

Allied Health-Services Limited

Allied Health-Services Erskine Court

Inspection report

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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 Erskine Court. Erskine 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 a single block with some shared facilities. Allied Health-Services are not responsible for the management or maintenance of the building and facilities.

At the time of our inspection there were 25 people who received personal care services. Not everyone living at Erskine 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.

Allied Health-Services provided a 24 hour emergency call system which was available to all residents of Erskine Court, including those who did not have a contract for personal care services.

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

People we spoke with were happy they received a service that was effective, caring and responsive. Where they raised concerns with us about staffing levels and how the service was run, the registered manager already knew about them and had started actions to address them.

People received care and support that was safe. People were protected from avoidable harm and abuse by staff who were aware of their responsibilities to report any concerns. People were protected against other risks to their health and welfare. People had their prescribed medicines in line with their preferences.

People received care and support that was effective and 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.

There were caring relationships between people and staff. Staff had got to know people, their interests and families. Staff respected and promoted people's privacy, dignity and independence. The service was designed to encourage people to be as independent as possible.

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. People knew about the provider's complaints process and how to use it if they had concerns.

The service was well led. There was focus on meeting people's individual needs and preferences, taking into account sometimes complex needs. There were effective management and quality assurance processes

supported by appropriate computer systems.

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

Rating at last inspection

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

Why we inspected

This was a planned inspection based on the date of registration.

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 Erskine 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

A single inspector carried out this inspection

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 the 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 Erskine Court started on 10 January 2020 and ended on the same day. We visited the provider's three Southampton extra care housing locations on consecutive days. As these are registered as

individual locations we wrote a report for each location, while recognising that most of the provider's policies, processes and practices were the same across the three locations.

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 because this was their first 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 used all the information available to us to plan our inspection.

During the inspection

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

We reviewed a range of records. This included four people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. We reviewed records relating to the management of the service, including policies, procedures, and online systems for scheduling, quality assurance, and incident recording.

After the inspection

We reviewed information sent by the registered manager after 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. The registered manager and staff were aware of their responsibility to protect people. Training was in place to inform staff about the types of abuse, and signs to look out for. Staff were confident if they had to raise a concern it would be dealt with properly.
- People using the service felt safe. They told us they were very confident staff knew how to support them in a safe way. One person said they "felt comfortable" with their care workers.

Assessing risk, safety monitoring and management

- There were processes in place to identify, assess and manage individual risks. These included risks associated with unwanted behaviours, and with equipment used to manage people's medical conditions. There were individual care plans to manage risks. Staff had the necessary information to reduce and manage risks.
- 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 other people who might be present during personal care support. Where appropriate, the provider allocated two staff to a call to address identified risks and make sure people and staff were safe.

Staffing and recruitment

- There were sufficient staff to support people safely. The provider was recruiting at the time of our inspection to bring the staff team up to the agreed headcount. Employed staff covered the planned care calls, with support from management staff if necessary. People had recognised the additional stress caused by current staffing levels. One person said the service was "always understaffed". Another person said staffing was "close to the limit".
- 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 records of checks as required by regulations. There was a thorough induction process for new staff which included a period of shadowing an experienced colleague and regular checkpoints and sign-off. 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.
- Accurate records were kept of medicines administered. These were checked regularly. Records showed

any gaps or errors were followed up.

Preventing and controlling infection

- Appropriate measures were in place to protect people from the risk of infection. Staff had personal protective equipment such as disposable gloves and aprons. The provider used staff supervisions and spot checks to assure high standards of hygiene. Staff had training in food hygiene where they were responsible for preparing people's meals.

Learning lessons when things go wrong

- The provider had processes and procedures in place to analyse records of accidents or incidents. There was a computer-based system for the recording of incidents. These were reviewed by the registered manager and specialist staff to identify learning opportunities and make sure actions were followed and completed.

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 had care and support which were based on individual assessments which informed detailed and thorough care plans. The provider supported short trial stays at Erskine Court for people before they made the decision to move in permanently. Care plans were reviewed regularly with input from other professionals, such as occupational therapists. People's care and support were reviewed in line with their changing needs.
- People's care was based on current guidance and standards. The provider had a comprehensive set of policies, processes and procedures. These were based on relevant legislation, and standards and guidance from the government, NHS and other national bodies.

