

Allied Health-Services Limited

Allied Health-Services Southampton

Inspection report

Unit 3B,Ocean Quay
Belvidere Road
Southampton
SO14 5QY

Tel: 02380636400

Date of inspection visit:

21 January 2019

22 January 2019

24 January 2019

25 January 2019

Date of publication:

08 March 2019

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 Southampton is a home care service. At the time of the inspection the service was supporting 186 people in their own home. The provider's registration included support for people of all ages, and people with a wide range of needs, physical disability and learning disability.
- For more details, please see the full report which is on the Care Quality Commission website at www.cqc.org.uk.

People's experience of using this service:

- People received a service that was safe. The provider had processes to manage medicines safely and protect people from risks. There was an early warning system to monitor signs of changing needs.
- People received care and support from staff whose training made sure they had the right skills and knowledge. People's care and support led to good outcomes.
- Care workers had developed caring relationships with people they supported. They respected people's dignity and privacy, and promoted their independence.
- People's care and support met their needs and reflected their preferences. The provider was mindful of people's human rights.
- Management processes were in place to monitor and improve the quality of the service. There was a positive, open and empowering culture.

Rating at last inspection:

- This was the first inspection following a change of provider on 18 January 2019 which meant the service had a new registration with us.

Why we inspected:

- This was a planned inspection based on the date of the last inspection under the previous provider.

Follow up:

- We did not identify any concerns at this inspection. We will therefore re-inspect this service within the published timeframe for services rated good. We will continue to monitor the service through the information we receive.

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 Southampton

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

- The inspection team consisted of two inspectors 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, in this case services for older people.

Service and service type:

- The service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to adults with a range of care needs.
- Not everyone using the service received regulated activity. CQC only inspects the service being received by people provided with personal care, that is help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.
- 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 three days' notice of the inspection so the provider could contact people we planned to telephone or visit and make sure they consented to our contacting them.
- Telephone calls and visits with people using the service started on 21 January 2019. We visited the office on 24 January 2019 to see the manager and office staff, and to see care records, policies and procedures. We contacted care workers by telephone on 25 January 2019.

What we did:

- Before the inspection we looked at information we held about the service under its previous registration:
- We require providers to send us key information about their service, what they do well, and improvements they plan to make. We call this the Provider Information Return (PIR). This information helps support our inspections.
- The law requires providers to notify us of certain events that happen during the running of a service. We reviewed notifications received under the previous registration.
- We reviewed the previous inspection report.

During the inspection:

- We spoke with four people who used the service in their home.
- We spoke with 17 people who used the service by telephone.
- We spoke with six family members by telephone.
- We spoke with the registered manager, the regional director, the regional quality manager and two care workers.
- We looked at the care records of seven people.
- We looked at six staff records, including training and recruitment records.
- We looked at other records to do with the management of the service.

After the inspection the provider sent us:

- Records relating to the quality assurance process.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- Staff followed the provider's processes to keep people safe. People told us they felt safe because they knew their regular care workers. One person said, "They are making sure that I am safe. They are very safety aware."
- Staff had training in safeguarding during their induction, and then every three years. Staff were aware of the risk of abuse, signs to look out for, and how to report any concerns. They were confident the provider would manage any safeguarding concerns effectively.
- Where concerns were raised the provider referred to the local authority, and completed investigations as requested by the local authority.
- Safeguarding reports were reviewed by regional management with the director of nursing as part of the quality governance process.

Assessing risk, safety monitoring and management:

- Processes to identify, assess and manage risks were in place.
- 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.
- Home care risk assessments identified environmental and other risks when working in people's homes.
- Individual risk assessments included risks to do with people's moving and positioning, medicines, skin health and behaviours that might challenge.
- Actions to prevent and manage risks informed people's care plans. Where necessary for people's safety two care workers supported them.

Staffing and recruitment:

- 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.
- One person said, "It is amazing how much they can do in half an hour."
- 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.
- The provider recruited regularly to maintain a pipeline of new starters, and covered absence from employed staff.
- The provider's recruitment process was robust, and included the necessary checks that candidates were suitable to work in the care sector.
- 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.
- People who received support with medicines told us this was done according to their needs and wishes.
- One person told us, "The carers check I have taken my medication at the correct time."
- People received their medicines from trained staff who had their competency checked.
- Records relating to medicines were accurate, complete and up to date.

Preventing and controlling infection:

- The provider had processes in place to reduce the risk of the spread of infection.
- Staff received training in infection control and food hygiene.
- Guidance for experienced staff who coached new staff included thinking about how to prevent and control infection.
- Staff used protective clothing, such as aprons and gloves.
- There were reasonable steps in place to protect people from the risk of infection.

Learning lessons when things go wrong:

- The provider had processes in place to learn lessons and improve people's service if things went wrong. Following an error with medicines, records showed there had been a repeat competency check for the care worker and improvements to medicines records.
- There was an embedded process to record accidents, incidents and near misses, and to transfer the records to a computer system.
- Incident records were reviewed locally and by subject matter experts centrally.
- Lessons and improvements were shared with other services in the provider organisation.

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

Good: 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 needs were assessed and care plans were detailed and individual to the person.
- Staff used a clinical needs checklist to identify if a trained nurse should check care plans were in line with professional standards and guidance.
- Staff told us care plans contained the information they needed to support people according to their needs and choices.
- People were satisfied with the care they received.
- One person said, "I am very happy with the care and the agency. I get the care I need."

