

Allied Health-Services Limited

# Allied Health-Services Colchester

## 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 Colchester is a domiciliary care service covering the Colchester, Witham and Clacton areas of Essex. At the time of the inspection the agency was providing personal care to 145 people.

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.

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

People were positive about the support the agency provided. They received support from regular and reliable staff.

There were enough staff to cover the scheduled visits to people. There were clear systems in place for the recruitment, induction and supervision of staff.

Risks were assessed, and guidance provided on how to mitigate risks to reduce the risk of harm. Staff were clear about how to raise concerns about people's welfare and we saw reports had been made appropriately to the Local Authority. However, the relevant notifications had not always been made to CQC which the registered manager agreed to immediately address.

Infection control procedures protected people from the risk of infection, and they assured us they had sufficient stocks of personal protective equipment. The agency was in the process of accessing testing for staff.

Staff received induction and training to ensure that they had the skills they needed for their role.

People's health and wellbeing was monitored. Where people's needs changed referrals to health and social care services, such as GPs were made to enable people to maintain their health and independence.

People were supported to have maximum choice and control over their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Satisfaction surveys were completed to ascertain people's views on the quality of care they experienced. People told us they were consulted about how they were supported.

Care plans were up to date and contained information and guidance on how to support people in a personalised way.

People told us where they had raised concerns these had been addressed in a timely way and where

necessary apologies had been given.

Care staff told us they were supported and listened to by the management team.

Quality assurance systems were in place which explored the experience of people using the service, spot checks and reviews of documentation. This information was used to monitor performance and help drive improvement.

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

The inspection was undertaken as the service had not been inspected since it was registered.

We looked at infection prevention and control measures under the Safe key question. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

#### 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 caring findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our responsive 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 Colchester

## **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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection team consisted of an inspector, an assistant Inspector and an Expert by Experience. The inspector visited the office and spoke to relatives of people who used the service and staff. An assistant inspector made telephone calls to staff and an Expert by Experience spoke with people, using the service and relatives. 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 and specialist housing.

The service had a manager registered with the Care Quality Commission. This means 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 we needed to be sure the provider

or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection and sought feedback from the Local Authority. 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.

#### During the inspection-

We spoke with five people who used the service and 12 relatives about their experience of the care provided. We spoke with 12 staff including the registered manager.

We reviewed a range of records. This included four people's care records and three staff files in relation to recruitment and training. A variety of records relating to the management of the service including audits were reviewed.

# 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. The key question was rated as Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Relatives expressed confidence in the management of the service and told us they had no concerns regarding the safety of their relative. One person raised some historical concerns which we were able to discuss with the registered manager who conducted a review with the person to address the concerns they raised.
- Records within the agency showed matters of concern were escalated to the Local Authority in line with the agency's policy. We saw appropriate action had been taken, however not all safeguarding concerns had been notified to the CQC as required. The registered manager agreed to immediately address this in line with regulatory requirements.
- Staff told us they had received training on safeguarding. Those we spoke to knew how to raise concerns and escalate matters to the senior management team and the Local Authority.
- The registered manager told us the agency had clear arrangements in place to safeguard people's finances which was confirmed by the people we spoke with. Any shopping or transactions made on people's behalf were subject to regular checks.

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing were identified and plans were in place to guide care staff on mitigating the risks. Staff confirmed the plans were available to them when supporting people in their homes. Plans were highly personalised and explained the steps staff should take to promote people's safety while maintaining their independence.
- Plans for assisting people with moving and positioning outlined the loops staff should use when assisting people with hoisting and identified specific conditions which staff should consider. However, some risk management plans would have benefited from greater clarity. One person's catheter plan was not clear about the role of the district nurse and the responsibilities for bag changes. A nutritional risk assessment referred to pureed meals but not the descriptors about texture required. The registered manager agreed to immediately clarify to ensure the records were clear.
- Where there were changes to people's health and wellbeing staff told us senior staff were responsive and escalated concerns to other professionals such as GPs, district nurses or occupational health services.

