

Allied Health-Services Limited

Allied Health-Services Leeds

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 Leeds is a domiciliary care agency, providing personal care to older adults and people with physical disabilities and complex health needs. At the time of the inspection the service was supporting 60 people. 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

There were mixed views in relation to the quality of care and support people experienced. Most people told us they felt safe when regular support workers were providing support to them. Staff understood what it meant to protect people from abuse. They told us they were confident any concerns they raised would be taken seriously by the registered manager.

There were enough staff available to ensure people's care and support needs were met. However, people told us staff did not always arrive on time and were not told in advance of this. People and their relatives told us the same staff did not always support them especially on weekends. The provider recognised this was important to people and told us this was something they would look into. The provider had effective recruitment procedures in place to make sure staff had the required skills and were of suitable character and background. Staff received training which supported them to have the knowledge and skills to do their job well and effectively to meet people's needs.

Safe procedures were in place to make sure people received their medicines as prescribed. However, audits did not always pick any errors in missed signatures. We spoke to the registered manager who put an action in place on the same day. There were system's in place to monitor the quality of the service and make improvements when needed.

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.

People were supported to access relevant health and social care professionals to ensure they were getting the care and support they needed to best meet their needs. People were treated with dignity and respect. Staff were committed to promoting people's independence. Staff supported people to have enough to eat and drink and to access healthcare services when they needed.

People's care and support was planned and delivered in a way that ensured it met their needs and reflected their preferences. The care records we looked at included risk assessments. They had been devised to help minimise and monitor the risks, while promoting the person's independence as far as possible.

People knew how to complain and were confident the registered manager would resolve their complaint.

People who used the service, relatives and staff could express their views about the service which were acted upon.

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

Rating at last inspection:

This is the first rating for the service since been registered.

Why we inspected: This was a planned inspection.

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 Leeds

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of two inspectors and two Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

Service and service type

Allied Health Services Leeds is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager who was in the process to become 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.

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 14 January 2020 and ended on 20 January 2020. We visited the office location on 14 January.

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 did not ask the provider to send 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 6 people who used the service and seventeen relatives about their experience of the care provided. We spoke with nine members of staff including the manager, regional manager and the nominated individual.

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

Staffing and recruitment

- People told us staff turned up at inconsistent times. One person said, "They have always turned up, but in the mornings, they are usually late. It can be nearer lunchtime when they come." Another person said, "They never come at the same time every day. It's not their fault it when they have got too many people to see." A third person said, "They have always turned up for me, but they do turn up late." However, the service had electronic call monitoring in place which showed these were isolated instances.
- There were sufficient numbers of staff employed by the service. However, people told us they did not always have consistent staff. One person said, "We don't always get a rota." We spoke to the registered manager about this. We did see evidence to support where people did receive rotas weekly.
- Recruitment checks were in place. Appropriate references were in place to ensure potential new staff were suitable for the role for which they had been being recruited.

Using medicines safely

- People received their medication as prescribed. One relative we spoke with told us of an issue they had with medication. We brought this to the providers attention and they told us they would deal with this appropriately.
- We identified inconsistencies within the medication audit. The manager acknowledged this and completed an action plan to minimise this occurring again.
- People's medicine support needs had been assessed before they started using the service. Information about how people liked their medication administered was recorded in their care plans.
- Staff responsible for administering medicines received training and their competency had been assessed by the registered manager.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe with staff on the whole. Comments included, "Sometimes my relative felt safe sometimes they didn't as they didn't know them very well, this is why we requested for the service to change the care worker and they did." And "My relative is always safe with their care worker. They are comfortable and has worked with [name of person] for many years." And "Yes I feel safe."
- The service had a policy and procedure for safeguarding adults from abuse. Staff we spoke with understood what abuse was, the signs to look for. One staff member said, "I would not hesitate to contact management if I had any concerns."
- Staff knew the procedure for whistle-blowing and said they would not hesitate to use it if they needed to.

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

- Risks to people had been assessed and where a risk had been identified, control measures and guidance for staff detailed how to minimise this.
- Before a person received a service an assessment of risks in their environment was undertaken. This was to identify potential hazards in the person's home, such as uneven floors or with electrical appliances, and to look at ways to minimise risks. One identified risk was around a low hanging light in a person's room.
- Processes were in place to monitor and review accidents and incidents, together with lessons learned from the incident.

Preventing and controlling infection

- Staff demonstrated a good understanding of how to prevent the spread of infection.
- Personal protective equipment was available at all times for staff to use when providing personal care and adequate stocks were held in the provider's office.

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

- People received effective care. An assessment of their needs was carried out prior to people receiving support from the service.
- People and their families told us they were involved in developing their care plans and these detailed how people wished to be cared for. One person said, "My relative dealt with all this and I'm happy with that."
- People's needs had been assessed before they were offered a care package. This ensured the service could support them at their preferred times.
- People's care plans described the help they required at each visit and reflected their personal choices and preferred routines. Care plans were reviewed regularly to support this.
- Staff prepared meals for people if this was part of their care plan.

