

Allied Health-Services Limited

Allied Health-Services Wirral

Inspection report

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08 January 2020

09 January 2020

10 January 2020

13 January 2020

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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 Health-Services Wirral is a domiciliary care service providing personal care to people in their own homes. 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. At the time of the inspection, the service was providing personal care to 137 people.

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

Systems in place to monitor the quality and safety of the service were not always effective in identifying areas of the service that required improvement. Although people's feedback regarding their care was positive, people told us they did not feel the service was always well managed. Systems were in place to gather people's views regarding the service and staff meetings provided staff with the opportunity to have their say. The registered manager and staff were aware of their responsibilities and told us they would recommend the service.

People told us they felt safe with the support provided by staff. We found however, that risk was not always assessed and managed comprehensively. For instance, one person's plan of care was not always followed by all staff. There were sufficient numbers of safely recruited staff to meet people's needs. Staff were knowledgeable about safeguarding procedures and knew how to respond in the event of an emergency, such as if a person was unwell or had fallen.

People told us they did not always receive person centred care, as staff were not always aware of their needs or how they wanted to be supported. However, people that had support from regular care staff, felt the staff knew them and their preferences well. People did not always know what time staff were scheduled to arrive, or which staff member would be visiting. We made a recommendation about this in the main body of the report. Care plans were detailed and reflected people's needs and preferences. People's communication needs were assessed and recorded and people knew how to raise any concerns they had.

People and their relatives told us staff treated people with kindness and compassion, protected their dignity and provided support in ways which promoted their independence. People were involved with the development and review of their plans of care.

Systems were in place to gain people's consent to the care provided. 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. Staff were supported in their roles through an induction, training and regular supervisions and appraisals. People told us they felt staff were well trained and staff agreed that they had access to mandatory training, as well as any additional courses they felt would benefit them to support people effectively.

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

Rating at last inspection

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

Why we inspected

This inspection was undertaken in line with our inspection schedule for newly registered services.

Enforcement

We have identified breaches in relation to safe care and treatment and the governance of the service at this inspection.

Follow up

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

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 Wirral

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 undertaken by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short period of notice of the inspection to enable consent to be gained to visit people in their own homes.

Inspection activity started on 8 January 2020 and ended on 13 January 2020. We visited the office location on 8 January 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and we sought feedback from the local authority. 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 nine people who used the service about their experience of the care provided over the telephone. We also received feedback from eight relatives. We spoke with seven members of staff, as well as the registered manager, quality manager, regional manager and the nominated individual.

We reviewed a range of records. This included four people's care records and their medication records. We looked at four 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 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.

Assessing risk, safety monitoring and management

- Risks to people had been assessed, but the assessments were not always thorough and measures taken to minimise the identified risks were not always followed or recorded.
- We became aware that one person's care was not always provided safely by a staff member, or in line with their plan of care. This was discussed with the registered manager, who took appropriate actions to address this and ensure the person's safety.
- A person's risk assessment identified the risks of them smoking in relation to visiting care staff, but not the individual risks to the person, or how they could be minimised.

Failure to ensure risk was managed appropriately is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Most people told us they felt safe with the support staff provided. Comments included, "I feel safe because my carers prevent me from falling", "[Staff] are conscious of my safety at all times, I feel very safe with them", "I always feel safe when they are here" and "It is very safe care." Relatives agreed, and one told us, "I feel safe to leave [relative] in their care."
- Staff knew how to respond in the event of an emergency, such as if a person was unwell or had fallen.
- People had contact details for the service and an on-call system was in place. This helped to ensure advice and support was always available to people and staff.

Using medicines safely

- Medicines were not always managed in accordance with guidance and best practice.
- People who required support with their medicines had this recorded clearly within their plan of care. However, one person's daily log reflected that they had a prescribed cream administered on several occasions, but there was no medication administration record (MAR) in place. We raised this with a registered manager and on the second day of the inspection, we saw that a MAR had been implemented.
- Although staff had completed training in relation to the management of medicines, not all staff had had their competency assessed before administering medicines independently. We discussed this with the registered manager who had a competency assessment template and agreed to ensure all staff were assessed before they administered medicines unsupervised.

We recommend the provider reviews and updates its processes to ensure medicines are managed safely by trained and competent staff.

Staffing and recruitment

- Staff were recruited safely as all necessary pre- employment checks had been completed.
- Sufficient numbers of staff were recruited to meet people's support needs. They were allocated enough travel time between their scheduled visits.
- People told us staff usually arrived on time, although they were not all happy with the times of call they had been allocated. Most people told us staff stayed for the full amount of time they were scheduled to.