Staffing and recruitment

- People told us they received care from an established group of care staff who were reliable and knew them well.
- The provider had a clear process in place to recruit staff and carried out the required checks to ensure staff were suitable.
- New staff outlined the training they received which was mainly online but face to face training was

provided on areas such as moving and handling.

- Staff told us there was enough staff to provide safe care and visits were scheduled to ensure they had enough time to travel between people. However, we noted from a review of the documentation that staff did not always stay for the allocated time. People told us it depended on whether everything they needed was done, and some carers would ask if they needed anything extra before going. The registered manager told us this was an area they monitored as part of their quality assurance systems.
- People told us they did not always receive a rota in advance to let them know who was supporting them. The registered manager told us they no longer routinely send out this information but were happy to do so on request.
- People were clear about the arrangements which operated out of office hours.

Using medicines safely; Learning lessons when things go wrong

- People were supported by staff who were trained to administer medicines. Staff had their competency to administer medication checked on a regular basis to ensure their practice was safe.
- Medication administration charts identified the medicines that people were prescribed and how and when they should be taken. Medication audits were undertaken, and the office staff reviewed medication administration records on a regular basis to check for missed signatures or other anomalies. Issues identified were followed up with individual staff members.
- Care plans outlined the arrangements for ordering and delivery of people's medicines. Risk assessments were undertaken where risks to medication were identified and where appropriate secure storage was organised to keep people's medicines safe.

Preventing and controlling infection

- We were assured the provider was using PPE effectively and safely. Spot checks were undertaken to check staff were using PPE correctly.
- People and relatives told us most staff wore the correct personal protective equipment (PPE) such as gloves, aprons and masks. One relative told us that on one occasion they had to give a reminder, but they were generally very good. Another said, "They wear everything, aprons, masks and gloves."
- The registered manager told us risk assessments on managing the risks associated with COVID 19 had been undertaken with staff which was overseen by the providers clinical team and where appropriate specialist items had been provided.
- Care staff told us they had undertaken infection control training and were clear about the steps they should take in the event of them or a person they supported becoming unwell with COVID19.
- Staff told us they had sufficient supplies of PPE to keep them and the people they supported safe. We saw stocks of PPE in the office ready for distribution to those staff who needed additional supplies.
- The registered manager told us they were aware of the new process for testing home care workers and were encouraging staff to participate in the testing process.



# 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 at their home before they started to use the service in conjunction with them and their family. This information formed the basis of their care plan.
- People's care needs were regularly reviewed and their care plans updated to take account of any changes.

Staff support: induction, training, skills and experience

- People were cared for by staff who had received training and who were supported and supervised.
- Newly employed staff completed an induction before starting work for the agency. The induction included online, face to face training as well as shadowing colleagues.
- New staff spoke positively about the induction process and the levels of support provided. They confirmed they had received supervision, competency assessments and spot checks before completing their induction.
- The provider had a system in place to oversee training for staff, highlighting any gaps and identifying when updates were due. The registered manager told us the COVID 19 pandemic had impacted on the agency's ability to provide training, but they were adapting and had organised some training to be moved online and practical courses to be provided in smaller groups.

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

- People were supported to eat and drink and maintain a balanced diet as outlined in their care package. People's food preferences were recorded and staff recorded in people's daily records what they had eaten.
- Where there were concerns about people's weight or diet, people's food intake was monitored and there was a plan in place to ensure they received the right support.

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

- Records showed people's health and wellbeing was monitored. Where people's needs changed referrals to health and social care services, such as GPs were made to enable people to maintain their health and independence.
- Relatives expressed confidence in the staff and told us they were alert to changes in their relative's wellbeing and communicated well with them.

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.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

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.

- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.
- Staff helped people to make choices in a variety of ways. Care plans were personalised and set out how staff should support people, how people made their views known and any preferences. For example one plan documented how the person indicated their agreement by the thumbs up sign.
- Some people had a lasting power of attorney and the registered manager told us the agency had clear systems in place to record who had the legal authority, should there be a time in the future when individuals were unable to make specific decisions.

# 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 and the relatives we spoke with were positive about the agency and the levels of support provided. One relative told us, "My relative is supported by one really brilliant carer who has supported them for a long time and knows them really well." Another relative told us, "Most carers are ok, but we have one carer who goes above and beyond. They contact me direct and keep me up to date."
- Peoples care plans contained information about their life history which helped staff get to know the person they supported and what was important to them.

