the support they needed with their meals. People's likes and dislikes were also recorded.
- Where people had specific food or nutritional requirements, detailed guidance was in place to support staff.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other

agencies to provide consistent, effective, timely care

- Staff told us they knew when people needed intervention from a health or social care team and would either contact the office or make appropriate contact with them.
- Records showed people received support from other agencies and staff supported people in line with the recommendations and guidance provided. The care plans we inspected included details of health professionals and there were procedures for staff to follow in reporting any health emergencies and summoning assistance when required.

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 registered manager knew what they were responsible for under these principles.

- Where people could make decisions for themselves records showed they had agreed with the care that was to be provided. Where they were unable to do so relatives made appropriate decisions for them and appropriate best interests meetings held. Staff explained how they engaged people to gain their consent. One person said, "They always ask me how I am and what I want doing before they start with my care."

# 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 relatives were generally positive about the care they received. When speaking about regular staff people told us they were friendly, kind and compassionate and took time to have a chat while they were supporting people with their care. One person said, "Everything is going well. I have a regular carer who is good with me." Another person said, "I always get different carers and they don't know me so well, but I am happy with the care I get." A relative told us, "The regular ones are all kind to my [family member] but some of the others [the irregular carers] often don't say much at all."
- People told us their individual needs and wishes were considered when their care needs were assessed. For example, staff respected any cultural or religious preferences and observations.
- Staff told us they always considered people's individual circumstances to do with equality, diversity and human rights when discussing care and support with people. Comments from staff reflected their belief in the importance of treating people equally, taking into account their specific and individual needs. Comments included, "I always treat people as I would want to be treated and respect their wishes as to how they would like me to provide their care for them."

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

- People told us they were involved in discussions about the care and support they required at the start of their care delivery. They said care plans were developed with themselves or with their relatives when appropriate.
- Staff told us that they always checked how people wanted their support to be provided and encouraged them to make choices and express their preferences.
- Staff understood people's communication methods. Staff stated they explained things as much as possible, for example, by speaking clearly to ensure people understood and using short sentences.

Respecting and promoting people's privacy, dignity and independence

- People told us their right to privacy and dignity was respected and maintained. One person said, "My carers asked me how I would like my personal care to be given. For instance, how I would like my showering to be carried out. I told them I like to be covered with a towel when taking me to have a shower. That's what they do, so I am happy with that."
- Staff said they respected people's privacy and explained how they supported people to maintain their independence. For example, by giving clear explanations of what they were going to do and covering people when they received personal care.
- Confidential information kept in the office was locked away. Computers used by the office staff were password protected to keep information secure. Staff were aware of the importance of maintaining

confidentiality.

# 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 requires improvement. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- People and relatives raised concerns about their poor care experiences. They told us they felt they were not listened to when they raised issues. For example, some people confirmed they were experiencing problems with late visits and occasionally missed calls. People's comments included, "I am not happy, they are often late, more than 20 minutes and sometimes 40 to 50 minutes late"; "I've complained about it [late calls], sometimes it gets better for a while but it soon goes back to being sporadic" and "Sometimes they come on time but today for instance they were 45 minutes late with no communication from the office."
- We spoke with local authority commissioners and they confirmed they received complaints from people as a result of late and missed calls and a lack of effective communication from the office to inform people appropriately.
- People were given a copy of the provider's complaints' policy and knew how to raise any concerns or how to make a formal complaint. There were systems in place to record, investigate and respond to complaints.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate the provider effectively managed people's complaints and this placed people at risk of harm. This was a breach of regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- All the people said they were consulted at the start of their care package by office staff as to how they would like their care support to be provided.
- Three people we spoke with said they did not have a copy of their care plan in their home. Twelve people said they had a copy and they also said the help they received met their needs.
- Existing technology was not consistently or effectively used by the provider to ensure people were informed promptly about missed or late calls. All the managers we spoke with acknowledged improvements were needed in tracking care calls. They told us they were reviewing current systems to help minimise these concerns and to provide the agreed level of care to people that was expected by them.

We recommend the provider reviews available technology and existing systems to improve the tracking of planned care calls to people.

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 stated when required Information was provided to people in accessible formats, which included braille, easy read and large format.

#### End of life care and support

- At the time of this inspection site visit, no people were being supported with end of life care.
- People's preferences and choices regarding end of life care were discussed including their cultural and spiritual needs and their wishes and preferences set out in their care plans. The registered manager stated they would work alongside health and end of life care specialists such as Macmillan nurses and the GP.
- Staff received training for working with people receiving end of life care.

# 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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- People's views were sought to develop the service. Feedback was gathered from people, relatives and staff through spot checks and quality surveys. The quality assurance manager provided us with copies of a survey carried out in December 2019 and also the 2018 annual satisfaction survey. Quality audits did not comprehensively draw together information from different sources such as from telephone monitoring calls, complaints or other audits into an action plan. This meant issues were not always dealt with effectively or efficiently and improvements had not been made as required.
- The provider's auditing systems to ensure good governance was not sufficiently robust because it had not identified and resolved the issues we found including those relating to missed calls, late calls and poor communications with people from the office.

The provider failed to have robust systems in place to assess, monitor and improve the quality and safety of the service to drive improvements or provide quality care to people. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had an out-of-hours system which people, their relatives and staff used to contact the management team in the event of an emergency.
- Staff told us they felt supported by the registered manager and had staff meetings to keep updated with any changes. One staff member said, "I can always speak with the registered manager if I have a problem or I am unsure about anything." Another staff member said, "The registered manager is approachable and will listen."
- Staff understood their roles and responsibilities and who to go to if they had any concerns relating to people's well-being.
- The service had an audit in place for monitoring shortfalls relating to people's care plans. The audit identified missing information and paperwork. Actions were being taken to address these shortfalls.

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 ensured they notified the CQC of incidents they were required by law to tell us about. This is so we can check appropriate action has been taken.
- The registered manager and provider were clear about their responsibility to be open and transparent in

line with their duty of candour responsibility.

- The providers rating for this service was displayed on their web site and displayed in their offices.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

- The registered manager planned people's care openly and in partnership with them and others involved in their care. This ensured people's care was individualised and met their needs. People confirmed their needs were met by the staff who supported them.
- The registered manager and other office-based staff contacted people to seek their feedback via telephone monitoring calls and spot checks. The provider involved people and their relatives in any investigations when things went wrong, although this did not always result in lasting improvements.
- Staff told us the registered manager communicated well with them and regularly called them to update them on any changes. Regular team meetings were held where they listened to the experiences of staff and any suggestions they had to improve the service.

Working in partnership with others

- The registered manager said they were working in partnership with other agencies such as voluntary and statutory services. We saw staff worked with external health and social care professionals, such as district nurses and social workers.
- The registered manager told us they were working with the local authority contracts and commissioning team to improve the service and people's experience. The contracts and commissioning team confirmed this with us and said they had regular meetings with the provider and were actively working with them to address the issues identified by people to do with late and missed calls.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 16 HSCA RA Regulations 2014
Treatment of disease, disorder or injury	Receiving and acting on complaints  Complaints made by people were not effectively managed and resolved as required

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Quality assurance processes did not pick up issues and concerns expressed about missed calls, late calls and poor communication with the office staff.