Staff support: induction, training, skills and experience

- The provider had processes in place to make sure staff had the necessary skills and support. 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 refresher training were supplemented by focused training to support people's individual needs, such as training in setting up a machine to help a person breathe at night.
- There were processes in place to make sure training had been effective. The provider followed up training in supervisions and appraisals. People told us staff "knew what they were doing" and appeared to have received the necessary training to support them effectively.

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. Staff prepared meals according to people's preferences and encouraged people to eat and drink enough.

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. The service had worked with the community mental health team to develop an effective care plan for a person.

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 GP or community nursing referrals or appointments. The provider had an "early warning system" which prompted staff to look out for signs that a person might need a healthcare referral. This system had been effective in helping staff recognise when people were becoming unwell, and had prompted

appropriate referrals to healthcare professionals.

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 who knew the person were involved in best interests decision making, and this was reflected in their care plans.

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, "We have a good laugh. They make me smile and cheer me up." Another person said, "I love all the carers. They make me feel comfortable." Staff showed compassion and responded quickly when they saw a person needed emotional support.
- Where people had a preference to be supported by a man or a woman, the provider respected this. The registered managers 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 about their care. Staff described to us how they engaged with people on a day to day basis. People told us they had regular reviews of their care plans which took into account their views. One person said, "If I want anything, I can get it."
- People's care records showed they were consulted about their care and support. The care records of one person who had limited speech showed they were involved in decision making with a family member who interpreted for them.
- People told us they did not always receive a copy of their rota showing which care workers would be calling on them. The registered manager was aware of this and told us the provider had developed a system for doing this automatically which they planned to introduce in the near future.

Respecting and promoting people's privacy, dignity and independence

- The service was designed for people to live independent lives in their own flats. Care plans prompted staff to promote people's independence. One person's care plan stated, "Please encourage me to wash as much as I am able."
- People told us staff respected their privacy and dignity. One person said, "The regular carers get to know your routine." Staff knocked on people's front doors and announced themselves even if they had the means to open people's doors themselves.
- The provider respected people's privacy by making 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 in ways that met people's needs and reflected their preferences. Care plans were detailed, individual to the person and contained information about people's preferences. For example, one person's care plan contained detailed information about how they liked to be supported to shower. 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. Some people told us they found it frustrating when their care call was interrupted because their care worker received an urgent call. The registered manager was aware of this, and why some people made regular calls for urgent attention. They had taken steps to resolve the issue, which involved meetings with other agencies.

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. One person's communication care plan stated, "Please speak clearly and face me." Another stated, "If you ask me closed questions which I can answer yes or no, we can chat OK. I like to be given choice and to be empowered to make those choices. You may need to ask a question a few different ways, but we will get there in the end."

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. One person told us staff listened if they raised concerns and resolved the issues where possible.

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.

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 person-centred care. This was based on policies, processes and procedures which promoted compliance with relevant standards and legislation. The registered manager promoted this culture through regular contact with staff. The provider had a good relationship with the housing provider at Erskine Court, which allowed people with complex needs to live independently in their own flats.
- The service achieved good outcomes for people. The registered manager and staff discussed people's care plans with the person and their families. One person's family member said, "We have just had the supervisor who has gone through the detailed plan." Other people compared the service they received favourably with other providers they had experienced.

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

- The provider had effective governance and quality processes in place, which were supported by appropriate computer systems. Systems were in place for staff rostering, call tracking, and accident and incident reporting. Use of these systems meant only suitably trained staff were 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 was informed about regulatory requirements. The registered manager notified us if certain events occurred which providers have to tell us about. There were 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. There was a yearly employee survey and regular quality reviews with people who used the service. People told us they could discuss their care at any time with the registered manager or other senior staff.

Continuous learning and improving care

- The provider had developed a new service which met and exceeded the minimum standards defined in regulations. Compared with the provider's other extra care housing schemes in Southampton, some people living in Erskine Court had more complex needs. The provider had developed appropriate care packages with staff training to allow people with complex needs to continue to live safely in the independence of their own homes.

Working in partnership with others

- The provider worked closely with the local commissioning authority and the housing provider team to deliver a "flagship" extra care housing service. The commissioning authority used the example of Erskine Court to develop their next similar service.