Allied Health-Services Limited

Allied Health-Services Havering

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 - Havering is a domiciliary care agency which provides personal care to people in their own homes. The service is based in Romford, Essex and 64 people were using the service at the time of our inspection.

People's experience of using this service:
•People and their relatives were happy with the service they received. The care people received was safe. People had regular care staff who arrived on time.
•Risks to people had been identified and assessed, which provided information to staff on how to reduce these risks to keep people safe.
•People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
•Staff were supported and told us they had received training and development for their roles. Staff were recruited safely and received an induction prior to starting work.
•People and relatives received support from staff who were kind and caring. People's needs were met and their privacy and dignity was respected. Their independence was promoted by staff.
•Care plans were person-centred and people were supported to maintain their nutrition and hydration.
•People were supported to see health professionals and were prompted to take their medicines from staff who were trained.
•The service had recently transferred to a new provider. The new provider had quality assurance systems in place to ensure the service operated effectively and there was minimal disruption to people's service. Any complaints or concerns people had were investigated by the provider.
•The provider was committed to developing the service and making improvements when required. Lessons were learned when things had gone wrong or following an incident to minimise re-occurrence in future.

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

Rating at last inspection:
This was the first inspection since the service transferred to a new provider in January 2019. Under the previous provider, the service was rated Good in July 2016.

Why we inspected:
This was a planned inspection.

Follow up:
We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. A further inspection will be planned for a future date.

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 Havering

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection was carried out by one inspector and an 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 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. It provides a service to older adults.

The service had a manager 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.

Notice of inspection:
Our inspection was announced. We gave the provider 48 hours' notice as we needed to be sure someone would be available to support us with the inspection. Inspection site visit activity took place for one day on 21 March 2019.

What we did:
•Before the inspection, we reviewed information we already held about this service including details of its registration.
•We looked at feedback from local authority commissioners.

•We viewed a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection:
•We viewed ten care records including people's care plans and risk assessments;
•Records relating to the management of the service, such as complaints, incidents, surveys, rotas and quality audits;
•Six staff training and recruitment records.
•We spoke with the registered manager, the care delivery manager, the operations director, the chief executive, a care coordinator, a care quality supervisor and three care staff.
•We spoke with five people who used the service and four relatives.
•After the inspection, we spoke with health and social care professionals.

Good

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse
•People told us they felt safe. A person told us, "I think things are very safe." Another person said, "I'm definitely safe with them."
•People were protected from the risk of harm. There were safeguarding procedures in place to report and alert the relevant authorities of any abuse or neglect.
•Staff had received training on safeguarding adults and understood their responsibilities to report concerns.
•A staff member told us, "I would contact the branch straight away if I had concerns about abuse."

Assessing risk, safety monitoring and management
•Risk assessments were in place and contained guidance for staff about what action to take to reduce these risks.
•Health information was provided to staff to help them understand symptoms of different types of illnesses. This meant staff would be able to act quickly and assist people when needed.
•There were risk assessments for moving and handling, skin integrity, incontinence, medicines, home environment and challenging behaviour.
•Staff were knowledgeable of risks and told us they understood the assessments to ensure people were kept safe. One staff member said, "The care plans and risk assessments help me to keep people safe."

Using medicines safely
•People told us staff supported them with their medicines. One person said, "The staff have got a medication sheet which they write on without fail." A relative told us, "They [staff] give [family member] her meds in the morning and evening. If I were to ask they'd sort [family member's] antibiotics too."
•Staff administered medicines and recorded when the person had taken their medicine on a Medicine Administration Chart (MAR), which they signed.
•A staff member said, "I am confident with medicines. I sign the MAR sheet and make sure the medicine is taken in my presence. I encourage people to take it when it is their time to take their medication."
•Senior staff carried out checks on staff and records to ensure medicines were being managed safely.
•Audits and staff competency checks had identified that staff did not always record medicines accurately and additional training was provided to staff to ensure they followed correct medicine procedures.
•People that required creams to be administered by staff had a body map in their file to indicate to staff where the cream was to be applied. We found some body maps to be missing from people's files. We discussed this with the management team who took action to ensure all body maps were included within people's files.
•Where body maps were not in place for people, staff recorded the applications of creams on MAR sheets, which were signed by the staff member.

