

Allied Health-Services Limited

Allied Health -Services London Central

Inspection report

Unit 36 Earlsfield Business Centre
9 Lydden Road
London
SW18 4LT

Tel: 02074034888

Date of inspection visit:
08 February 2021

Date of publication:
31 March 2021

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Allied Health-Services London Central is a domiciliary care agency. It provides personal care to people in their own homes. At the time of the inspection the service was providing personal care for 132 people.

The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; 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

At the last inspection there weren't suitable numbers of staff available to meet people's needs, audits did not always identify issues in relation to late visits and action taken was not always clear.

At this inspection suitable numbers of staff were available to meet the needs of people and audits identified issues in relation to late visits and action taken was clear.

The service provided was safe for people to use and staff to work in. People were enabled to live safely and enjoy their lives, by the support they received from appropriately recruited and trained staff and risks to them being assessed and monitored. The agency reported, investigated and recorded accidents, incidents and safeguarding concerns. Medicines were safely administered, by trained staff. The agency met shielding and social distancing rules, used PPE effectively and safely and the infection prevention and control policy was up to date.

The agency had transparent management and leadership and a culture that was open, honest and positive. There was a clearly defined vision and values, contained in the statement of purpose, that staff understood and followed. Areas of responsibility and accountability were identified, with staff willing to take responsibility and report any concerns they may have, in a timely fashion. The agency reviewed service quality and made changes to improve the care and support people received. This was in a way that best suited people. The agency had well-established working partnerships that promoted people's participation and reduced social isolation. Registration requirements were met.

Rating at last inspection

The last rating for this service was Requires Improvement (published 12 March 2019).

Why we inspected

This inspection was prompted in part due to ongoing concerns received that there weren't suitable numbers of staff available to meet people's needs, audits did not always identify issues in relation to late visits and action taken was not always clear. A decision was made for us to inspect and examine the risks associated with these issues.

Care Quality Commission (CQC) has introduced focused/targeted inspections to follow up on previous

breaches and to check specific concerns.

We undertook a focused inspection approach to review the key questions of Safe and Well-led where we had specific concerns about staffing numbers and audit management.

As no concerns were identified in relation to the key questions is the service Effective, Caring and Responsive, we decided not to inspect them. Ratings from the previous comprehensive inspections for those key questions were used in calculating the overall rating at this 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.

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

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Allied Health -Services London Central

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

One inspector carried out this inspection.

Service and service type

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

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

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

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 prior to this inspection. 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 in person with the registered manager. We contacted 13 people and their relatives, 11 staff and one health care professional, to get their experience and views about the care provided. We reviewed a range of records. This included nine people's care records and medicine records. We looked at eight staff files in relation to recruitment, training and staff supervision. We checked 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 requested additional evidence to be sent to us after our inspection. This included training information, and audits. We received the information which was used as part of our inspection.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had failed to ensure safe management of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People received their medicines safely.
- Medicines were safely administered, regularly audited and appropriately stored and disposed of. People's medicine records were fully completed and up to date. Staff were trained to administer medicine and this training was regularly updated. When appropriate, people were encouraged and supported to self-medicate.

Staffing and recruitment

- The agency staffing and recruitment was safe.
- At the last inspection the agency did not always deploy enough staff to keep people safe regarding calls being made on time. At this inspection we found calls were being made on time. One person told us, "They turn up on time and are professional."
- The agency had a safer recruitment procedure in place and records demonstrated that it was followed. There was an interview process containing scenario-based questions which identified prospective staff skills, experience and knowledge. Prior to staff being employed, references were taken up and Disclosure and Barring service (DBS) security checks carried out. There was also a three-month probationary period with four, eight-and-12-week reviews. People's needs were flexibly met by suitable numbers of staff. People and their relatives confirmed this and the staff rotas and way they were managed, demonstrated it.
- Staff induction and mandatory refresher training was based on the 15 standards of the Care Certificate. They form part of the Care Certificate which is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social sectors. Staff files had a checklist that confirmed the recruitment process and training had been completed. Staff were provided with a handbook. Staff told us, "We get the appropriate training that we need." During the pandemic, care staff were offered well-being support.
- People had small staff hubs based on postcodes, to support them. This reduced foot fall and promoted continuity. The agency facilitated discussions that identified best outcomes for each person, during shift handovers and meetings including things that didn't work. A relative told us, "Communication has improved a lot and we are texted if someone [Staff] will not be coming and who will be coming instead."

Systems and processes to safeguard people from the risk of abuse

- People were safe using the service. Their relatives said they thought the service was safe. One relative said, "I feel mum is safe with [Staff]."
- Staff training enabled them to identify abuse and the action required. They knew how to raise a safeguarding alert and when this was needed. There was no current safeguarding activity. The agency safeguarding and prevention and protection of people from abuse policies and procedures were available to staff.
- Staff told people about the best ways to keep safe and specific concerns about people were recorded in their care plans.
- Staff received health and safety information and training that included general responsibilities, safety in people's homes and travel and transport.

Assessing risk, safety monitoring and management

- People's risk assessments supported them to take acceptable risks and enjoy their lives safely.
- Risk assessments included relevant aspects of people's health, activities and daily living. They were regularly reviewed and updated as people's needs changed. Staff knew people's routines, preferences and identified situations in which people may be at risk and acted to minimise those risks. One relative told us, "She [Staff] is very familiar with [Person using the service] routines and how she likes things done."
- There were policies and procedures regarding risk and crisis management, service continuity and whistleblowing, including reporting bad practice. Staff were aware of the lone working policy to keep them safe.
- People who displayed behaviours that others may find challenging at times, had clear records of incidents and plans in place to reduce those incidences. People had personal behavioural plans if required. Records showed that action was taken, in a timely way and the advice of specialist professionals sought if they occurred.
- There was a staff disciplinary policy and procedure in place.

