

Allied Health-Services Limited

Allied Health-Services Shrewsbury

Inspection report

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Date of inspection visit:
09 January 2020

Date of publication:
09 March 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Allied Health-Services Shrewsbury is a domiciliary agency providing support to 84 customers in their own homes.

Peoples experience of using the service:

People were not always cared for by staff in a way that kept them safe and protected them from avoidable harm. Staffing levels had resulted in missed or late calls. Risks were assessed; however, some risk assessments required more information on the risks and control measures.

The service was not always well led. At the time of inspection there was not a registered manager at the service. Systems in place for quality monitoring were not effective.

People received their medicines when they needed them, and systems were in place to ensure that medicines were administered safely. Accidents and Incidents were investigated, and measures were taken to prevent re-occurrences. Staff knew and followed infection control principles.

People using the service and their relatives were positive about the service and the care provided. A relative told us, "The carers know the dad and what he wants and how he wants it, he likes them, he is very happy with the service." A person using the service told us, " I am very happy with the service."

The service was effective. Peoples needs were assessed and planned and delivered in accordance with legislation and best practise, some care plans did not contain information about health needs although this information was held. Staff were well trained and knowledgeable about the needs of the people they supported. People were supported to have choice and control over their lives and staff supported them in the least restrictive way. People were supported to have 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 practise.

People were cared for by staff who were kind and caring. People were involved in making decisions about their care and were supported to maintain their independence.

There were systems to ensure care was responsive. People received care in accordance with their needs and preferences. People were supported to maintain contact with their friends and families.. People had plans relating to end of life care decisions where required.

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

Rating at last inspection:

The service was registered with us on 18/01/19 and this was their first inspection.

Why we inspected

This was a planned inspection.

Enforcement

We have identified breaches in good governance during this inspection

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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 not always safe

Requires Improvement ●

Is the service effective?

The service was effective

Good ●

Is the service caring?

The service was caring

Good ●

Is the service responsive?

The service was responsive

Good ●

Is the service well-led?

The service was not always well led

Requires Improvement ●

Allied Health-Services Shrewsbury

Detailed findings

Background to this 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 two inspectors and follow up calls were carried out by an assistant inspector.

Service and service type:

Allied Health-Services is a domiciliary care agency. It provides personal care to people living in their own houses and flats. The service did not have a registered manager registered with the Care Quality Commission and at the time of the visit had an acting manager pending the recruitment of a new manager.

Notice of inspection:

The inspection was announced 48 hours before the visit. This was because we needed to be sure that the provider or manager would be in the office to support the inspection. We also needed to obtain people's consent to contact them.

Inspection activity started on 07/01/20 and ended on 31/01/20. We visited the office location on 09/01/20

What we did:

We reviewed information we had received about the service. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not requested to complete a provider information return (PIR). 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 took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection, we spoke with the acting manager, area manager, chief executive, a trainer and 4 carers.

Following the inspection, we spoke with two people that use the service and three relatives that have family members using the service.

We reviewed a range of records about people's care and how the service was managed. This included looking at five people's care records and a sample of people's medicines administration records. We reviewed records of meetings, staff rotas and staff training records. We also reviewed the records of accidents, incidents, complaints and quality assurance audits the management team had completed.

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 requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- A customer told us that "I sometimes only get one carer but there should be should two, this is often." When there is an assessed need for two staff to support an individual, only one member of staff attending the visit could result in unsafe practises that place the person using the service and the staff member at risk of accident and injury. The provider informed us during the inspection that staffing had been an issue recently, but they were addressing this issue and we saw newly recruited staff receiving induction training during our visit.
- Staff shortages had also resulted in missed or late calls and this had left vulnerable people without the support they needed.
- Staff told us that they got to know their clients well and one staff member spoke about the holidays that she supported a client to go on.
- Staff were recruited safely. Checks had been made to ensure staff were of good character to work with people.

Assessing risk, safety monitoring and management.

- Risk assessments had been carried out but some relating to more complex risks such as manual handling and pressure care assessments did not contain enough information on the level of risk and the measures needed to control them. This could result in staff failing to support people in a safe way.
- Peoples environments were assessed for risks to staff.
- Staff were instructed to carry out checks on equipment used by people they supported and systems were in place to report any concerns they had after inspection.

Learning lesson when things go wrong

- Records of accidents were maintained and reviewed by management.
- There was limited evidence that action had been taken to reduce the risk of incidents happening again. We saw that accidents and incidents were reviewed but some relating to staff not attending when they should have, had been closed with no further action as it had been identified that there had been no impact. This was completed without considering that in other circumstances the same situation could have resulted on the people being supported being left in a vulnerable condition.

Systems and processes to safeguard people from the risk of abuse.

- Staff have been trained and knew how to recognise and report concerns of abuse. One member of staff said, "If I had any concerns I would report it to the manager or the local safeguarding team immediately."

