

Allied Health-Services Limited

# Allied Health-Services Liphook

## Inspection report

Unit 1b The Old Armoury  
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Liphook  
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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 Liphook is domiciliary care agency which provides support and personal care to people living in their own home. Not everyone using Allied Health-Services Liphook received a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection 35 people were receiving a regulated activity from the service.

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

People felt safe and spoke of being supported by a staff team who knew them well and took the time to chat with them on visits.

There were enough staff employed to support people in the community. Quality assurance processes were robust and risks to people and the environment were managed safely. Medicines were administered safely and as prescribed. Medicines records confirmed people received their medicines and audits were completed to ensure that systems were followed.

Staff were caring and respected people's rights to privacy and dignity. People were involved in planning their care and were consulted about the care provided. Care plans and documentation was clear, detailed and regularly reviewed and contained the information staff needed to provide personalized care.

Due to the consistency of staff, they were able to notice changes in people's health needs.

Staff were recruited safely and given enough support to develop their knowledge and skills to do their job. They underwent a tailored induction into the company and ongoing training to do their job. They spoke with pride about working for Allied Health-Services and felt that the manager invested time in their development and supported them in their roles.

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 and their relatives spoke of staff who were kind, patient and caring. They commented that staff knew them well, always asked permission before carrying out any tasks.

The provider had robust quality assurance systems that were effective at identifying areas for improvement and these were acted upon in a timely manner. Regular staff meetings were held so staff were kept up to date with any changes and good practice. The service worked well with other professionals and acted upon advice to support people's health and wellbeing.

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

#### Why we inspected

This was a planned comprehensive inspection; this was a newly registered location.

#### 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 Liphook

## **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 consisted of one inspector and one Experts 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 did not have a registered manager at this inspection, however there was a manager in post who was applying for registration with the Care Quality Commission. This meant that the provider was 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 it is a small service and we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 13 September 2021 and ended on 17 September 2021. We visited the office location on 15 September 2021.

### What we did before the inspection

We reviewed information we had received about the service. 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 spoke with three people who used the service and ten relatives about their experience of the care provided. We spoke with 13 members of staff including the manager, quality manager, Clinical nurse advisor, care workers.

We reviewed a range of records. This included seven people's care records and medication records. We looked at seven 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 continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# 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

- People told us they felt safe because they knew their regular care workers. One relative said, "I don't really have any concerns about (person) being safe, staff always check (person) has their lifeline to hand before leaving.
- Staff demonstrated an understanding of what might constitute abuse and knew how to report any concerns they had, staff knew how to report concerns within the organisation and externally such as the local authority, police and CQC.
- Staff received safeguarding training to ensure they had up to date information about protection of vulnerable adults and separate training in safeguarding children from abuse.
- There were clear policies for staff to follow. Staff confirmed they knew about the 'safeguarding adults' policy and procedure and where to locate it if needed.
- Where concerns were raised the provider referred them to the local authority, and completed investigations as requested by the local authority.

Assessing risk, safety monitoring and management

- Where individual risks were identified, risk assessments were completed. These risk assessments highlighted potential risks to people and detailed how these risks should be managed and mitigated. Risk assessments were reviewed and updated as required. Risk assessments in place included, safe moving and handling, falls management, medicines, skin health and behaviours that might challenge.
- Risk assessments had been completed of people's homes and living environment to promote the safety of both people and staff.
- Risk management considered people's physical and mental health needs. Measures were in place to manage risk in the least restrictive way possible. This included ensuring necessary equipment was available to increase people's independence in their home.
- A relative told us, "I feel my relative is Very, very safe, everything is double checked to see the equipment is working. They [staff] spotted that straps were not done up properly and they sorted out the problem to make sure it didn't happen again. It is very important that (person) is strapped in properly."
- The management team showed us how they had a system to monitor attendance and duration of visits to people, staff were able to check care plans and risk assessments when in people's homes ensuring they had up to date information.
- The provider had an "early warning system" (EWS) to identify signs of decline in people's health or wellbeing and arrange prompt attention, staff used EWS to check at each visit for changes to people's speech, breathing, behaviour, mobility, eating and drinking and continence.