Staff support: induction, training, skills and experience:

- The provider used training, coaching and supervision to make sure staff had the required skills and knowledge.
- People were satisfied that their care workers were properly trained. One person said, "Absolutely, I am very happy with the standard of the carers."
- Care workers told us their training prepared them for situations they might meet while supporting people.
- A system of care coaching was in place to support staff new to the care sector while they gained the necessary experience.
- The registered manager had an effective system to monitor that staff training and competency checks were up to date.

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

- Where people received support with their meals, they were complimentary about the service.
- People told us care workers helped with their meals and checked they ate and drank enough.
- One person said, "The carers do my breakfast and maybe cook for me at the weekend and it is always lovely."
- If people were at risk of poor nutrition their care plan took into account 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:

- 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 more timely GP referral following use of EWS.
- People told us they were confident their care workers would contact healthcare professionals if required.

- The provider had developed a checklist for staff to use to make sure the correct information was passed on when people transferred to another service, such as paramedics or hospital.

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 still happy with their care plan.
- People told us this happened routinely.
- One person's family member said, "Yes, they do ask for permission daily."
- Staff received training in the Mental Capacity Act 2005 and understood how to make best interests decisions if people lacked capacity.
- The Mental Capacity Act 2005 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.

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity:

- People told us they had developed caring relationships with their care workers.
- One person said, "They are very helpful and kind. Very pleasant. They do their job in a cheerful way. They always ask me if there's anything else."
- Another person's family member told us, "Every morning, the carer will ask if [Name] wants any extras done and they never rush her. If [Name] has been low the carer will stay and have a chat and make her feel better."
- Another person's family member told us having regular care workers helped them to develop caring relationships, "They are very friendly and [Name] gets regular carers six mornings a week and six evenings. Even when they are cover they are regular carers. It has been helpful as she has carers she is familiar with."
- Another person's family member said, "The two carers absolutely light up [Name's] life. They get him talking, even singing. [Name] is left happy and comfortable for the night."
- 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.
- One person's care plan stated they did not speak English but with their consent family members were always available to translate and interpret.

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.
- One person told us they knew they had a care plan but never read it because they were happy with the care they received.
- 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 taken into account.
- People's care plans included information about how involved people wanted to be.
- One person's care plan stated, "[Name] makes all his own decisions."

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 wash my back. The rest I can do myself."
- People told us they did not feel rushed, even though they knew their care workers were busy.
- People's care plans took into account what people could do themselves.
- The provider had processes to protect information about people stored on their computer.
- When answering the phone, office staff followed a protocol to identify the person calling and make sure they needed to know any information requested.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People told us they received the care and support they needed.
- One person said, "They do what I need. Most of the time they arrive on time and they are friendly and chatty. For someone like me who is on my own they chat and make everything happy."
- Another person said, "It is trouble free, which gives me peace of mind."
- Staff responded to people's changing needs. One person told us, "Sometimes I get a bad stomach and I have to go to bed. One of the carers came when I was on the bed. She said I couldn't lie on the bed in my clothes and she helped me get undressed."
- 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.
- People had individual communication plans which took into account how to support them to read and understand information.
- One person's care plan stated they should wear their glasses so they could read properly.

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 of this, but had not used it.
- Other people had contacted the office with concerns and found they were dealt with "well enough".

End of life care and support:

- At the time of our inspection, the provider was not supporting anybody at the end of their life.
- Advance training in end of life care was available for staff.
- The provider had processes in place to support people to be comfortable, dignified and pain-free during their last days.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- The provider's mission statement was "one objective, one team, one plan", and systems in place supported this.
- Staff had access to a single set of operational procedures.
- Our feedback and the provider's surveys showed people were satisfied with the care and support they received.
- One person's family member said, "They are efficient, and care about the individual needs of clients"
- A care worker told us, "I would not work for a company that does not care, and I think they do."
- Where required by law, the provider was open in their communication with people and others.
- There was an open, caring culture which led to good outcomes for people.

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

- The registered manager was also responsible for other services in the provider's portfolio, and understood their responsibilities.
- The registered manager was supported by a care delivery manager, scheduler, field care supervisor and care quality supervisor in each geographical area covered by the agency.
- Staff job descriptions and responsibilities were documented in the provider's "one way" set of policies.
- Staff were clear about their roles and responsibilities.
- There was a detailed and thorough system of quality assurance in place.
- The registered manager reviewed the quality of service at weekly conference calls with the regional quality manager.
- Quality audits included checks on care files, staff files, care logs, medicines records, and other records.

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

- In addition to day to day contact with people who used the service, there was a customer satisfaction survey.
- This showed people were happy with their overall care, that their privacy and dignity were respected, and they would recommend the service to others.
- The registered manager had an "open door" policy and regular team meetings to engage with staff.
- There was an employee of the month award, and the registered manager could authorise small gifts to recognise where care workers' actions had an exceptional impact on people.

- One staff member told us, "On the whole they do things right."

Continuous learning and improving care:

- Systems were in place to learn from quality audits, customer surveys and other inputs, but these were less well embedded than the systems to deliver the day to day operation.
- The service improvement plan and other action plans were recorded in stand-alone spreadsheets and not integrated into the provider's computer system.
- The registered manager reviewed the service improvement plan regularly with the regional quality manager.

Working in partnership with others:

- The registered manager had regular meetings with the local authority to review commissioning, quality and safeguarding.
- The provider had worked with hospital teams to improve the discharge process.
- The provider had shared their early warning system (EWS) with other providers in the area.