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

- People told us they were involved in decisions about how they were supported. One person told us, "They ask before they do anything." A relative told us, "I hear them asking, it seems to be all at my relatives' pace."
- Peoples care plans showed people had been involved in care planning and the documents included their wishes about how they wished to be supported. For example, the order in which they liked to have their personal care delivered. Guidance was provided to staff about how people communicated and what staff could do to assist them, such as giving them plenty of time to talk and respond to questions.
- People were asked their opinion of the service in a number of ways including reviews and satisfaction surveys. The feedback from the most recent surveys was positive.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. People told us staff were respectful when supporting them with personal care and with their belongings. One person told us, "They are very good when they do and when helping me to wash, they always put a towel over me, so I feel comfortable."
- Care plans were written in a dignified manner and contained information about what people could do to retain their independence.

# 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 told us they received support from a core team of care staff who knew their needs well.
- Care plans were detailed and informative and outlined people's preferences. Management strategies were in place for one person to guide staff on to how to support them accessing the community in ways which kept them safe.
- Daily records were maintained which outlined the care provided on each visit and highlighted any areas which required further observation.

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.

- Care plans were clear and easy to read. The service recorded and shared information about people's communication needs as required by the assessible information standard. For example, they identified people with hearing loss or issues with their sight.
- Some documentation was also provided in a pictorial format, but this is an area that was still at an early stage of development.

Improving care quality in response to complaints or concerns

- There were systems in place to investigate concerns or complaints.
- Most people said they hadn't complained, of those that had, said they were happy with the response. We saw internal investigations were undertaken and people raising concerns were provided with a response and where appropriate apologies given.
- The provider had an electronic system which provided oversight of complaints and concerns.

End of life care and support

- Procedures for end of life care were in place to guide staff should people's health deteriorate.
- The registered manager told us when they were supporting people at the end of their life, they worked alongside health professionals. The registered manager had access to the providers a clinical lead which they could refer to for guidance.

# 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives spoke positively about the agency and the support provided. One person told us, "They do everything really well." Another relative told us about one of the carers who maintained a good level of oversight and, "If it wasn't for this carer, I would have to put my relative in a care home."
- The service had an electronic monitoring system which supported live reporting and identified issues in real time such as late calls which enabled senior staff to respond quickly.
- Quality assurance systems were in place which explored the experience of people being supported and this information was used to monitor performance and help drive improvement. Care records and records of people's medicines were audited by staff and any shortfalls identified and escalated.
- Staff received regular supervisions and spot checks were undertaken. One person told us a senior member of staff, "Comes around sometimes for a surprise visit, a spot check once a month or every six weeks."
- The provider undertook monitoring visits which identified actions with clear timescales for making improvements.

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

- There were systems in place for the reporting of incidents and accidents which were monitored by the provider. Notifiable events had been reported to CQC but there were some shortfalls in relation to safeguarding which has been addressed earlier in the report.
- The registered manager completed reflective learning documentation on incidents to identify what could be done differently.
- Documentation showed the service worked closely with other agencies such as the Local Authority and health professionals to support the delivery of care.
- The Local Authority had recently undertaken a remote audit of the care and this report was shared with us by the agency as part of the inspection. The report identified areas which had worked well during the pandemic. No concerns were noted.

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

- Staff meetings were held to give the staff team the opportunity to express their views on the running of the service. Care workers were positive about working for the agency and told us they felt supported and

listened to by the office staff. One member of staff told us, "The office staff are really nice, they come out and work with us if other staff are ill." Another said, "The manager is nice and very approachable."

- The provider undertook a carer engagement survey and most staff said they would recommend the service to a friend or family. Following the survey, the registered manager completed an action plan.
- Newsletters were sent out on a monthly basis to keep staff up to date with changes. Good practice was recognised, and the registered manager identified a carer each month who had gone the extra mile in the course of their duties.
- The registered manager had introduced 'Take your boss to work day' to give staff the opportunity to learn more about each other's role, which had been well received.