

Allied Health-Services Fraserburgh Support Service

Fraserbugh Business Centre South harbour Road Fraserburgh AB43 9TN

Telephone: 01346 510 667

Type of inspection:

Unannounced

Completed on:

17 June 2021

Service provided by:

Allied Health-Services Ltd

Service provider number: SP2018013250

Service no:

CS2018371955



About the service

Allied Health-Services Fraserburgh is operated by a new provider, Allied Health Services Limited, who took over the service in 2018. The new provider took over the existing commitments of the previous provider including local authority contracts, the care and support of service users, the management and leadership of the service, and the staff team in order to minimise the impact of the change on service users.

Allied Health-Services Fraserburgh is based in Fraserburgh and provides a housing support and care at home service for adults in the North East of Scotland. The service provides care and support for people with a range of needs, including people living with dementia, frail and elderly, physical disabilities, and learning disabilities. The service was providing care and support for 184 people during the inspection.

The provider's mission aims "to be the choice for care that gives people the freedom to stay in their own homes".

This service registered with the Care Inspectorate on 21 December 2018.

This was a focused inspection to evaluate how well people were being supported during the COVID-19 pandemic. We evaluated the service based on key areas that are vital to the support and wellbeing of people experiencing care during the pandemic. This inspection was carried out by inspectors from the Care Inspectorate.

What people told us

As we could not visit people in their homes due to COVID-19, we made telephone contact with 34 people who use the service and their relatives. Overall people told us they were very happy or happy with the care and support they received. This is what they said:

- 'Mum likes her carers, gets on with them all.'
- 'Looked after pretty well, do everything necessary for her.'
- 'The fact that they give her medication is a big help to me.'
- 'All who come into me are very efficient, very friendly.'
- 'Nice people come in to me, I have no problems.'
- 'I am satisfied they have been very nice.'
- 'When they say that they have had their jab you feel fine and safe.'
- 'They (carers) are all very good and very clean. Wouldn't fault any of them.'
- 'Awfa good, excellent to us, come on time, pleasant.'
- 'Very good (service) no complaints'
- 'Very nice, very friendly.'
- 'My (relative) is very happy, no complaints.'
- 'Happy with the care I have had up to now, no complaints.'
- 'I think it is a brilliant service, been good for us.'
- 'Brilliant excellent couldn't be any better.'
- 'Happy as it is, very nice girls.'
- 'No complaints at all about them.'
- '100% hygiene rules rigidly observed. 110% for each carer and whole management team.'
- 'No complaints, they (carers) are very good.'
- 'He likes the girls that come in.'
- 'We are happy with them.'

- 'They have been great, the girls have been good.'
- 'The girls are awfully nice, they really look after me.'
- 'I'm very happy with the service.'
- 'I think communication could be a bit better if staff are going to be late but on the whole it's very good and the ladies are nice.'
- 'I have a good bunch usually the same folk.'
- 'Staff have a good attitude.'
- 'Staff are very respectful, they have nice ways with them.'

We also received feedback where people felt things could be improved:

- 'Some (carers) are very good, some are not very good.'
- 'I get a rota but it changes It would be good if it was the people on it that come in, as sometimes it changes. I have a wee bookie that has all my details in it and the girls usually ask how I want things. The majority of the girls know.'
- 'I think communication could be a bit better if staff are going to be late. But on the whole it's very good and the ladies are nice.'

Where people felt things could be improved, this was discussed with the management team who agreed to look at ways of improving the service.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How good is our care and support during the COVID-19 pandemic?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

How good is our care and support during the COVID-19 pandemic?

3 - Adequate

7.1 People's health and wellbeing is supported and safeguarded during the COVID 19 pandemic.

We evaluated the service to be performing at a good level in this area. There were a number of important strengths that clearly outweighed the areas for improvement.

Overall, people were happy or very happy with the care and support they received. People told us their needs were met and care was provided according to their wishes and preferences. Staff treated people with dignity, respect and compassion. Carers were attentive to people's needs. Some of the comments we received included:

- 'Girls are always pleasant respectful, kind and helpful.'
- 'Can't praise them (staff) high enough, service is excellent. Staff go above and beyond'
- 'Super service. Staff are helpful, staff listen and co-ordinators are excellent. It's usually the same staff. I

Inspection report

feel reassured by the service.'

- 'Very nice, always asking if there is anything else they can do before they go.'

Care plans reflected people's rights, choices and wishes. It was clear that people were enabled to maintain their independence. Where non-essential care was changed due to the COVID-19 pandemic, the service contacted people regularly to ensure people's wellbeing. On the whole, the care plans contained in-depth information including specific guidelines as to how people liked their care to be provided, for example, during their morning and bed time calls. People and their families had been involved in their care plan reviews which meant care and support was being delivered according to people's preferences.

Occasionally, care plans missed important information regarding what treatment staff should provide to people in a medical emergency, for example, cardiopulmonary resuscitation (CPR). The service should consult with relevant medical professionals to ensure this information is kept up-to-date. This will ensure any treatment provided to people, is in accordance with their wishes and best interests (please see area for improvement 1).

We spent time looking at how the service supported people with their medication. Mostly, medication was given correctly and in accordance with the medical professionals' guidelines. Where errors had occurred, in the main, the service identified them and took prompt action to improve and prevent the mistakes from reoccurring. However, we did find some areas for improvement and the service had already actioned most of these before the end of the inspection (please see section 7.3 for more information).

7.2 Infection prevention and control practices support a safe environment for both people experiencing care and staff.

We evaluated the service to be performing at a good level in this area. There were a number of important strengths that clearly outweighed the areas for improvement.

