

Allied Health-Services Limited

# Allied Health-Services

# Maldon

## Inspection report

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26 February 2020  
10 March 2020  
17 March 2020

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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 Maldon is a domiciliary care agency registered to provide people support with personal care and treatment, disease, disorder and injury. Some people supported by the service had learning disabilities. At the time of this inspection the service supported 48 adults and children living in their own homes.

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 and relatives told us they were happy with the care and support they received from staff. Relatives felt their family members were cared for safely by well-trained staff, who were kind and respectful.

There were enough staff to meet people's needs recruited safely. Recruitment processes were robust and personalised to ensure the right candidates were selected for the right people. Relatives and where possible people were part of this process.

People received their medicines safely from trained staff. Accidents and incidents were analysed, and lessons were learnt and shared with the staff team.

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.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Staff received the training and support they needed to enable them to support people effectively. People's dignity and privacy was promoted by staff who were kind and caring.

Staff supported people to eat and drink enough amounts and people were involved in making decisions about their care where possible. Relatives assisted when appropriate. Staff gave and respected people's choices. Their preferences on how staff delivered their care was recorded in care records for staff to follow.

Care plans for people who lived with a learning disability were being developed further to ensure these were reflective of people's goals, achievements and outcomes. Checks were made to monitor the quality of the care people received by the registered manager and the provider. Any actions required were either completed or on-going.

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 and update:

The last rating for this service was good (published 25 September 2018). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

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

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 Maldon

## **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 was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

The inspection activity started on 26 February 2020 and ended on 17 March 2020. We visited the office on 10 March 2020.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection-

We spoke with six people who used the service and three relatives about their experience of the care provided. We spoke with 13 members of staff including the provider, registered manager, clinical manager and care staff.

We reviewed a range of records. This included four people's care 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received feedback from two professionals who regularly visit the service and a relative.

# 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 when staff supported them. Relatives of people told us staff provided safe care and treatment to their family members. One person said, "I do feel safe with them. Staff are very nice to me and they are reliable." One relative told us, "I feel the care [family member] receives is safe. They [staff] won't do anything until we run through with them and they are confident to do it."
- Staff received training in safeguarding procedures and were confident in describing signs and symptoms they would monitor to establish if people were at risk of harm. They knew how to report their concerns internally and externally to local safeguarding authorities.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- Some people using the service had severe physical disabilities and complex health issues. Assessing and safely managing risk was important to ensure staff could safely meet people's needs.
- Risk assessments were comprehensive and addressed each identified risk to people's health and safety. For example, there were risk assessments developed for oxygen use, equipment, breathing and other areas.
- Where people received 24-hour care and support, a team of staff were specifically trained and allocated to provide this service. The clinical manager ensured staff were knowledgeable about risks and knew how to respond in case of an emergency. For example, if people had a seizure or their oxygen levels were low.
- Staff told us they had been provided with personal protective clothing like gloves and aprons which they wore when providing personal care to people.

Staffing and recruitment

- People told us they could rely on the service and there were enough staff to meet their needs. One person said, "They always come when they say they will. I can rely on them."
- Relatives told us that where people's needs changed and an increase in staffing was needed at times this took time as the registered manager had to employ staff to ensure they could increase the number of staff needed.
- There was an electronic monitoring system in place which helped the staff in the office monitor if staff arrived at people's homes at the agreed times.
- All staff had been through recruitment procedures which involved obtaining satisfactory references and background checks with the Disclosure and Barring Service (DBS) before they were employed by the service.

Using medicines safely

- Medicines were managed safely by staff who were appropriately trained and had their competencies checked before they could administer medicines to people.

- Regular checks were in place to ensure people received their medicines as intended by the prescriber.

#### Learning lessons when things go wrong

- Staff told us lessons were learnt in staff meetings where the managers shared any complaints or concerns raised by people and relatives. Positive changes were implemented following these for example, allocating regular staff to support people.

# 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 before they started to use the service. Assessments detailed people's overall support needs and individual preferences. These assessments formed the basis of people's care plans and risk assessments and were further developed as and when needed.
- Regular meetings were organised between health and social care professionals involved in people's care. One health professional told us, "We have formal meetings with Allied Health-Services Maldon every 2-3 months. In addition, meetings are held in response to bespoke packages. Our team are in contact with staff on at least a weekly basis. Allied are very responsive and proactive in their approach to care management."

Staff support: induction, training, skills and experience

- Newly employed staff completed an induction prior to starting work. This included learning a review of policies and procedures, on-line training and face to face training. Staff shadowed more experienced staff until they were competent and confident to work alone. One staff member told us, "I did the training and shadowing. It was good to meet people before I worked alone."
- In addition to the induction training staff received annual refresher training in safeguarding, manual handling, infection control and others.
- Every staff member we spoke with told us they were well supported through one to one and staff meetings with their line manager. One staff member said, "I feel supported and understand my job and what I need to do. It's very complex but I had bespoke training and support to understand everything."
- People and relatives told us staff were knowledgeable and delivered care and support in an effective and safe way.

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

- People who used the service and their relatives said that staff supported people to eat in a safe and effective manner.
- People's dietary needs and requirements were identified in their care plans and staff had a good understanding how to support people with these.

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

- Staff knew people's needs very well and ensured that any changes in a person's condition was noted and discussed with the person, their relative if needed and the management team.
- They worked well as a team, sharing information with each other as necessary to ensure effective care was consistently provided.

