

Allied Health-Services Limited

Allied Health-Services Rozel Court

Inspection report

Rozel Court
Boniface Crescent
Southampton
Hampshire
SO16 9QD

Tel: 02380741926

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09 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 provide personal care services for people living in an extra care housing scheme at Rozel Court. Rozel Court is one of three extra care housing schemes in Southampton where Allied Health-Services are the personal care provider. People live in self-contained flats in two blocks with some shared facilities.

At the time of our inspection there were 26 people who received personal care services. They included older people, and people with a range of care needs including physical or learning disabilities. Not everyone living at Rozel Court received personal care. The Care Quality Commission (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 told us the service they received met their needs and took account of their preferences. The service supported people to continue to live as independently as possible in their own flats.

People received care and support that was safe, effective, caring, responsive and well led. Staff were aware of their responsibilities to report safeguarding concerns. The provider had processes in place to protect people from the risks of avoidable harm and abuse. Risks associated with the safe management of medicines, and control and prevention of infection were managed.

People's care and support were based on detailed assessments and care plans which reflected published guidance and standards. 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 developed caring relationships with staff who supported them. Staff had got to know people, their interests and families. Staff respected and promoted people's privacy, dignity and independence.

People's care and support met their needs and reflected their preferences. Care plans were detailed and individual to the person. Care planning took into account people's communication needs.

The service was well led. There was focus on meeting people's individual needs and preferences. There were effective management and quality assurance processes supported by appropriate use of technology.

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 24 January 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 was a planned inspection based on the date of registration.

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 Rozel Court

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

The inspection team comprised an inspector and an inspection manager.

Service and service type

This service provides care and support to people living in specialist "extra care" housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care service.

The service had a manager registered with us. 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. The same registered manager was responsible for the service at three extra care housing locations in the same area of Southampton

Notice of inspection

This inspection was unannounced.

Inspection activity at Rozel Court started on 9 January 2020 and ended on the same day. We visited the provider's three extra care housing locations on consecutive days.

What we did before the inspection

We reviewed information we had received about the service. This included information from people's families and friends. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us after their first inspection to give some key information about the service, what the service does well and improvements they plan to make. We used all the information available to us to plan our inspection.

During the inspection

We spoke with eight people who used the service about their experience of the care provided. We spoke with three members of staff and the registered manager.

We reviewed a range of records. This included four people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We reviewed information sent by the registered manager after the inspection. We used all the evidence from our inspection visit and assigned a rating based on our published characteristics of ratings.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This was 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

- The provider had processes in place to protect people from the risk of abuse or avoidable harm. Staff had appropriate training and were aware of the different types of abuse, and signs to look out for. Staff told us they were confident any concerns would be dealt with properly.
- People using the service felt safe. They told us they were confident staff knew how to support them in a safe way, and they were comfortable when staff were in their flats. One person said they had a "sense of security" living at Rozel Court.

Assessing risk, safety monitoring and management

- There were processes in place to identify, assess and manage individual risks. These included the risk of falls and risks associated with unwanted behaviours. There were individual care plans with detailed information to manage risks. Staff had the necessary information to reduce and manage risks, such as making sure the person had appropriate footwear on.
- The provider had risk identification and assessment processes in place to manage risks associated with supporting people in their own flats. These included risks arising from people's pets, clutter and tripping hazards.

Staffing and recruitment

- There were sufficient staff to support people safely. Staff were able to cover the planned care calls, and the provider used a computer system to track that calls were completed in a timely fashion. Staff told us they were able to attend calls at the right time. People said they usually had calls on time, and staff had time to chat with them.
- There was a suitable recruitment process in place. The provider made the necessary checks that applicants were suitable to work in the care sector and kept the necessary records of these checks. There was a thorough induction process for new staff which included a period of shadowing an experienced colleague and regular checkpoints and sign-off. Staff had up to 20 hours' care coaching before they were signed off to work alone. People could be confident staff were suitable to work in the care sector.

Using medicines safely

- The provider supported people to take medicines as prescribed and in line with their preferences. Staff received training in medicines and had their competence checked by the registered manager. Arrangements were in place to support people to take responsibility for their own medicines if they wanted to. Where there were particular risks associated with a person's medicines, arrangements were in place to make sure they were stored securely between care calls.
- Accurate records were kept of medicines administered. Records showed these were checked monthly and

any gaps or errors were followed up. Where there was a particular risk of a person declining their prescribed medicines, staff had instructions to encourage them as much as possible.

Preventing and controlling infection

- Measures were in place to protect people from the risk of infection. Staff had suitable personal protective equipment such as disposable gloves and aprons. The provider used staff supervisions and spot checks to make sure infection control guidance was followed. Staff had training in food hygiene where they were responsible for preparing meals for people.

Learning lessons when things go wrong

- The provider had processes and procedures in place to analyse records of accidents or incidents. The provider used a computer system to support the recording and follow up of incidents. The registered manager reviewed these records to identify learning opportunities which they followed up with staff to review processes and practice.

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 was 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 care and support were based on detailed, individual assessments and care plans. The provider reviewed care plans regularly with input from other professionals. People's care and support were reviewed as their needs changed.
- People's care was based on current guidance and standards. There was a comprehensive set of policies, processes and procedures. These were based on relevant legislation, standards and guidance. The provider had recently worked with Public Health England to update their infection control policy.

Staff support: induction, training, skills and experience

- The provider had training in place to make sure staff had the necessary skills. Staff induction was based on the Care Certificate which sets out an agreed set of standards for workers in the social care sector. Induction and regular refresh training were supplemented where needed by focused training to support people's individual needs. The provider had arranged specialist training with the local hospital and community occupation therapists.
- There were processes in place to make sure training had been effective. The provider followed up training in supervisions and appraisals. Staff told us they felt supported and were satisfied with the training available to them.