The provider's management of infection prevention and control (IPC) was of a good standard. The people we spoke with felt confident that staff were following good IPC measures when providing their care, which included, good hand washing and use of personal protective equipment (PPE). They told us:

- '100% hygiene rules rigidly observed.'
- 'They are all very good and very clean.'
- 'When they (carers) say that they have had their (COVID-19) jab you feel fine and safe.'
- 'No issues with PPE they always wear aprons, masks and gloves.'

So that people received good quality care based on relevant evidence, guidance and best practice, the provider had accessed training for staff relating to COVID-19. This included best practice in relation to hand hygiene, how to use personal protective equipment (PPE) and standard infection prevention and control. Supervisors and team leaders conducted regular spot checks on staff to ensure they were following this guidance. We saw that any shortcomings were addressed and followed up. This way of working helped staff put their learning into practice. There were a few discrepancies when people told us how staff used their PPE. We discussed this with the management team who agreed to follow this up.

7.3 Leadership and staffing arrangements are responsive to the changing needs of people experiencing care.

We evaluated the service to be performing at an adequate level in this area. An evaluation of adequate

applies where there are some strengths but these just outweigh weaknesses.

There was good partnership working between the provider and the overseeing authorities that arranged people's care. This allowed the provider to respond flexibly to people's care needs throughout the COVID-19 pandemic.

Recruitment, induction, and training arrangements were well organised and there were systems in place to ensure that staff practice was consistent with good practice and guidance. We could see that where required staff were given additional training and support, which helped to improve their practice.

Although, most of the time people's medication was given correctly, we found a few isolated cases where performance needed to improve. To ensure people are being safely supported with their medication, the service needs to further develop their policies, procedures and staff training in relation to medication. Where people are being supported with their medication (whether by verbal prompt, physical assistance or administration) they should be regularly reviewed to ensure the level of support they receive is right for them. This had been identified and was being actioned by the service prior to the end of the inspection.

When medicines are prescribed to be given as and when required, such as pain relief, the care plan should detail the circumstances under which the medicines should be given. Sometimes care plans contained this information and sometimes they did not. This will ensure people are given medication when they need it, but not given it when they don't. Likewise, care plans should detail where prescribed topical medication (applied to the skin), for example pain relief gel, should be applied on the body. This will ensure the medicine is being used safely and people benefit from its use (please see requirement 1).

The service had recently improved its quality assurance processes in relation to medication. These included more regular spot checks and management oversight. With these improvements potential errors should be identified more quickly and either prevented from happening or swift action taken to ensure people's wellbeing if a mistake was made, for example, if there was a missed dose of medication. We will continue to monitor the service's performance in relation to this.

The majority of staff used their PPE correctly. We know this because people described how staff correctly used their PPE and this tallied with what the staff told us. However, there were a few discrepancies, which if not improved could impact on people's safety. The service should ensure all staff know of, and follow the guidelines regarding when they put their PPE on and take it off and how they dispose of it (please see requirement 2).

It would be best practice for the service to develop guidelines detailing their expectations of how staff should be storing their PPE when it is not being used, for example, when PPE is in carers' homes or cars. This should ensure that PPE is stored safely and in a clean and dry area to prevent contamination (please see area for improvement 2).

Requirements

- 1. By 7 July 2021 the provider must ensure that people are supported with their medication safely and in accordance with the prescribing health professionals' guidelines. The provider must:
- a) Ensure people receiving support with their medication are regularly reviewed to check the level of support they receive is right for them.

Inspection report

- b) Ensure personal plans detail when and under what circumstances medication should be given, when the prescribing health professional has labelled the medication to be given as and when required.
- c) Ensure personal plans detail where topical medication should be applied.
- d) Conduct regular checks to ensure medication is given in accordance with the prescribing health professionals' quidelines.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.' (HSCS 1.15);

'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11); and

In order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care services) Regulations 2011, (SSI 2011/210) Regulation 4(1)(a) - Welfare of Service Users.

- 2. By 7 July 2021 the provider must ensure that all staff follow best practice guidelines in relation to infection, prevention and control. The provider must:
- a) Ensure all staff receive refresher training in relation to when they should put their personal protective equipment (PPE) on and take it off, in accordance with the guidelines below.
- b) Ensure all staff receive refresher training in relation to when and where they should dispose of their PPE.
- c) Conduct regular checks to ensure staff are following the guidelines.

Please see the guidelines https://www.nipcm.hps.scot.nhs.uk/scottish-covid-19-community-health-and-care-settings-infection-prevention-and-control-addendum/

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.' (HSCS 3.14);

'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11); and

In order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care services) Regulations 2011, (SSI 2011/210) Regulation 4(1)(d) - procedures for the prevention and control of infection.

Areas for improvement

1. So that people receive the correct treatment in a medical emergency, the service should consult with the relevant medical professionals, to ensure support plans contain up-to-date information about do not attempt cardiopulmonary resuscitation (DNACPR) decisions. This will ensure emergency care is provided according to people's wishes and in their best interests.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty.' (HSCS 3.18)

2. To ensure people are kept safe from the spread of infection, the provider should produce guidelines for staff to follow, detailing how PPE should be stored in their homes or cars, so that it remains clean, dry and free from contamination.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I experience high quality care and support because people have the necessary information and resources.' (HSCS 4.27)

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How good is our care and support during the COVID-19 pandemic?	3 - Adequate
7.1 People's health and well being are supported and safeguarded during the COVID-19 pandemic	4 - Good
7.2 Infection prevention and control practices are safe for people experiencing care and staff	4 - Good
7.3 Leadership and staffing arrangements are responsive to the changing needs of people experiencing care	3 - Adequate

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate Compass House 11 Riverside Drive Dundee DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànain eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.