### Staffing and recruitment

- We received mixed views from people and their relatives about staff arriving on time for their visits. Some people told us that on occasion the planned visits were late, and they were not always informed by the office staff. However, a person told us, "I haven't any staffing concerns. They always turn up, generally on time. If they are going to be late the carer phones the office and the office phones me. They are very good for times." We discussed the concerns raised about times of care calls with the manager, who confirmed they would look into this.
- There were sufficient numbers of suitable staff to support people safely according to their needs.
- People told us they had regular care workers, who stayed the correct time and did what was in their agreed care plans.
- Staff confirmed people's needs were met and felt there were enough staff. The manager said, "Staffing arrangements always matched the funded support for people and staff skills were integral to this to suit people's needs." People told us they received support from a consistent staff team. This ensured people were able to build positive relationships with staff who knew their needs.
- The provider's computer-based rota system included checks that staff had the necessary skills to meet a person's needs before they could be assigned to them.
- There were effective recruitment and selection processes in place. Staff had completed application forms and interviews had been undertaken. In addition, pre-employment checks, which included references from previous employers and Disclosure and Barring Service (DBS) checks, were completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.
- The provider kept the necessary records to show recruitment processes were followed.

### Using medicines safely

- The provider had processes in place to make sure people received medicines safely and as prescribed. A person said, "They [staff] give me my medication. I am happy with what they do."
- People who received support with medicines told us this was done according to their needs and wishes.
- Staff had received medicine training and competency assessments to ensure they were competent to carry out this task. Staff confirmed they were confident supporting people with their medicines. The management team checked medicine practice whilst working with staff and via medicines records. This was to ensure staff were administering medicines correctly.

### Preventing and controlling infection

- A relative said, "I am grateful that I never had to say to them, to wear their masks aprons and gloves, they always wear them. I have them here for me to use as well."
- Staff followed infection control procedures. Personal protective equipment, such as gloves and aprons were readily available to staff when assisting people with personal care. Staff had also completed infection control training including Covid 19 specific training.
- There were infection control policy and procedures in place to guide staff on how to protect people from the risk of infection.

### Learning lessons when things go wrong

- Documents demonstrated learning from incidents and investigations took place and appropriate changes were implemented. For example, care plans and risk assessments were updated to reflect people's changing needs.
- Actions had been taken in line with the service's policies and procedures. Where incidents had taken place, health and social care professionals' involvement was requested where needed to review people's plans.

- The manager discussed incidents and accidents with the staff team to ensure all staff knew about any resulting changes to practise.
- The manager reviewed and analysed information around Incidents, accidents and near misses, to identify any trends and put actions in place to minimise future risks when 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

- One person said, "I am very happy with the care and the agency. I get the care I need."
- People's needs were assessed prior to the service starting. People were fully involved in this assessment process and were able to be involved in choosing the staff that supported them. The assessment included people's physical, mental health, communication and social needs. This was carried out seeking the views of the person and their representatives, such as family and other professionals involved in their care.
- Assessments carried out helped to ensure the service could meet people's diverse needs and to provide care to people that met national guidance and best practice.
- Care plans were detailed and individual to the person, staff told us care plans contained the information they needed to support people according to their needs and choices.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. People were satisfied that their care workers were properly trained. A person said, "Absolutely, I am very happy with the standard of the carers."
- The manager had an effective system to monitor that staff training and competency checks were up to date.
- Staff were offered the opportunity to complete additional vocational qualifications such as level two, three and four in health and social care.
- Staff told us about their induction training and confirmed they had received training related to their work role, we confirmed staff had received training and all training was up to date.
- There was a proactive culture of staff seeking support when it was needed. Staff received regular supervision and support from office staff and the management team. Training and performance were reviewed in supervisions to make sure staff had the required skills and knowledge.

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

- Not everyone was supported by staff with their food and drinks. People who were supported with this said staff provided the right support. A person said, "I have frozen meals delivered, the staff then give me a choice of meals and then cook it for me, they do it well. They put it on a plate, and I have a plate guard that helps me to eat from my plate." Another person told us, "The carers do my breakfast, dinner, and tea for me and it is always lovely."
- People's nutritional needs were being met and staff supported them to stay hydrated and have a healthy diet. Care plans advised staff if people required support with meals and discussed allergies and preferences about how they liked their meals and drinks to be served.

