

Allied Health-Services Limited

Allied Health-Services LTD

Durham

### Inspection report

Unit c, first floor, Aire House  
Mandale Park, Belmont Industrial Estate  
Durham  
DH1 1TH

Date of inspection visit:  
28 June 2022  
29 June 2022  
12 July 2022  
13 July 2022

Date of publication:  
02 August 2022

### 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 LTD Durham is a domiciliary care agency providing personal care to people in their own home. The service provides support to people, including children, with physical disabilities, sensory impairments and mental health support needs. At the time of our inspection there were 11 people using the service.

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 happy with the support they received and spoke positively about staff. Relatives said staff were caring and kind. People were supported to express their views on the service.

Risks to people were assessed and action taken to keep them safe. Medicines were safely managed. Staffing levels were monitored to ensure people received safe and consistent support. The provider had effective infection prevention and control systems in place.

Staff received regular training, supervision and appraisal. 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. Staff worked effectively with external professionals to ensure people received the support they wanted and needed.

Support was personalised and based on people's assessed needs and preferences. Systems ensured staff were informed of any changes in people's needs or choices. Staff were effective at communicating with people and helping them make their voice heard.

Systems were in place to monitor and improve standards at the service. Feedback was sought and valued. The provider promoted continuous learning and development.

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 11 February 2021 and this is the first inspection.

The last rating for the service at the previous premises was good, published on 2 March 2020.

### Why we inspected

The service was inspected to give it a rating.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was safe.

Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our effective findings below.

**Good** ●

### **Is the service caring?**

The service was caring.

Details are in our caring findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Allied Health-Services LTD Durham

## **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 Health and Social Care Act 2008.

#### Inspection team

An inspector and an Expert by Experience carried out this inspection. 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.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post. A new manager had been appointed in the weeks before our inspection and had applied to the Care Quality Commission for registration.

#### Notice of inspection

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 28 June 2022 and ended on 13 July 2022. We visited the location's office on 28 June 2022.

#### 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. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with two people and five relatives about their experience of the care provided. We reviewed a range of records. This included four people's care records and three medicine administration records. We spoke with 8 members of staff, including the manager and support staff.

# 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 of 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; Learning lessons when things go wrong

- People and relatives said staff kept people safe. One relative told us, "I trust them implicitly. They most definitely keep [named person] safe."
- People were safeguarded from abuse. Staff received safeguarding training and knew how to report any concerns. One member of staff told us, "I'd report anything through whistleblowing or to the office if appropriate."
- Accidents and incidents were monitored to see if improvements could be made to keep people safe.

Assessing risk, safety monitoring and management

- Risks to people were assessed and plans put in place to address them. Support plans contained risk assessments and guidance to staff on how people could be kept safe. One person told us, "I am safe around them."
- Staff worked effectively with external professionals to monitor people's safety and manage identified risks. One relative said, "[Named person] feels safe and looked after in their capable hands."
- Systems were in place to support people in emergency situations. For example, staff received emergency first aid training.

Staffing and recruitment

- People had stable staffing teams which meant they were supported by staff who knew them and their preferences. One person told us, "Things have been pretty settled in my package."
- The service monitored staffing to ensure people received consistent, safe support. One relative told us, "We have a good team and they all work like clockwork."
- The provider's recruitment process minimised the risk of unsuitable staff being employed. This included checks of employment histories and seeking written references.

Using medicines safely

- People received their medicines when they were needed. A relative told us, "The medication is always accurate and on time."
- Clear records were kept of the administration of medicines. Medicine Administration Records had been completed without errors or unexplained gaps.
- Staff received training and competence checks in medicines administration to ensure they had the knowledge and skills needed to do this safely.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.

- 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.

# 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 and choices were assessed before they started using the service and on an ongoing basis. This ensured they received effective support.
- People and relatives confirmed they were involved. One person told us, "They would change anything I want." A relative said, "We have meetings about [named person's] ongoing care and the right way to go about it."