Using medicines safely

- People's medicines were administered by staff who were trained and competent to do so.
- Accurate records of medicines administered by staff were kept.
- Processes were in place to audit the administration of medicines monthly.
- People had individual plans outlining how they wished to have their medicines administered and any support they needed.

Preventing and controlling infection

- Staff were supplied with protective equipment when assisting people.
- Staff received training on the principles of preventing the spread of infection.
- A person using the service told us "The care staff wear gloves and aprons for personal care"

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 were assessed before they used the service to ensure that their needs and preferences could be met.
- These assessments were used to formulate a plan of care, however, some care plans for people with more complex healthcare needs lacked enough information about the condition and their support requirements.
- We were told that this information was kept at the persons home separate to the care plan. The provider showed us this information and took immediate action to ensure this information was included in care plans held at the agency's office.
- Assessment information included consideration of any characteristics under the Equality Act 2010 such as age, religion, disability and sexual orientation.

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

- A member of staff told us they could amend visit times so they were able to attend medical appointments with the person they supported..
- Where advice from healthcare professionals had been received these were actioned by staff.

Staff support, induction, training, skills and experience

- Staff were positive about the induction and ongoing training they received. One staff member told us, "I felt it gave me the right information and knowledge to carry out my role."
- There were systems in place to ensure staff received refresher training when needed.
- Newly appointed staff received an induction consisting of face to face training, online training and they shadowed experienced members of staff to allow them to get to know the people they supported.
- A family member of someone using the service told us, "they know what they are doing, they come in and get on with it. (family member) likes that, he doesn't want to keep on explaining what needs to be done."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 could explain how they ensured people's rights were protected.
- Records of capacity assessments were kept in people's care plans.

Staff working with other agencies to provide consistent, effective, timely care

- We saw that the service worked closely with other agencies. This promoted effective care and had a positive effect on people's wellbeing.

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

- A person using the service told us "The care staff are kind and treat me with respect, they know me and how I like things done." One relative of a person who used the service said, "The carers are always respectful and treat (my relative) with dignity."

Supporting people to express their views and be involved in making decisions about their care: respecting and promoting people's privacy, dignity and independence;

- One staff member spoke about leaving the bathroom whilst the person they supported was completing tasks they could do independently.
- Staff understood and respected people's rights to confidentiality, staff spoke about leaving records of care provided where they could not be seen by visitors to the persons home.
- The provider consulted with people about their care, A relative of a person who used the service told us "If they have new carers, they don't know (my relatives) needs and preferences and we don't want to keep telling carers, but we spoke to them and now we have the same carers all the time."

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.

Improving care quality in response to complaints or concerns

- The provider kept a log of all complaints received and these were investigated by management within the branch and by the providers head office.
- One person told us about an incident where staff had failed to turn up for a visit. They said, "I called the office and complained, they assured me it would not happen again, and it hasn't."

Planning personalised care to ensure that people have choice and control and to meet their needs and preferences

- Care plans contained peoples likes and dislikes and their life histories.
- Care plans were reviewed regularly, and any changes were acted upon immediately.
- One member of staff said, "I get to know my clients really well." A family member of somebody using the service said, "The carers know (my relative) and what he wants and how he wants it."

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 provider spoke about a person they supported who was deaf and a pen and pad to was used to communicate with them.
- Peoples communication needs were assessed and recorded in their care plans.

End of life care

- There was nobody using the service who was receiving end of life care at the time of the inspection.
- People's care plans contained information about their religious beliefs and some contained basic information about their wishes during their final days.

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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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

- There was no registered manager in place at the time of inspection. After the previous registered manager had left, the provider told us that they had tried to contact them to ask them to de-register themselves, but these attempts had been unsuccessful and had therefore not registered her replacement, who had subsequently left the position. The provider had applied to de-register the manager with CQC during the week of the inspection.
- An acting manager was leading the service with support from an area manager whilst a permanent replacement was found.
- Whilst the provider carried out internal audits and checks, these were not effective at identifying and correcting issues that could impact on the people they supported.
- This related to missed and late calls which the provider was unable to monitor for a significant amount of the people they supported. The provider informed us they were addressing the issue but at the time of our visit this was still the case. This had resulted in vulnerable people having at times being left without safe staff support.

These areas constitute a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

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

- The provider used monthly quality checks to gain the opinions and views of people and staff. The reports of these checks showed positive feedback.
- A staff member we spoke to told us about the support she had received from the provider during challenging times in her personal life.

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

- Staff told us that they felt supported by the management and felt they would be listened to if they raised a concern.

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

- We saw records where when things had gone wrong, the care service had discussed the incident with the

relevant people.

Working in partnership with others

- The service worked in partnership with key organisations including the local authorities that commissioned the service and other health and social care professionals to provide effective joined up care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not had a registered manager in post since May 2019.</p> <p>The systems for monitoring visits was not robust and meant that the provider was unable to identify late or missed calls for some of its clients, which could result in vulnerable people being left without safe staff support.</p>