Staff support: induction, training, skills and experience

- The manager ensured staff were provided with a variety of training to give them the right skills for their roles.
- People and relatives had confidence staff were well-trained. One relative said, "The staff are well trained, I do feel the weekend staff are not always as good as the regular staff."
- Training was provided through different methods, such as e learning and face to face.
- The service had its own training room equipped with a bed and hoist for moving and handling training.
- Staff were complimentary about the training received. Staff told us they felt they had the right training to support their role.
- The management team provided staff with support and supervision. This gave them opportunities to discuss their responsibilities, concerns and training needs. Staff were complimentary about the support they received from each other and from the management team.

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

- Staff worked with healthcare professionals to ensure people's health needs were met.
- The manager referred people to other social care and healthcare professionals when they needed specialist help or advice.

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.

- The provider met the requirements of the legislation. People who had capacity had consented to their care plans. Staff knew the importance of gaining consent prior to supporting people.
- Where people's relatives had power of attorney this was 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 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; Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff were kind and compassionate and was respectful of their rights and dignity.
- People and their relatives were positive about the care they received from staff. One person said, "I can't fault the carers in terms of kindness. They always listen to me. They always make sure my curtains are shut when I am undressing." Another person said, "Wonderful, caring and kind. They always listen to me." A third person said, "When they arrive they are excellent- kind, caring and very respectful." A relative said, "They have a great relationship with [name of person]."
- Care records reflected that people were helped to complete tasks for themselves if they were able. This helped them maintain their independence.

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

- The service provided support tailored to people's requirements.
- People and their relatives were involved in agreeing their support package. This gave them the opportunity to specify their support needs.
- People and their relatives told us they were able to make decisions about their care. One person said, "Yes they know what I like they have got to know me." A relative said, "Yes they allow [name of person] freedom to do what they want." Staff told us they supported people to be as independent as possible.

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

- Care plans had been developed upon an initial assessment of people's individual needs and preferences. These included information about people's support requirements as well as details of their life histories, likes and dislikes, and their preferred daily routines.
- Staff demonstrated a good knowledge of the people they supported and their preferred daily routines.
- Daily record logs completed by care staff at each visit, contained a good level of detail.

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 manager was aware of the need to provide information to people in a way they could understand, in line with the requirements of the AIS. A staff member told us, "One person uses their iPad to control the door, lights on, answer the phone with this. They can communicate by talking but they use this to support their mobility."

Improving care quality in response to complaints or concerns

- The provider managed people's complaints. We saw formal complaints had been investigated and responded to appropriately. We did speak to the manager to ensure any communication with the office from people or relatives was being communicated, for example: when staff were running late.
- The service had a complaints policy and procedure for managing and responding to complaints. People told us they knew how to complain. One relative said, "Yes, but we have never had to use the complaints procedure." Another relative said, "Yes, we have made complaints, we have the policy and telephone number to do this."
- We saw many compliments which included, 'Thank you for all the kindness shown'. And 'The love she received from you w\^s exemplary'. And 'We were all touched by wonderfully caring staff who to us were living angels'.

End of life care and support

- The manager told us they were not currently supporting anyone at the end of their life. However, the manager told us they had supported people in the past, and in conjunction with other health care professionals, would be able to do so again if a person required end of life care.

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; Continuous learning and improving care

- We identified some areas for improvement around the medication audits, timings of calls and inconsistency of staff. We have discussed this in the 'safe' section of this report. The manager had completed an action plan in relation to this and sent this through to us after the inspection.

The manager had a good understanding of their regulatory requirements, making appropriate notifications to the CQC and external safeguarding bodies.

- Staff were clear about their roles and felt the manager was supportive and approachable.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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

- People and their relatives had mixed views about the management team. For example, one relative told us, "Management claimed a care worker could not come any more as they wanted to work nearer home, when we asked this was not true." Another relative said, "Timings need to be sorted out and communication needs improving." One person said, "Turn up on time would be a good start." Another person said, "Nothing at all." Another person said, "I receive the care I need."

- We asked people and their relatives how they felt about the service. Comments included, "For us it's an excellent package." And "My relative is generally happy- certain things good but others need to be looked into such as timings and new carers." And "Half the service is good, and half is not."

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

- People were engaged and involved in their care with consideration given to their care needs.

- There were satisfaction surveys for people to complete, however these had not been analysed to show levels of satisfaction due to only been completed recently. The manager was looking into this and ensured us these would be looked at to analyse any trends.

- Team meetings were in place as well as 'team huddles' twice a week. This was to look at any areas which needed to be improved. Meeting records were basic in their content. The manager agreed moving forward these would be recorded appropriately.

- Where required the service worked in partnership with health and social care professionals to ensure people received the best possible care.

