

Allied Care Limited

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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 Care Ltd provides care and support to people living in a number of 'supported living' settings, including houses and flats, so that they can live as independently as possible. At the time of our inspection, they were providing personal care to 33 people in seven houses across Plymouth, Chippenham and Didcot.

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 told us they felt safe and comfortable when staff were supporting them. People knew who to speak with if they had any concerns. The provider worked with the local authority safeguarding team to ensure people remained safe. People were kept safe as potential risk had been assessed and managed. Infection control procedures were robust and staff had taken additional measures to protect people from infection control risks associated with COVID-19.

People's needs were met by staff who had received regular training and support. People, relatives and health professionals spoke very positively about staff's skills. A relative said, "The staff are so well trained they are brilliant." 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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. People were treated with dignity and respect in a way that valued them as individuals. Relatives and professionals described the service as person-centred. People were supported to be as independent as possible and there was a strong focus on promoting social inclusion. People were encouraged to lead full lives. There was a positive, open and inclusive culture.

People were supported to develop personalised and detailed plans with information about their needs, preferences and goals. These were routinely reviewed with the involvement of the person and relevant stakeholders where appropriate. Staff knew people well and were able to quickly identify people's changing needs. People had access to health and social care professionals. People were supported to participate in a range of social, volunteering and work activities.

People benefited from a provider who placed an emphasis on delivering a high quality service. Effective quality assurance and governance systems were in place to assess, monitor and improve the quality and safety of the service.

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 08/01/2020 and this is the first inspection.

Why we inspected

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

We looked at infection prevention and control measures under the Safe key question. We look at this in all inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 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?

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 Care Ltd

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

This inspection was completed by one inspector and one assistant inspector. An Expert by Experience telephoned people who received care from the service and relatives to obtain feedback about their 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 provides care and support to people living in seven 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Notice of inspection

We gave short notice of the inspection because we needed to arrange consent for phone calls to people and their relatives and we needed to be sure the registered manager would be available to support the inspection.

Inspection activity started on 6 September 2021 and ended on 14 September 2021. We visited the office location on 14 September 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and three relatives about their experience of the care provided. We spoke with 12 members of staff including the registered manager, lead practitioner, care workers and administration staff. We received feedback from a further 17 staff and two health professionals. We also spoke with the landlord of one of the properties.

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

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and comfortable in their home.
- Staff had completed safeguarding adults training. They knew how to report concerns about people's safety. Staff knew people well and would be able to identify any changes in their wellbeing.
- Staff told us they felt confident the provider would respond and take appropriate action if they raised any concerns. The provider worked with the local authority safeguarding team to ensure people remained safe.

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

- Detailed risk assessments had been completed for each person which considered personal care, risks relating to health conditions and the environment in which care was to be provided.
- Staff promoted positive risk taking to ensure people lead full lives and had maximum control and independence.
- Records gave staff guidance on how to reduce risks and were up to date.
- Accidents, incidents and near misses were recorded. The registered manager reviewed records to identify any action required to prevent the risk of recurrence and any learning for the provider. Lessons learned were shared, and systems changed as a result, where appropriate.

Staffing and recruitment

- There were enough staff to meet people's needs and cover their agreed hours of support.
- People told us there were enough staff available to meet their care and support needs. Support was organised in way that enabled people to have person-centred care and choice in their daily lives.
- Staff recruitment practices were safe. Checks such as a disclosure and barring (police) check, had been carried out before staff were employed. This made sure they were suitable to work with people.

Using medicines safely

- People told us they were happy with the support they received with their medicines. A relative told us, "I get regular updates about such things, she is looking a lot healthier so they must be getting it right."
- Medication administration records were fully completed. Staff had access to information and guidance about how to safely administer people's prescribed medicines. Guidance was in place for medicines prescribed on a 'when required' (PRN) basis.
- Staff were trained to support people to take their medicines safely.
- Medicines were stored safely. Each person had a locked medicines cabinet.
- The service had good links with healthcare professionals for medicines advice if needed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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

- Staff worked closely with people, their representatives, and health professionals to complete a comprehensive assessment and ensure they could meet each person's needs before providing support.
- People's needs were reviewed regularly.
- The registered manager had a good understanding of best practice and standards in relation to the support of people with a learning disability.