Systems and processes to safeguard people from the risk of abuse

- Staff had undertaken safeguarding training and knew how to raise any concerns they had appropriately.
- A safeguarding policy was in place to guide staff in their practice and records showed that safeguarding concerns had been reported and responded to.
- A whistleblowing policy was also in place and staff told us they would not hesitate to escalate a concern if they felt it had not been dealt with appropriately.

Preventing and controlling infection

- Staff had access to gloves and aprons to help prevent the spread of infection.
 - Infection control training was provided to staff and a policy was in place to help guide their practice.
- People told us staff understood the importance of effective infection control. One person told us, "They always wear clean gloves and aprons and dispose of them effectively which is good" and another person said, "The carers seem very aware of the risk of infection and how to prevent it."

Learning lessons when things go wrong

- Accidents and incidents were reported and recorded electronically. This information was overseen by head office, who advised what further actions may be required.
- All incidents were reviewed to look for any trends and assess whether future incidents could be prevented and were discussed with the quality manager each month.

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.

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.

- Records showed that when able, people consented to their plan of care.
- If there were concerns regarding people's capacity to make specific decisions, the registered manager told us they would liaise with the person's social worker.
- One person's consent to care had been signed by a relative. This was raised with the registered manager who told us this person had power of attorney and so had legal authority to provide consent on the person's behalf. There was however, no records to evidence this. Since the inspection, the registered manager has advised that this evidence is being put in place.

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

- People's needs were assessed prior to support commencing, to ensure staff were aware of, and could effectively meet their needs.
- Detailed plans of care were developed based on initial assessments, as well as assessments provided by other health and social care professionals.

Staff support: induction, training, skills and experience

- Staff completed a comprehensive induction and annual refresher training in areas necessary to provide safe and effective care to people. They also completed shadow shifts until they felt confident to support people on their own.
- People told us staff were knowledgeable and knew how to support them safely. Their comments included, "My carers training is more than adequate" and "[Staff] seem confident and competent."
- Staff received regular supervisions and spot checks and most staff told us they felt very well supported in their roles.

- The registered manager told us they planned to develop ambassador roles for staff, in areas such as mental health, domestic violence and LGBTQ+. Staff would be provided with training in these areas and people would then have points of contact within the organisation.

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

- When people required support with meals and drinks, this was clearly recorded within their plans of care.
- People told us they were happy with the meals provided by staff, that they were well prepared and always their choice.

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

- Staff worked with other health and social care professionals to ensure people's needs were met. For instance, staff had recently arranged for a referral to be made to an Occupational Therapist to assess a person.
- People told us staff would support them if needed, to contact their GP if they were unwell, or to attend medical appointments. One relative told us, "They notice changes in [relative] and alert me and ask me to call a GP." Another relative said, "They seem to be able to manage all situations."

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 told us they were treated with kindness and compassion by staff. Comments included, "[Staff member] is wonderful, efficient, cheerful and professional, they are all good though", "I have two regular carers who are excellent, thoughtful and considerate", "My carers are very good, and I am happy with everything. We have a good rapport and can have a chat and share a joke" and "I never feel talked down to, in fact, I now feel it is more like a friend coming in every day."
- Relatives agreed that staff were respectful and treated people well. They told us, "They are all smashing and do a very difficult job with a smile", [Staff member] is especially helpful, she is excellent. On her first visit she brought a memory box and [relative] had great fun looking through the items."
- Staff spoke warmly about the people they supported and knew people's needs and preferences well that they visited regularly.
- Most language used in records about people was respectful and reflected the care people wanted. We discussed the content of one person's daily log with the registered manager and they addressed this straight away with the staff member involved.
- There were policies in place to promote equality and diversity and support staff to provide individualised care.

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

- Records showed that people were involved in regular reviews of their care and changes made based on their feedback.
- Satisfaction surveys were sent to people by head office and regular telephone surveys were undertaken to gain people's views regarding the care provided to them.
- An advocacy policy was in place and the registered manager knew how to access advocacy service should people require support with decision making.

Respecting and promoting people's privacy, dignity and independence

- Care plans reflected that care was provided in ways to maintain people's independence as much as possible. They advised what people were able to do themselves and what they required support with. Staff told us they always encouraged people to do what they could, but were there to support them when needed.
- People told us their privacy and dignity were maintained by staff and that they never felt rushed. One person told us, "The regular staff encourage me to do as much as I can myself. They always close the curtains when they are showering or dressing me." Another person said, "I find that my carers are respectful in every way." A third person told us, "They never rush me, we always go at my pace."

- People's personal information was stored securely in the office. Staff used an application on a mobile phone to store people's contact details, reducing the risk of paper records being mislaid.

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.