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

- The provider supported people to have a balanced diet based on their own choice of food. Most people living at Rozel Court were independent in preparing meals. If people were at risk of poor nutrition, staff kept records to support them in maintaining a healthy intake of food.

Staff working with other agencies to provide consistent, effective, timely care

- The provider worked with other professionals to deliver effective care. There was a process in place to make sure the right information was passed on when people went into hospital. Staff visited people in hospital to carry out their pre-admission assessments and make their move into Rozel Court as smooth as possible.

Supporting people to live healthier lives, access healthcare services and support

- The provider supported people to live healthier lives and access other services. Staff supported people where they needed their GP or other services. The provider had an "early warning system" where staff looked out for certain signs that people might need a referral to their GP. Where people attended day services, the provider adjusted their call times to accommodate 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.

- The registered manager and staff were aware of their responsibilities to seek consent and to take account of the principles of the Mental Capacity Act 2005. Where people were assessed as lacking capacity, staff were involved in best interests decision process, and this was reflected in their care plans. Staff took into account where people had appointed a lasting power of attorney to make decisions on their behalf.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This was 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 had good relationships with their care workers. One person said, "[Name] is brilliant, always happy, never in a mood." Another person said, "I don't know what I'd do without them." Staff were aware of and responsive when people needed emotional support.
- Where people had a preference to be supported by a man or a woman, the provider respected this. The registered manager and staff were aware of equality and diversity issues. Policies and procedures were in place to guide staff to take account of protected characteristics under the Equality Act 2010.

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

- The provider encouraged people to express their views and take part in decisions. Staff listened to people as they engaged with them on a day to day basis and passed information people told them on to the office. One person told their care worker they would like to spend more time sat out in their chair, and their care plan was updated in line with this. Another person told us, "You can discuss your problems with them (staff)".
- People told us they had regular reviews of their care plans which took into account their views. People's care records showed they were consulted about their care and support. There were records of regular care reviews and care quality reviews.

Respecting and promoting people's privacy, dignity and independence

- Rozel Court was designed as an extra care housing service for people to live independent lives in their own flats. Care plans supported this, and prompted staff to promote people's independence. This included providing social support and supporting people to go out into the community.
- People told us staff respected their privacy and dignity. If there were other people present in people's flats, staff made sure the person's privacy was respected before supporting them with personal care. One person said, "They treat me and my belongings with respect." Another person told us, "They don't bother me and I don't bother them."
- The provider respected people's privacy through processes to make sure their personal information was kept confidential. The provider's practices respected legal requirements about protecting people's personal data.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- Staff supported people according to their care plans to meet their needs and reflect their preferences. Care plans were detailed, individual to the person and contained information about people's likes and dislikes. One person's care plan contained detailed information about how to support them in the shower. Another person's care plan instructed staff to look out for signs their mental health might be worsening. Staff kept records of the care delivered at each call, and these records were checked and audited by senior staff.
- People told us they had choice and control over most of their care which led to good outcomes for them. One person said, "They are there if I need them." Another person told us how they used the emergency call out system to call for help when they fell during the night.

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 had developed communication care plans which conformed to the AIS. Care plans showed where people needed to wear glasses or hearing aids to understand information, and where staff should speak slowly and clearly to help people understand.

Improving care quality in response to complaints or concerns

- The provider had a system to log, follow up and close complaints. People told us they were aware how to make a complaint and that they were happy to speak with the registered manager if they had any concerns.

End of life care and support

- People were able to spend their final days in their own flats if they wanted to. Staff had advanced training in end of life care. There were processes in place to support people to be comfortable, dignified and pain-free during their last days. This allowed people to stay in familiar surroundings with support from people they knew and trusted. There was nobody receiving end of life care when we visited Rozel Court.

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 was 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

- The service was well led and promoted individual, person-centred care. Corporate policies, processes and procedures were based on relevant standards and legislation. The registered manager promoted this culture through regular contact with staff. The provider worked with the Rozel Court housing provider to deliver a service which allowed people to live independently in their own flats.
- The service achieved empowering outcomes for people. Rozel Court was the smallest of the provider's three extra care housing services. This had allowed a personal, family atmosphere to develop. This meant staff could provide an individual service which focused on people's goals and preferences, such as going into the community more regularly.

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 registered manager was aware of their responsibilities under the duty of candour. They had an open, transparent approach to communication with people and their families.

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

- There were effective governance and quality processes in place. The provider had computer systems to support these processes. Examples were systems for staff rostering, call tracking, and accident and incident reporting. These systems were set up so only staff with the right training or experience could be assigned to a person's call. Staff were clear about their responsibilities, and supervisory staff could track the status of calls at any time during the day.
- The registered manager understood regulatory requirements, such as when to notify us of certain events which occurred during the running of the service. The provider had arrangements in place to protect people's personal information in line with legal requirements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were processes in place to encourage people to give their feedback on the service they received. This included a yearly survey and regular quality reviews with people who used the service and their families.

Continuous learning and improving care

- The provider had systems in place to improve the service. These included analysis of accidents and incidents, and reflection on possible trends, patterns and lessons. The provider had a clear vision for future improvements in the service and a track record of making improvements to people's individual care and support based on feedback from people, their families or staff.

Working in partnership with others

- The provider worked closely with the local commissioning authority and the housing provider team to deliver an extra care housing service which meet people's needs and allowed them to live independently as much as possible. The provider also worked with community nursing and mental health teams to develop care plans which met people's needs.