Staff support: induction, training, skills and experience

- People told us staff knew how to meet their needs and understood their medical conditions. Relatives and health professionals also spoke very positively about staff's skills. A relative said, "The staff are so well trained they are brilliant."
- Staff told us they had the skills and knowledge to meet people's needs effectively. When asked about the training, staff said, "The company is excellent with training" and "I feel that I am very well trained."
- Staff had opportunities for regular supervision. Staff told us they were well supported and were encouraged to further develop their skills. One staff member told us, "If the situation comes when I need additional training, my manager is happy to assist me to resolve this."

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

- People were supported and encouraged to participate in shopping, preparing and cooking meals in order to develop and maintain independence. Some people were supported by staff according to their individual needs.
- People were supported to maintain a healthy balanced diet. Staff knew people's preferred food choices and dietary requirements.
- Risks associated with people's food and drink intake were clearly recorded. Staff followed guidance to prevent the risk of harm occurring.

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 good health and had access to external healthcare support as necessary. We saw examples of staff identifying concerns and supporting people to seek medical attention. A relative told us, "I have never known any problems with his medication actually they go above what they are meant to do – they go to every appointment with him".
- Health professionals told us staff kept them updated, followed their advice and communicated well. A health professional gave feedback to the service and said, "I feel they do an incredible job during very

difficult times especially Covid."

- People attended routine checks, including dentist appointments, hospital appointments and annual health checks. One person told us, "I have my annual health check – I have had both my Covid jabs and I have a flu jab."

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.

- People told us they were given choice and control over their day-to-day lives.
- Staff had completed training in the MCA and showed a good level of knowledge and understanding. Staff sought people's consent before supporting them.
- The provider assessed people's capacity to consent to their care and any other significant decisions.
- Where people who used the service did not have capacity to make decisions, mental capacity assessments had been carried out and best interest decisions had been made and recorded.

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 told us they were treated with kindness and respect. They received support from a consistent staff team, who knew them well.
- People were happy with the staff who supported them. Comments included, "All staff are kind" and "Staff are wonderful". Relatives told us, "They have good staff, she seems very happy there and that's good" and "You could not fault the staff they are amazing (person's name) really knows his own mind and they are brilliant with him".
- Staff completed equality and diversity training. Information about people's needs in relation to any protected characteristics, such as disability, beliefs and sexual orientation was included in people's support plans.
- We saw positive relationships had developed between people who lived together and the staff who supported them. One person said, "Best place I've ever lived."
- Staff were kind and compassionate and supported people when they felt anxious or distressed. Comments included; "I know who to talk to" and "If I'm worried, they'll come in and have a cup of tea and a chat."

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

- People had control over their lives and were fully involved in making decisions about how they wanted to be supported.
- Staff were skilled at supporting people to express their views and respected their wishes. This included assisting people to use a range of communication tools and accessing the support of independent advocates.
- People and those acting on their behalf were provided with a range of opportunities to express their views about the care and support from the initial assessment through to regular care reviews and surveys.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff respected and promoted their privacy, dignity and independence. One person said, "When I moved into here, I was institutionalised and I couldn't manage anything by myself and staff have helped me bit by bit to do almost everything for myself in my flat". Relatives said, "I didn't think (person's name) could live alone and independently but Allied have certainly shown that she can. It's all been very positive" and "It's been a major uplift, she's so independent now."
- Staff promoted people's independence and encouraged them to develop their life skills. One staff member said, "We work in a person-centred way with each service user and everybody is treated with dignity and respect."

