

Allied Health-Services Limited

Allied Health-Services LTD Sunderland

Inspection report

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Date of inspection visit:

19 April 2021

26 April 2021

27 April 2021

11 May 2021

14 May 2021

10 June 2021

Date of publication:

24 August 2021

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 LTD Sunderland is a domiciliary care agency providing personal care and support to people living 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 inspection 172 people were receiving personal care.

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

People and relatives spoke positively about the service and felt it was safe and staff were caring. Comments from people included, "The carers are fantastic," and, "The girls are so helpful, brilliant. I'd have nothing said against them."

There were systems in place to keep people safe. Staff safeguarded people from abuse where possible. Risks to people's health, safety and well-being were managed. There were enough staff to meet people's needs and safe recruitment processes were followed. Medicines were safely administered and managed. The provider learned from previous accidents and incidents to reduce future risks.

People's needs were assessed before they received support. Staff received regular training and were supported through regular supervisions, observations and annual appraisals. Staff supported people with their nutritional needs and to access a range of health care professionals. People were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

Staff supported people in a respectful, dignified manner. One person said, "They [staff] treat me with respect and kindness." People were encouraged to maintain their independence and had advocates in place, where required.

People received person-centred care. Care plans detailed how people wanted to be supported by staff with different tasks. Complaints were investigated and actioned. People and relatives knew how to raise any concerns and felt confident in doing so.

People and relatives were happy with the service and felt it was well-managed. The registered manager promoted an open and honest culture and was approachable. The provider had an effective quality assurance process in place which included regular audits. People and relatives were regularly consulted about the quality of the service through surveys and reviews. Staff were involved in the ongoing development and improvement of the service through surveys and regular communication.

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 15/10/2019 and this is the first inspection.

Why we inspected

This was a planned inspection to formally rate the service.

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 safe.

Details are in our safe findings below.

Good ●

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 responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Allied Health-Services LTD Sunderland

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 was carried out by one inspector and two 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 homes.

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a large service and we needed to be sure that the provider or registered manager would be available to support the inspection.

Inspection activity started on 19 April 2021 and ended on 10 June 2021. We visited the office location on 11 and 14 May 2021.

What we did before the inspection

We reviewed the information we held about the service including information submitted to CQC by the provider about serious injuries or other notifiable events. 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 sought feedback from the local authority contracts monitoring and safeguarding adults' teams and reviewed the information they provided. We contacted the local Healthwatch for their feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection-

We spoke with 24 people who used the service and 32 relatives about their experience of the care provided. We spoke with five members of staff including the regional director, the quality manager, the registered manager and two field care supervisors. We also received feedback from six care staff.

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

Following the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed training information, staff inductions, policies, surveys, newsletters, quality assurance records and various other documentation.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from harm. People and relatives felt the service was safe. Comments included, "The carers treat me kindly and I do feel safe with them. They seem to know what they are doing," and "The carers are aware of my needs and do help me, that makes me feel safe."
- Staff received regular safeguarding training and could tell us what action they would take if they identified any form of abuse.
- Safeguarding concerns were reported to the local authority in a timely way and were appropriately actioned, where required.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's health, safety and wellbeing were assessed and managed.
- Accidents and incidents were appropriately recorded and analysed to identify any trends or lessons learned. Where trends were identified, the service took appropriate action to reduce the risk of a reoccurrence.

Staffing and recruitment

- There were enough staff deployed to meet people's needs. Comments from people and relatives included, "I get the same regular carers which is important to me" and "[Family member] gets the same four carers across a fortnight on a rota. We did have a period of different carers but not now."
- Staff were recruited in a safe way. The provider had an effective recruitment and selection policy and procedure in place which included all appropriate checks.

Using medicines safely

- Staff safely administered and managed people's medicines.
- Medicines were administered by trained and competent staff.
- Regular medicine checks and audits were carried out to identify any errors and take appropriate action.

Preventing and controlling infection

- People were protected from the risk of infection. Staff followed appropriate infection control measures such as regular hand washing and wearing personal protective equipment when supporting people. One person said, "The carers do use full PPE so we feel safe from that perspective."
- Management carried out regular checks to ensure staff followed the provider's infection prevention and control policies and procedures effectively.
- Staff were regularly tested for COVID-19.