Preventing and controlling infection

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider's infection prevention and control policy was up to date and audits took place. Staff received infection control and food hygiene training that people said they followed when working. This included frequent washing of hands using hand gel and wearing PPE such as gloves, masks and aprons.
- The agency provided COVID-19 updates for people, their relatives and staff including ways to avoid catching or spreading it.
- There was a written procedure for identifying, managing and reporting possible and confirmed COVID-19 cases.

We have also signposted the provider to resources to develop their approach.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong.
- Safeguarding concerns, accidents and incidents were reviewed to identify themes and take necessary action.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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

- At the last inspection, we identified there was not sufficient auditing systems to identified the number of late or missed visits and trends and patterns. This meant that people did not always receive care and support at the time they needed it, and was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the auditing systems picked up the number of late or missed calls and this information was used to reduce them. This enabled areas of risk and development, to be reviewed, throughout the agency with the registered manager and staff understanding their roles and importance. The service is no longer in breach of Regulation 17.
- The agency used a care planning system that provided appointment scheduling, client details, and rota that updated staff and people who use the service. Relatives thought the system had improved the timeliness of visits, the quality of scheduling and visit allocation. Data was collated to update and improve services provided. One relative said, "The communication has improved and people turn up on time."
- The registered manager and team contacted field staff to give support and this enabled staff to provide the service that people needed. Regular meetings took place to discuss any issues that had arisen and other information, such as care workers that may not be able to cover calls and any tasks that were not completed and why. A staff member told us, "Communication is much better, but areas can always be improved, sometimes things are not communicated quickly enough or clear enough. The out of hours service could also be improved and be more efficient."
- The agency had comprehensive quality assurance systems that contained key performance indicators which identified how the service was performing, any areas that required improvement and areas where the service was accomplishing or exceeding targets. Areas that required improvement were then acted upon. The system was set out to include all aspects of the CQC five key questions and based upon key lines of enquiry (KLOE). Monitoring and quality assurance audits took place at appropriate intervals. Audit action and business contingency plans identified if business operations may be affected by Covide-19, including staff availability and staff travel. Audits included daily logbooks, financial transactions, medicine administration records and audited file confirmation sheets. The carer file checklist contained recruitment, training, performance and development information. The customer file checklist included their details, care plans, risk assessments, reviews and complaints.
- The agency identified areas for improvement to progress the quality of services people received, by working with voluntary and statutory partners, to meet needs and priorities. Feedback from organisations was integrated including district and palliative nurses and GPs to ensure the support provided was what people needed. This was with people's consent. The agency also worked with hospital discharge teams so

that vulnerable people, who did not have relatives close by, would not be discharged to an empty house and that food and drink were in place.

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

- The agency had an open, positive and honest culture. People's relatives said this was because of the attitude and contribution made by the registered manager and staff who listened to them and did their best to meet people's needs. One relative said, "The staff that visit and those in the office are helpful and responsive."
- The agency provided services that were explained so people and their relatives were clear about what they could and could not expect of the service and staff providing it. Staff told us they generally felt well supported by the registered manager and office staff. The statement of purpose, mission statement and user guide were regularly reviewed.
- The agency clearly set out its vision and values, which staff understood, and relatives said they were reflected in staff working practices. They were explained at induction training and revisited during staff meetings.
- There were clear lines of communication and specific areas of responsibility regarding record keeping. This promoted an inclusive and empowering culture.

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 duty of candour responsibility.
- There was a transparent management reporting structure and an open-door policy.
- Our records recorded that appropriate notifications were made to the Care Quality Commission in a timely way.

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

- The agency enabled people, their relatives and staff to give their views about the service and worked in partnership with them. This was by telephone, visits to people, and feedback questionnaires and surveys. People's needs were better met by the agency focusing feedback information to re-shape the service. The agency established if the feedback was to be confidential or non-confidential and respected confidentiality accordingly. Information relayed included updates from NHS England and CQC.
- Staff received annual reviews, regular supervision and there were virtual quarterly staff meetings that covered priorities such as Covid-19 and PPE training including infection control, high-risk health & risk assessments.
- The agency built close links with community-based health services, such as district nurses, physiotherapists, occupational therapists, GPs and other health care professionals. This was underpinned by a policy of relevant information being shared with appropriate services within the community or elsewhere.
- People's vulnerability regarding social isolation was reduced by the agency sign posting them towards other organisations that may be able to meet their needs, within the community that it could not.

Continuous learning and improving care

- The agency improved care through continuous learning.
- The agency kept people, their relatives and staff informed of updated practical information such as keeping safe guidance and PPE good practice.
- The monthly branch self-audits contained action plans to address any performance shortfalls that

required to be addressed and progress made towards them. There were also external quality manager visits that reported on performance based on the five CQC key questions.

- The complaints system was regularly monitored and enabled staff and the provider to learn from and improve the service.
- People, their relatives and staff provided regular feedback to identify if people were receiving the care and support they needed. A staff member told us, "I report back to the office if there is something I'm worried about."