Staffing and recruitment
•People were supported by sufficient numbers of staff. People also told us they received a reliable service and staff were punctual and arrived at times that suited them. One person said, "They're always here on time, even at 6.00 am."
•People told us if staff were going to be late the service always phoned them to let them know. They also said that staff stayed for their allotted time and did not rush their duties.
•Staff were monitored by senior staff using an electronic call monitoring system. Staff told us there were enough staff to support people and they were happy with their rota. A staff member said, "I have enough time to get between my visits."
•Pre-employment checks such as criminal record checks and references were carried out and obtained before employing staff to ensure they were safe to work with people.

Preventing and controlling infection
•Systems were in place to reduce the risk and spread of infection.
•Staff knew how to prevent the spread of infection and told us they used Personal Protective Equipment (PPE) when providing care and support. A staff member said, "We have hand gels, foot protectors, aprons and gloves to control infections. I wash my hands to make sure they are clean."

Learning lessons when things go wrong
•Any accidents or incidents that had taken place were recorded. Action was taken to keep people safe and to reduce re-occurrence. For example, staff were reminded of the processes to follow to ensure people's needs and requests were met after an incident.
•Accidents and incidents were recorded and analysed for trends to learn lessons.

Good

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

Good: 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
•Pre-admission assessments had been carried out to identify people's needs so staff were able to meet their preferences and requirements for their care and support.
•The service assessed people's needs and choices through reviews. Where changes had been identified, this was then reflected on the care plan. This meant that people's needs and choices were being continually assessed to achieve effective outcomes for their care.

Staff support: induction, training, skills and experience
•People and relatives told us that staff were trained and skilled to support them. A person told us, "The regular carers are outstanding."
•Staff told us that they were happy with the training they received. A staff member told us, "The training was useful and prepared me for my role as a carer.
•New staff received a three day induction and were provided opportunities to shadow more experienced staff while they completed their training. This helped them obtain the skills necessary to provide care.
•Staff received supervision and annual appraisals to identify training needs and review their overall performance.
•Staff felt supported by the registered manager and care delivery manager. One member of staff said, "Both managers have been very good. There is a positive environment and they listen to our concerns. They supported me when I requested a change to my rota."

Supporting people to eat and drink enough to maintain a balanced diet
•Staff supported people to maintain their nutrition and hydration if this was required.
•Care plans contained information to staff on whether people required support from staff with meals or were supported by their relatives. One person said, "Yes I get something to eat when I need it."
•A staff member said, "I warm a meal of client's choice. I also make tea or toast."

Supporting people to live healthier lives, access healthcare services and support
•People had access to the healthcare services they required, such as GP, dentists and hospitals. A relative said, "There are relationships with other health agencies, they chat. It's very multi-disciplinary."
•Staff knew how to recognise when a person was unwell. They had access to contact details of health professionals and requested healthcare support when this was needed.
•A staff member gave an example of a time they supported someone who was unwell. "I would recognise signs of being unwell. One occasion, I asked for my client's consent to call the doctor. I held their hand, sat with them and comforted them while waiting for assistance. I also rang relatives."

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.
•Staff told us they requested people's consent before carrying out personal care tasks. A staff member said, "I always ask a person's permission before I support them."
•People signed their care plans and provided their consent to care. Their capacity to make decisions and any decisions made in their best interest was assessed.

Good

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

Good: People were supported and treated with dignity and respect. They and their relatives were involved in how their care was delivered to them.

Ensuring people are well treated and supported; equality and diversity
•People and relatives told us staff were caring and compassionate and they got on well with them. A person told us, "The staff are very kind." Another person said, "The staff have a good sense of humour." A relative said, "Staff are wonderful. They are people you can rely on, really nice and hardworking."
•A member of staff told us, "I have a positive relationship with my clients and I really like the area I work. I have the best clients."
•Staff had received training in equality and diversity. A staff member said, "I am respectful of all people's backgrounds and cultures." This helped them support people in a way that was discriminatory of people's specific protected characteristics, such as race, gender, disability, sexual orientation and religion.

Respecting and promoting people's privacy, dignity and independence
•People's privacy and dignity was respected. A person said, "They treat me with respect."
•Staff ensured people were given the privacy they needed when they were being provide with personal care. A staff member told us, "It's important not to invade people's privacy. When I help someone I make sure they are covered and kept warm to preserve their dignity."
•Staff were also very aware of the importance of confidentiality. They knew how to protect the confidential information of people they supported and told us they would not share the information with people that were not authorised.
•People and relatives told us that people were encouraged to be independent. One person said, "I remain as independent as possible."
•A relative told us, "The staff let [family member] do anything [family member] wants within their needs."