Is the service effective?

Our findings

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

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

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

- People's needs were assessed before they received support. This meant the registered manager could make sure staff were able to effectively meet people's needs.
- People's choices and preferences were included in their assessments and associated care plans. These were regularly reviewed and updated in line with people's changing needs and wishes.

Staff support: induction, training, skills and experience

- Staff were provided with regular training to make sure they had the correct skills and knowledge to support people.
- Staff completed a comprehensive induction at the start of their employment.
- Staff were supported in their roles through regular supervisions, observations and annual appraisals.

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

- People were supported to maintain a balanced diet. Staff prepared meals and drinks for people when required.
- Care records detailed any specific dietary needs people had and what support they required from staff.
- Risks associated with eating and drinking, such as choking, were fully assessed and safety measures were detailed in care plans.

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

- People were supported to maintain their health. Staff supported people to access other health care professionals such as GPs, when required.
- Engagement with healthcare professionals was documented. Guidance was included in care plans.

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.

- Staff supported people in line with MCA and best practice guidance.
- Staff received regular MCA training and sought consent from people prior to providing support.

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

- Staff were kind and caring when supporting people. Comments from people included, "They [staff] are so kind and will do anything for me" and, "They are my lifeline and they are like family or friends."
- Equality and diversity policies were in place to make sure the person was treated fairly, regardless of their age, sex, race, disability or religious belief.

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

- People were involved in making decisions about their care. People told us, "I have a care plan. A supervisor comes out when it needs looking at" and, "We did have a review recently. They [staff] came to visit and sort out a new care plan and I was involved and family."
- Some people had relatives who advocated on their behalf which was clearly documented in care records.
- Care plans detailed people's choices and preferences in relation to their care.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people in a respectful, dignified manner. Care plans detailed how staff should support people whilst respecting their privacy and maintaining their dignity. Relatives said, "They treat [family member] so kindly and retain her dignity," and, "They are gentle and kind and are so respectful of [family member]."
- Staff promoted people's independence. Care plans detailed people's capabilities and what daily tasks they required support with. One person said, "They [staff] don't rush me, allowing me time to do what I can."
- People's personal information was stored securely. Care files were kept in locked cabinets and electronic information was stored on password protected computers which were only accessible to authorised staff.

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 received person-centred care which met their needs. Care plans instructed staff how to support people in line with their needs and wishes.
- Staff regularly reviewed care plans to ensure they reflected people's needs.

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 their communication needs assessed as part of their initial assessments and these were regularly reviewed. Alternative ways of communicating with people were detailed in care plans such as nodding and other gestures.
- People could access information in different languages, easy read and in large print if needed.

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

- People were supported to maintain and develop relationships, and to follow their own interests and social activities.
- Staff supported people with companionship where needed. This included supporting them to access the local community.

Improving care quality in response to complaints or concerns

- Complaints were recorded, investigated and actioned. People and their relatives knew how to raise concerns. Comments included, "I have never had to make a complaint, but I do know how to and would if needed," and, "I know how (to make a complaint) and would be happy to talk to them [management] if needed."
- All complaints or concerns raised were appropriately actioned in accordance with the provider's complaints procedure.

End of life care and support

- People's end of life wishes were respected. Care records contained details of people's wishes, spiritual faith as well as if they had a Do Not Attempt Cardio Pulmonary Resuscitation in place.

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

- People were at the centre of the service and staff supported them to improve their well-being and achieve positive outcomes.
- The service was well-managed. People and relatives were happy with the service provided. Comments included, "I'd give the company a nine out of ten," and, "My judgement is that everything runs smoothly."
- Some staff felt communication with senior staff and management could be improved. The registered manager planned to communicate with staff to identify and resolve any issues.

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

- The registered manager and provider understood their legal responsibility to be open and honest when something goes wrong. They submitted notifications to CQC for significant events that had occurred at the service, such as accidents and incidents.
- The quality assurance systems allowed the registered manager to effectively monitor and improve the quality of care people received.

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

- Feedback from key stakeholders was used to improve the service. People, staff and relatives were asked to share their views of the service via surveys and reviews.
- The provider, management team and staff worked in partnership with other health professionals to achieve positive outcomes for people. People's care records showed involvement and guidance from other agencies such as GPs and District Nurses.