Staff support: induction, training, skills and experience

- Inductions of new staff were carried out to ensure they were confident in carrying out their role. Inductions were individually matched to people's support packages so staff gained specific knowledge and experience.
- Staff were supported with regular training. Systems ensured staff received training relevant to the people they supported. One member of staff told us, "Training is good, and pretty hands on for what we need to do."
- Supervision and appraisal meetings took place. These allowed staff to raise any support needs they had.

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

- People received effective support with eating and drinking. Care plans contained information on people's dietary needs and preferences, including updates from external professionals involved in their care.

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 external professionals to ensure people received effective care. Guidance issued by these professionals was included in people's support plans. One relative said, "[Named staff] works very well with the nurses that are also involved with her care, so they all make a great team."

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 MCA 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.

- Staff received training on the MCA and were able to apply its principles in practice.
- People were supported to make as many decisions as possible for themselves.

# 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 said they were well treated by staff. One person said, "They are definitely caring, we get on well together." Another person told us, "I have a great team."
- Relatives spoke positively about the support provided by staff. Comments included, "The staff are kind and caring without fail" and, "The carers are very kind and gentle with her."
- People were treated as individuals and supported to lead the lives they wanted. One person told us, "They do whatever I want." A relative we spoke with said, "They respect her as a person not as a patient or disabled person."

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

- Staff supported people to make their voices heard about the support they wanted. One person told us, "I am in charge." A relative we spoke with said, "They respect our choices."
- Records confirmed that feedback was regularly sought from people and relatives and was acted on.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect by staff who knew them well. One person said, "The carers are very polite and respectful." A relative told us, "[Staff] never speak down to her. The carers treat her as a human being with feelings."
- Staff helped people to maintain their independence. One person said, "They help me do what I can for myself." A member of staff told us, "You help people with day to day living, help people live how they want to."

# 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 received personalised care based on their needs and choices. Care plans contained detailed information on how they wanted their support to be delivered.
- People and relatives were involved in regular reviews of their care to ensure it continued to meet their needs. One person told us, "They would change anything I want."
- Staff told us they found care plans useful and reflective of people's wishes. One member of staff said, "There is plenty in plans from people and other professionals. We update them with any changes and involve people and families."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People were supported to communicate and make themselves heard. Staff were knowledgeable about the most effective ways to communicate with people.

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

- Some people were supported by staff to maintain relationships and follow their interests. Where this was the case details of how it should be done were clearly recorded in care plans.

Improving care quality in response to complaints or concerns

- Systems were in place to investigate and respond to complaints. People and relatives said they were aware of how to raise concerns. One person told us, "No complaints, but I could ask to speak to the manager about it if I had."

# 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

- We received positive feedback on the culture and values of the service. One person told us, "I can't think of anything they could do better." A member of staff said, "This is the best I've worked for. If you have any trouble they sort it straight away, nothing is any trouble for them."
- People and relatives said staff helped them to achieve the outcomes they wanted. One relative said, "I couldn't recommend them highly enough. They make my life worth living and give [named person] a life to live."
- People were fully engaged in the support they received. Regular reviews and feedback sessions took place. One person said, "They ask if we're happy with the service, is everything alright and anything you would change."
- The provider sought the views of staff on how the service was run and any suggestions for improvement. One member of staff told us, "They do ask for feedback, I can always give my opinions."

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 relatives said they had regular communication with the service and were informed about any incidents. A relative told us, "We have a good relationship with the management and they listen."

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

- The provider had recruited a new manager for the service shortly before our inspection, and they had applied for registration with Care Quality Commission.
- The manager and provider carried out a wide range of checks to monitor and improve standards at the service. Action plans were put in place to address any issues identified.

Continuous learning and improving care; Working in partnership with others

- The service worked in close partnership with a range of external professionals to ensure people received the support they wanted and needed. One relative said, "The carer works very well with the nurses that are also involved with her care, so they all make a great team."
- The provider promoted continuous learning and development to equip staff with the knowledge and skills needed for their roles.