- If people were at risk of poor nutrition their care plan considered their needs and choices around food and drink.
- Staff received training in nutrition and fluids.

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

- People's care was enhanced, as the service worked in a timely and effective way with other organisations involved in people's care, which included doctor's, district nurses and occupational therapists.
- Where required care workers arranged appointments with people's GPs and community nurses.
- Care workers used the provider's early warning system (EWS) to identify when they might need to refer a person to another healthcare service. One person had a timelier GP referral following use of EWS.
- People told us they were confident their care workers would contact healthcare professionals if required.
- The service employed a clinical nurse advisor who was available to support and train staff to meet clinical needs, people told us she visits them at home and offers support and advice.

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

- Records showed people consented to their care and support plans.
- Care workers checked each time they supported people that they were happy with their care plan, a relative said, "Yes, they do ask for permission daily." Another person said, "they ask what I need and if I am happy and always ask me before doing something."
- Staff promoted people's independence and ensured people had the equipment and support they required, we saw records that showed people had been referred to occupational therapists, physiotherapists and social workers.

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, and whether any conditions on authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

- 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's legal representatives (those who held Lasting Power of Attorney for finances and/or for health and welfare) were known to the organisation and they were included in decisions made about the person's care, a relative said, "I do have power of attorney for finance and they know about this."
- Staff received training in the Mental Capacity Act 2005 and understood how to make best interests' decisions if people lacked capacity.

# 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 treated as individuals and in a way that protected their human rights. They confirmed staff were attentive, professional and kind. A person told us, "They really look after me. I like the staff they are very good to me."
- A relative said, "I think they are brilliant. They are so chatty with (person). They come in three times a week to help with personal hygiene. It does work really well; it takes the worry away from us as he is a bit unstable on his feet in the shower."
- One person said, "They [staff] are very helpful and kind. Very pleasant. They do their job in a cheerful way. They always ask me if there's anything else."
- Staff training included equality and diversity, so staff were aware of and ready to deal with care needs arising from people's social or religious background.

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

- People were actively involved in their care and support decisions if they wanted to be.
- We saw that reviews of people's care were taking place, both people and relatives were involved with this.
- There was a system of surveys and quality reviews which gave people and their families the opportunity to take part in care planning.
- Contacts with people and their families were recorded in the provider's computer system so that comments and concerns could be considered.
- People's care plans included information about how involved people wanted to be.

Respecting and promoting people's privacy, dignity and independence

- All the people we spoke with told us they felt their care workers respected their privacy, dignity and independence. One person said, "They help me prepare for the day help me wash, the rest I can do myself."
- A relative said, "staff chat with (person) they take a real interest, (person) now has companionship I am really pleased and I can't fault the staff visiting us."
- People told us they did not feel rushed, even though they knew their care workers were busy.
- The provider had processes to protect information about people stored on their computer and in the office.
- People's privacy and dignity was promoted. Staff gave examples of how they would support people with this. Staff explained how they would lock people's front doors when delivering personal care to ensure no one could walk in.
- Records we reviewed reflected the levels of support people needed. We found care plans identified

opportunities to promote independence and staff supported people's independence where this was possible.

- Staff understood the importance of treating people as individuals and referred to people in a respectful way.

# 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

- People using the service and the relatives we spoke with said they had been involved in preparing care plans designed to meet their needs. One person told us, "[The manager] did a very thorough care plan based on a detailed risk assessment to make sure I can be moved safely around the house."
- A relative said, "The manager will come around if there was a problem. (Person) fell over, they [manager] put emergency care plan in place. They came around to see if everything was alright, which was good as she didn't need to. It's nice that she shows an interest."
- People told us they received the care and support they needed. A person said, "They do what I need."
- People's care plans were detailed and individual to the person.
- One person's family member told us they received individual care that was appropriate to their circumstances. They said their care workers were, "lovely, patient and showed empathy."
- The provider had systems in place to monitor and audit people's care records. Discrepancies found in these audits were followed up.

