

Alliance Resource International Limited

# Alliance Resource Healthcare

## Inspection report

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## Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

**Requires Improvement**



Is the service well-led?

**Requires Improvement**



# Summary of findings

## Overall summary

### About the service

Alliance Resource Healthcare is a domiciliary care agency registered to provide personal care. At the time of the inspection one person was receiving care.

### People's experience of using this service and what we found

The service's policies were out of date, for example the safeguarding adults policy. This meant staff may not have been working to the most up to date law and guidance. Risks to people were not always assessed. Medicines were not always managed safely with audits not picking up gaps in people's administration records. Staff at the service were not recruited safely because criminal record checks were not carried out until after they had worked in their roles for some time. It was unclear whether lessons were learned when things went wrong as there were no records of any incidents or accidents. We saw supervisions offered staff the opportunity to learn. Quality assurance measures were lacking. There had been no records of staff meetings occurring though we were told they happened.

We have made two recommendations to the provider. The first relates to ensuring the service is safeguarding people from abuse by following national guidance. The second is with respect to managing medicines safely.

Infection control measures were in place. Care plans and risk assessments were person centred. A relative spoke positively about the service. Staff felt supported by management. Staff worked with other agencies to the benefit of people using the service.

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

This service was registered with us on 24 July 2011 and this is the first inspection. We did not inspect this service before because they were not providing care to people.

### Why we inspected

We believed there was risk present at the service as they had not been inspected previously and had been inactive for a long time. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. We have found evidence that the provider needs to make improvement. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took

account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and treatment, fit and proper persons employed and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always safe.

Details are in our Safe findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Alliance Resource Healthcare

## **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.

The service had a manager registered with the Care Quality Commission, though they ceased working for the provider shortly after our inspection. The provider is 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 24 hours' notice of the inspection. This was because it is a small service and 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. We sought feedback from the local authority and professionals who might work with the service. 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. We used all of this information to plan our inspection.

#### During the inspection

We spoke with the nominated individual and the deputy manager for the service. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included one person's care records. We looked at two staff files in relation to recruitment. We also looked at a variety of records relating to the management of the service.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. This included speaking to relatives about their experience of care and looking at further evidence sent to us by the provider with regard to medicine records and recruitment.

# 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 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.

### Assessing risk, safety monitoring and management

- Risks to people were not always assessed. We saw numerous risk assessments that covered different aspects of people's lives. However, there were no risk assessments for some areas, specifically around people's health conditions.
- For example, care plans referenced a person having specific health conditions where staff would be expected to know potential risks around their nutrition, their medicines and what to do in the event of injury. Whilst there was some information provided in the care plan, these were not supported with risk assessments so staff would know what to do if situations of risk arose. This could put people at risk of harm.

We found no evidence that people had been harmed, however, the provider had failed to assess all the risks to the health and safety of service users of receiving the care or treatment. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for safeguarding service users from abuse and improper treatment.

- Where areas of people's lives were covered by risk assessments, risks to people were assessed and monitored by staff to ensure the potential for harm coming to them was minimised. We saw a number of different risk assessments about different areas in people's lives and these included risk of infection from Covid-19, choking and use of bed rails.
- Risk assessments we saw were personalised and person centred. Staff were instructed to seek people's permission and choice before completing any action and highlighted people's usual preferences. This meant whilst staff might know what people would usually prefer, they would still always seek to give people a choice. Staff told us, "I always ask [person] first if they like it and they can obviously let me know whether they want it or not."

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

- The service's safeguarding policy was out of date. The provider had not updated their policies since 2010, when they first registered as a service, as they had not supported people until recently. The provider told us they were in the process of updating their policies. This lack of policy, and supporting guidance, meant staff did not have access to current information about raising concerns about abuse.

We recommend the service implement best practice and follow national guidance on safeguarding people.

- Staff had received training on safeguarding and looking for signs of abuse with people they worked with. One staff member said, "I would report to the manager." They were also able to list different types of abuse

and told us their priority was to keep people safe.

- Relatives were confident people were kept safe. One relative told us they felt assured and said, "They [staff] have everything there and they have books, and everything is recorded."

#### Staffing and recruitment

- Recruitment practices were not robust. There were gaps in people's employment which the provider had not explored. People's criminal records had not been checked until staff had been in their role for six months. The provider had relied on other employer's checks and staff declarations. This meant staff could have been employed who were not suitable or safe to work with vulnerable people. We also saw one staff member did not have clear evidence of being permitted to work legally in the UK, information which was provided to us following the inspection, at our request.

We found no evidence that people had been harmed, however, the provider's recruitment procedures were ineffective in establishing whether persons employed for the purposes of carrying on a regulated activity were of good character. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for Fit and proper persons employed.

- The service was small and rotas indicated there were enough staff to support people. A relative told us staff were punctual and there had been no issues with their support. One relative said, "The care is 24 hour so they are always there."