- People were supported to maintain and develop relationships with those close to them and staff recognised the importance of family and personal relationships.
- People's personal records were kept secured and confidential. Staff understood the need to respect people's privacy including information held about them in accordance with their human rights.

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 were supported to develop detailed plans with information about their individual needs, preferences and goals. These were routinely reviewed with the involvement of the person and relevant stakeholders where appropriate.
- Staff knew people well and were able to quickly identify people's changing needs. People and relatives were very satisfied with the responsiveness of the service and a visiting professional told us staff were person-centred with good communication skills. They said, "Staff have a humanistic, creative approach to working with residents" and "Working creatively together problems are resolved quickly and in the best interest of the resident."

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.

- Staff assessed people's information and communication needs. These needs were identified, recorded and highlighted in care plans. People's needs were shared appropriately with others.
- People were given information about their care and support in a way they could understand. For example, easy read format, large print, pictures and virtual assistant technology.
- Staff knew how to respond to people's different communication methods, including the use of specific communication aids.

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

- When Covid-19 restrictions meant people could not take part in their usual activities, staff ensured people followed interests and activities at home. People told us they had enjoyed coffee mornings and arts and crafts sessions at home. One house had arranged barbecues with foods from different countries, relating to where people and staff came from.
- People accessed a range of social and work opportunities in the community. At one of the houses, people were going out together to walk a mile a day for charity. We met several people who were going out to work. One person told us they were excited about a volunteering opportunity. Some people went on outings independently. Other people were supported by staff. One person was excited to go out and watch transport. Some people went to local sports activities.
- People were supported to maintain contact with family and people close to them. During Covid-19,

people used alternative methods of communication and contact, such as video calls and garden visits.

Improving care quality in response to complaints or concerns

- People knew how to complain if they needed to, and all told us they would feel confident to raise any concerns.
- The complaints procedure was available to people and relatives.
- The provider had a system to ensure any complaints were responded to and actions taken, where needed.

End of life care and support

- No one was receiving end of life care at the time of the inspection.
- People's wishes were discussed with them, and their families where appropriate.

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

- The registered manager promoted a positive, person-centred culture. This resulted in a high-quality service and good outcomes for people.
- People told us the service was well managed. Comments included, "(Lead Practitioner's name) is absolutely incredible; couldn't ask for a better manager" and "Really helps us, so nice." A relative said, "I can go to them (Registered Manager) with any concerns and they will listen. They are very approachable; they are always on the end of the phone".
- People's views were used in decision making and the provider routinely sought people's feedback about their care as part of quality assurance and auditing processes.
- Staff were passionate, motivated and keen to tell us about the service. Comments included, "Lead Practitioner's name is an amazing manager. You just know she cares about the service users and goes out of her way to make them happy" and "Best manager I've ever had." Staff told us they felt able to contribute their thoughts and experiences on the service. These were shared through staff meetings, individual staff supervisions and surveys.
- Several staff at one of the properties raised some concerns relating to staffing and management. The registered manager was aware of some of the issues and assured us they would investigate and take any actions needed.
- The provider acknowledged staff achievements and commitments through their 'Service of the month' and "Staff member of the month" scheme.

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 provider was aware of their responsibilities to provide CQC with important information and had done so in a timely way.
- The provider understood the duty of candour in respect to being open and honest with people and relatives.

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

- Effective quality assurance and governance systems were in place to assess, monitor and improve the quality and safety of the service. This included checks and observations to assess staff competency and

audits.

- The registered manager was supported by a lead practitioner in each of the services; they were responsible for the day to day running of each property. Each staff member knew their responsibilities and there were clear lines of accountability.

Working in partnership with others; Continuous learning and improving care

- The service worked in partnership with key organisations including the local authority and other health and social care professionals to provide joined up care.
- A health professional said, "Allied work well with commissioners to support and house people with complex health and social care needs".
- The registered manager was working with the local authority to train staff in 'Restore 2'. This will enable staff to monitor individual's health and wellbeing and recognise early signs in deterioration.