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 had individual communication plans which considered how to support them to read and understand information. One person used picture cards to communicate with staff.
- The manager told us that documentation could be produced in accessible formats for people who required this.

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

- Staff accompanied children during their journey to school to ensure they received the support they needed to continue with their education.

Improving care quality in response to complaints or concerns

- One person said, "I've never had any issues but if I did, I would contact the office. I am confident these would be addressed." A relative told us, "There were a few minor niggles in the beginning, and these were sorted out as soon as I discussed them."
- The provider had a system to log, follow up and close complaints.

- Some people told us they were aware of this but had not used it.
- Some people told us they were not sure how to make a complaint, one relative said, "I am sure I have the information somewhere." We discussed this with the manager who told us that they would ensure people receive information about complaints in the next newsletter, all clients are given a copy of the complaints procedure when service commences in the information pack.

#### End of life care and support

- At the time of our inspection, the provider was not supporting anybody at the end of their life.
- The provider had processes in place to support people to be comfortable, dignified and pain-free at the end of their life.
- There is a clinical nurse advisor to support staff with end of life care when needed.

# 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

- The management team were passionate about providing a high-quality service and cared for people and staff.
- The manager led by example with their open and honest approach staff told us, "The management team will admit any shortcomings, because they're so open with us, we can be honest with them. We can go to them about anything and they will listen."
- People were introduced to potential staff before they started working with them. This gave people the opportunity to decide whether they were happy for the staff member to support them.
- The provider valued and responded to people's views. For example, staffing was changed when a person felt they were not compatible with the staff member who supported them.

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 manager and care co-ordinators understood their duty of candour responsibilities to be open and honest with people and their family when something had gone wrong. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify people (or other relevant persons) of 'certain notifiable safety incidents' and provide reasonable support to that person.
- The manager had applied duty of candour when dealing with incidents and complaints we saw evidence of this in a person's clinical notes. Policies were in place to ensure the appropriate people were informed when required.
- There was learning where things went wrong and open discussions with people and their relatives.
- Where there were concerns about a person's well-being, these were raised with appropriate authorities such as the local authority safeguarding team.

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

- There was not a registered manager in post at this inspection, however there was an experienced manager who had recently taken up post. The manager had commenced the application process to become the registered manager.
- Staff spoke openly about the new manager and told us they felt very well supported by her, one staff member said, "She was brilliant." Another staff member told us about support given to them to working

flexibly due to other commitments.

- The manager had oversight of what was happening in the service, systems were in place to monitor and maintain the quality of the service, these included reviewing care plans, medication and daily records and regular staff observations.
- The management team was knowledgeable about events within the service and worked to resolve issues quickly. They understood the regulatory requirements and reported information appropriately.
- The manager understood their responsibilities under the Health and Social Care Act 2008 and associated regulations. They were aware of what to report to CQC on a notification. A notification is information about important events which the provider is required to tell us about by law.
- Extensive policy and procedure documents had been introduced to aid the smooth running of the service, for example there were policies on safeguarding, whistleblowing, complaints, infection control and risk assessment and an up dated business contingency plan.

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

- There were annual satisfaction surveys which provided people and their relatives the opportunity to express a view about the quality of the service provided. The results of a recent survey showed a high level of satisfaction. Some relatives told us they were regularly asked their views about the service and were sent questionnaires.
- Responses were analysed and used to make plans to improve the service.
- The manager ensured their skills and knowledge remained up to date by completing regular training. They promoted best practice by acting as role models and sharing best practice information with staff in the community.
- Staff told us they were included in the service and could make suggestions which were considered and implemented where appropriate.

Continuous learning and improving care

- Quality assurance systems were robust, and any areas identified were quickly acted upon and improvements made.
- Where things went wrong, we saw that the manager acted to look at how things could be improved, and learning was shared with staff in supervisions, staff meetings and regular emails.
- The provider's policies and procedures were regularly reviewed to ensure they complied with current best practice and legislation.

Working in partnership with others

- The agency worked in partnership with other professionals and organisations to achieve good outcomes for people, these included specialist healthcare professionals, hospitals, schools, and commissioners
- When referrals to other services were needed, we saw that these referrals were made in a timely way.