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

- Support was not always provided in an individual, personalised way. People told us that they often received support from the same core group of staff. However, when there was a new carer, people told us they did not always know their care needs or how they liked to be supported. They told us, "I find it frustrating that new staff don't know my support needs and I have to keep telling them what to do" and "New carers can be a problem though, as no-one seems to go through my support needs with them in advance."
- Staff confirmed that they were not routinely provided with information regarding people's needs if they had not supported them before. Some staff told us they would contact the office for information, but others would speak to the person when they arrived or read their care plan.
- People told us they used to receive a rota to advise which carer would be calling and when and they found this helpful, but no longer received it. They told us, "It's the timing issue that is the biggest concern for me, a rota sheet would really help to improve the situation" and "It has been a bit of a mess over the past few months, I didn't know who was coming or when." We discussed this with the registered manager who agreed to discuss reinstating provision of rotas with the provider.

We recommend the provider reviews and updates its practices to ensure people receive person centred care.

- People that received support from regular staff told us those staff knew them well, including their preferences. They told us, "I think my carers know my support needs very well" and "They call me by my first name which I prefer."
- Care plans were detailed and reflected people's needs and preferences. They inform staff what is important to people and what a good day looks like for them as an individual.

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.

- People's communication needs had been assessed and staff knew how to best communicate with people.
- Staff told us one person was unable to communicate verbally, so used drawings to converse with staff, depicting what they wanted to eat, where they had been that day, or how they were feeling.
- The regional manager told us information from the organisation was available in different languages

when required and this had been provided in the past.

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

- When required, people were supported to access activities of their choice. For instance, one person's plan showed staff supported them to go swimming and attend a disco.

Improving care quality in response to complaints or concerns

- A complaints policy was available, and people were provided with information as to how to make a complaint if they needed to.
- People told us they knew how to make a complaint and would not hesitate to raise any concerns. One person told us, "As yet there have been no complaints whatsoever. If the need arose I would ring the office." Another person told us, "There have been no complaints to date. If anything, I have nothing but praise."
- Complaints were recorded, and records showed they were responded to appropriately.

End of life care and support

- There was an end of life care policy in place to help guide staff during these times.
- The service was not supporting anybody with end of life care at the time of the inspection. The registered manager told us staff were scheduled to attend training in this area. They told us staff work with other health professionals to provide effective support when required.

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

- Systems were in place to assess and monitor the quality and safety of the service. However, they were not always effective as they did not identify all the issues we highlighted during the inspection. For example, the audit of the daily logs did not highlight the use of inappropriate comments recorded by staff and the checks on care files did not pick up that one person did not have a MAR chart in place despite prescribed creams being administered by staff.
- Although people's feedback regarding their care was positive, people told us they did not feel the service was always well managed. One person said, "To me it seems that this company sometimes supports their own interests rather than ours." Another person who was unhappy with the management of the service said, "At the moment, it seems like [the company] are leading me in this." They felt they did not have a say in decisions regarding call times or who supported them.

Lack of effective governance systems to ensure the service provides high quality care, is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Regular observations and spot checks were completed to ensure staff continued to provide high quality support to people.
- The registered manager participated in monthly quality meetings with registered managers from the provider's other services, and the quality the manager. This enabled them to discuss any lessons learned, good practice or changes required to improve the service for people.

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

- Not all people were happy with the times of the call they received, or the fact that they did not know who would be attending each day to support them.
- Most staff told us that enjoyed their jobs and would be happy for their family members to receive care from Allied.
- Staff were well supported in their roles with regular supervisions and spot checks and most staff told us they could raise any issues they had with office staff. Staff told us office staff, "Bend over backwards to help" and are "Always there to help."
- All staff were rewarded with discounts at local leisure facilities and staff who introduced a friend that went on to be recruited, were given a sum of money.

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

- There had been no recent occasions when the service had to act on its duty of candour.
- Accidents and incidents and were reviewed by head office and addressed to ensure the service acted in an open way.

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

- The registered manager had submitted statutory notifications to CQC appropriately.
- An out of hours system was in place to ensure people using the service and staff could contact a senior member of staff if required.
- A range of policies and procedures were in place to help guide staff in their roles and help ensure staff were aware of their responsibilities.
- Staff were aware of their responsibilities. They were provided with a job description when they started in post to help ensure accountability for their practice.

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

- Systems were in place to gather feedback from people about the service they received. These included annual reviews, quality questionnaires and complaints processes.
- Staff meetings were held to enable staff to share their views regarding the service and receive update regarding the organisation, any changes and sharing of good practice.
- The registered manager and staff worked with other professionals involved in people's care when required, to achieve good outcomes for them.

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 12 HSCA RA Regulations 2014 Safe care and treatment Risk to people was not always assessed and managed comprehensively.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems in place to monitor the quality and safety of the service were not always effective in identifying areas of the service that require improvement.