- Regular review meetings and communication was in place with other health and social care professionals involved in people's care. Every change in people's condition was discussed and action taken to ensure people's needs were safely met at all times.

#### 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 consented to the care and support they received. Care plans were detailed with information which clearly recorded what and how people wanted staff to help them with.
- People told us staff respected their wishes and always asked if they were happy with what they were doing.
- For people who lacked capacity or who were unable to communicate their decisions, appointed family members were involved in their care to ensure all decisions were taken in people's best interest.

# 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 relatives praised staff for being kind and caring. One person said, "They are so kind and patient. I do like them all." A relative told us, "They know us as family and [person] so well. They are kind and patient. I rely on them 100%."
- Systems and processes operated by the provider ensured a permanent core staff group supported people. The staff members who formed the team were selected in partnership with people or/and their families. This meant that staff working with people were carefully selected to match in personality and had the required skills and abilities to support people.
- Every person and relative we spoke with told us that the continuity of the care received from the service was invaluable. One relative told us, "It is paramount to have the continuity of the care because [family member] needs extensive support. It's hard to find staff who are willing to do this work."

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

- People's voice were captured in their care plans. People told us they felt involved and where appropriate their relatives were consulted about the care they received.
- Relatives told us they were involved in every aspect of the care planning and support for people. One relative said, "Staff will have to work with us so we can teach them exactly how and what they need to do. In addition, they receive training from their manager. We [family] are involved all the time."

Respecting and promoting people's privacy, dignity and independence

- People told us they felt comfortable in staff's presence. They told us staff promoted their dignity and privacy. One person said, "staff are so good to me. It never makes me feel awkward when they are helping me."
- People's independence was promoted. One person said, "I do as much as I can, and staff help me with the rest. They tell me all the time I can do it."

# 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 for people with complex care needs were well developed. Every care plan we reviewed included people's likes dislikes and preferences. Care plans for people with a learning disability needed developing more to ensure people's voice, goals, outcomes were captured. The registered manager was developing this area of the service.
- People, relatives and health professionals told us, that staff provided personalised care and support to people and met their needs.

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.

- People's care plans detailed their communication needs.
- Staff told us how in addition to verbal communication, they watched people's body language and facial expressions to ensure they fully understood 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

- People and their relatives told us that staff engaged with them and people felt connected to the staff who visited them.
- Staff told us that they spent time talking with people while they supported them and before or after the care tasks had been completed.
- One person told us that staff supported them to go to college, cinema and loads of different other activities they enjoyed.

Improving care quality in response to complaints or concerns

- The provider had a complaints and compliments policy, people and their relatives told us they knew how to complain if it was needed.
- relatives told us they were confident in raising any issues with the registered manager who they found approachable. One relative said, "[Registered manager] is always available and always has a balanced view and takes the time to listen and action when required."

End of life care and support

- Protocols were in place for staff to follow in case people's health suddenly declined. However, end of life care and support was not provided by the service. The registered manager told us this would be provided by the partner agencies involved in people's 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.

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

- People, relatives and staff praised the registered manager and the provider. They told us since the registered manager started working at the service, things improved and the quality of the service people received was better.
- Staff told us about the improvement made in the last year which included building a permanent staff group and allocating the same staff to the same people for continuity of care. Improved training and support for staff.
- The registered manager was working to further improve on different areas like care planning and recruitment of new staff.
- There were regular audits completed by the provider, the registered manager and other members of the management team to ensure that the quality of the service was monitored. These included medicine audits, care plan audits and spot checks where managers turned up unannounced to observe staff's care practices. Where needed improvement actions were taken, and these were monitored and followed up by the provider to drive 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

- The registered manager understood the importance of being open and transparent when things went wrong. They notified CQC and the local authority about any notifiable incidents or accidents and they discussed with people and staff what went wrong.

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

- The registered manager was supported by a team of office staff, care staff managers and care staff.
- Processes were in place to support staff in their roles. This included shadowing experienced staff, supervisions, meetings and training. All staff shared a great passion for working at the service and changing people's lives for the better.
- Staff told us in general they felt supported and listened by their managers, however there were some areas where they felt communication could improve. For example, they told us that the out of hours call centre where staff could request support or report issues out of hours was not effective. This was because the calls were put through call centre staff who had no understanding about the way the service operated. One staff member said, "It is pointless to call them. By the time you go through all their questions the emergency is

over (laughing). Seriously it's not helpful so it's no point having this. I did feed this back, but nothing changed yet." The registered manager told us, they were planning to discuss this with staff and the provider to find a more effective way to support staff out of hours.

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

- People and relatives told us they were involved in the running of the service. They were asked for feedback and they felt listened to.
- Not every person we spoke with knew how or who they could complain to. However, when we asked, they all confirmed that a folder with information about this was left in their home together with their care plan.
- Various events were organised by the registered manager and provider to engage people and staff. These included tea parties and various other events where people could come together and socialise. The one-minute praising` and carer of the month award scheme ensured staff received recognition for the work they were doing. One staff member said, "It's nice to feel valued and recognised for the hard work we do."

Continuous learning and improving care; Working in partnership with others

- Opportunities to improve the service were not missed and lessons were learnt. For example, when issues occurred following a person's discharge from hospital, management identified that the hospital discharge and admission process is not as robust as it could have been. This process was improved.
- The feedback from the local authority who funded people's care was positive. They told us that the provider was keen to improve, and they constructively used feedback from visiting professionals to improve the service.
- The service worked in partnership with health and social care professionals who were involved in people`s care.