#### Using medicines safely

- There were shortfalls in the management of people's medicines. At the time of the inspection there were no Medicine Administration Record (MAR) sheets kept at the service office as they were kept at people's homes. This made it difficult for us to assess whether audits of people's MAR sheets were correct.
- Following the inspection MAR chart records and audits were sent to us whereupon we found MAR and audits to be sufficiently detailed. However, we found one gap on one MAR sheet which had not been picked up by the person completing the audit. The deputy manager stated this was an oversight by both the person completing the MAR and then again by the auditor (as the person had received their medicines on that day). The provider has told us in future they will double check their audits and collect MAR charts regularly from people's homes and audit them at their office.
- Care plans contained information about people's medicines. This included information about why they were being administered and potential side effects. However, we noted the use of PRN medicines (taken as and when required) in certain situations, yet the provider did not have supporting protocols for when staff should administer this type of medicine.

We recommend the provider follow best practice guidance with respect to managing and recording medicines.

- Staff had received training in medicines administration and had been competency checked. One staff member told us how they administer medicines and said, "I take it from the [blister pack] box and put in a medicine tub and I then give it with water and record it on the sheet."

#### Learning lessons when things go wrong

- It wasn't clear whether lessons were learned when things went wrong. The provider told us there had been no incidents and accidents and we had no reason to believe otherwise. However, there was little information on what to do if there was an incident or accident as the service's policies were out of date. We were also told staff had not been asked to read them as they were out of date.

- In mitigation, supervision records of staff highlighted issues and concerns were discussed with management which provided staff the opportunity to learn. We also saw staff had been trained in health and safety and they told us they would report any concerns to management.

#### Preventing and controlling infection

- Infection control prevention measures were in place. Staff had received training in infection prevention and control. There was up to date information at the service with regards to infection control and specifically about COVID-19. Staff completed competency checks on infection prevention and control and on putting on and removing Personal Protective Equipment. We saw risk assessments in place with specific regard to COVID-19 and staff were being tested regularly to minimise risk of transmission. A staff member told us, "We wear PPE and wear a mask and gloves and we always wash the hands."

# Is the service well-led?

## Our findings

Well-Led – this means 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 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.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Care plans and risk assessments indicated a person centred culture in the service and relatives spoke positively about staff. However, there was a lack of governance and oversight at the service. The registered manager was not available during the inspection and subsequently left the role following the inspection. The inspection was supported by a deputy manager who the provider told us would shortly apply for the registered manager role.
- The deputy manager and nominated individual, the person responsible for oversight of regulated activity at the service, supported us with our inspection and were open to suggestions. They professed a desire to make improvements at the service and told us they would work on the feedback we provided. However, at the time of the inspection we found numerous instances where improvement was required.
- The provider's policies were significantly out of date and as a result staff had not been asked to read them. Staff had been providing care without this foundation of current policy and or procedure to guide them in their working. This meant practice may not have been in line with the law and or working to best current practice.
- The service lacked quality assurance measures that could potentially improve care. There had been no spot checks made of staff in their roles, though we did see an observation of staff recorded as well as other competency checks. The only audits completed by the service were medicine record audits. There had been no audits of care plans or staff files, which could have potentially picked up on the issues we found with risk assessment and recruitment.
- Whilst care plans evidenced people and relatives input and the possibility to hold meetings about people's care, there was no systematic means of gathering people's feedback such as a survey. The provider told us this was something they planned to do in the future as they had not been providing care for one whole year yet. Similarly, there were no surveys in place for staff or systematic means of gathering their feedback.
- Risk assessments did not monitor and mitigate risks to all people's health conditions. Medicines audits did not pick up on one gap in people's medicines administration. There were no protocols in place for staff to follow with respect to medicines administered as and when required. Staff recruitment was not robust; there were gaps in staff employment history and criminal record checks were only made on staff when they were already working with people. It was unclear whether systems for safeguarding people from abuse and

learning lessons from incidents was occurring correctly, as there was no policy for staff to follow.

We found no evidence that people had been harmed however, the provider had failed to maintain accurate records in relation to monitoring and assessing risks to people's health and safety. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for Good Governance.

- The relative we spoke to thought highly of the staff and the management. They said, "They are a really good company."
- The service had only started caring for people since shortly after the beginning of the pandemic and there had been no complaints, incidents or accidents. The deputy manager told us they were aware of their responsibilities to raise concerns with the local authority and notify Care Quality Commission when they do.
- The service's person-centred focus extended to people's human rights and equality. Care plans cited people's religious and cultural preferences and staff told us they ensured people's needs were met in this regard. One staff member told us, "[Person] is [faith denomination] and we respect the family wishes and they won't eat certain food and we always buy [person] [faith acceptable] food."
- There were no meetings recorded with staff though staff told us, "Sometimes we will meet as there is more than one carer. [Deputy manager] will attend [person's home] and any issues we'll discuss and [deputy manager] will provide advice on what we need to do." The provider told us this was something that would occur regularly once pandemic lockdown measures had ceased.

#### Working in partnership with others

- The provider sought to work with others to the benefit of people's care. There was interaction with social services and health care providers recorded in people's care plans. The provider was also a member of local networks where they could access information and training which could benefit and support people they cared for.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Risks to people were not always assessed.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Policies and procedures were out of date. Quality assurance measures were lacking.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  Recruitment procedures were unsafe. DBS checks had not been made on staff prior to their employment.