Supporting people to express their views and be involved in making decisions about their care
•People told us they were supported to make choices and decisions by staff. They told us they were aware of their care plan and that it had been discussed with them.
•One person told us, "I have a care plan and I know where it is. We discussed it with the agency."

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery. People received a person-centred service from staff who understood them.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
•Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs.
•People received personalised care that was responsive to their needs.
•People's care plans included information such as likes, dislikes and preferences. Staff understood them and used the information to provide care and support according to people's wishes.
•Care plans detailed people's preferences for their care and any interests or activities they enjoyed. This enabled staff to get to know people better so they could deliver a person-centred service. For example, one person expressed in their care plan that they "Like to keep up with latest news stories and discuss world news and talk about their hobbies with carers."
•Care plans considered people's communication needs and gave staff detailed information about how best to communicate with a person, to help them express their views and be involved in their care. For example, some people required staff to 'speak clearly, remain patient and not be too loud in front of them.'
•Staff communicated with senior staff in the office and with each other to deliver effective care and support. Staff completed daily records, which detailed the care that was delivered after each visit. They were clearly written for colleagues and managers to understand any issues, changes or requirements relating to the person.

Improving care quality in response to complaints or concerns
•The provider had a complaints procedure and people were able to contact the provider if they were unhappy with the service.
•People and relatives were aware of how to make complaints. One person said, "I haven't complained as such, just timings, but not a complaint as such. It was followed up with a letter of apology."
•All complaints were recorded along with the outcome of the investigation, action taken to address the concerns and improvements made.
•Compliments were also received and one relative had written, 'Staff were thoughtful, showing genuine concern and treated [family member] with utmost respect.'

End of life care and support
•At the time of our inspection, the service was not supporting people who had a terminal illness and were reaching the end of their life.
•We saw that the service had previously supported people with end of life care and appropriate care and support was provided with input from professionals to ensure people's dignity was maintained.
•The registered manager told us should they provide more end of life care and support in future, staff would

be provided training and guidance to ensure people were supported with their end of life wishes.

Good

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.

Good: 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
•The service had recently been transferred to a new provider. During our inspection we were advised the current registered manager had been appointed to manage another branch.
•The provider had recruited a replacement manager who would commence their role shortly. They would apply to be registered with the CQC. Until then, the current registered manager would manage the service and they would be supported by a care delivery manager, a regional director and other senior staff.
•Staff told us the service was well-led and there was a positive culture. They understood their responsibilities and told us they could approach the management team with any concerns. They were confident their concerns would be dealt with. A staff member said, "The management team are very good, some of them are fantastic. We can approach them with issues and they would listen."

Leadership and management; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility
•People received a person-centred service that was suited to their needs.
•There was a system to gather people and relative's feedback via surveys, quality assurance telephone calls and home visits. We saw that feedback was mostly positive and concerns people raised had been addressed.
•The current registered manager understood their responsibilities and notified the CQC of incidents and safeguarding concerns in the service as is required by law.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
•People told us the service was well managed. One person told us, "The service is well managed by the staff in the office."
•Some people were concerned about the recent changes and how this would affect their care arrangements and some were unclear who the registered manager was. One person told us, "It's not clear, I was worried when they got taken over."
•We saw that people had been contacted and notified to inform them of the changes. The management team told us they would continue to reassure people should they have any further concerns and update them on developments in the service.
•Staff meetings were held regularly which kept staff updated with any changes in the service and allowed them to discuss any issues or areas for improvement as a team. Discussions included quality of care, completion of tasks, record keeping and medicine management.

Continuous learning and improvement
•The provider followed CQC regulations through quality assurance checks against the five domains that we inspect against.
•Quality assurance information was analysed to create a cycle of continuous improvement to ensure people always received safe and effective care. For example, where call times to people did not meet the expected targets due to lateness or people were unhappy with their call times or carers, we saw action was taken to improve this and the service was now performing better.
•Staff were monitored and observed to check the service they provided to people was of a good standard and best practice was followed.
•Concerns about the performance of staff were addressed by the management team and staff were supported to improve.

Working in partnership with others
•The management team told us they promoted an open and inclusive culture, working in partnership with local services and professionals. This enabled people to have positive outcomes for their care.
•We saw that they worked with the local authority during the transfer of the service to the new provider. This ensured there was as minimal disruption as possible to the service and necessary improvements could be carried out.