

## Allied Healthcare Group Limited

# Allied Healthcare - Oxford

### Inspection report

1st Floor, 27-31 High Street  
Kidlington  
Oxfordshire  
OX5 2DH

Tel: 01865 370707

Website: [www.alliedhealthcare.com](http://www.alliedhealthcare.com)

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### Ratings

#### Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Requires Improvement



Is the service responsive?

Requires Improvement



Is the service well-led?

Inadequate



### Overall summary

This inspection took place on 17 December 2014. This inspection was unannounced. This meant the provider did not know that we would be completing an inspection on this day.

Allied Healthcare – Oxford is a service that provides nursing and personal care to people living in their own homes. Care provided includes 24 hour live-in care for people in their own homes. At the time of our inspection the agency was providing services to 43 people.

At our previous two inspections, in January and April 2014 respectively, we identified the service was not

meeting essential standards in assessing and monitoring the quality of service and safeguarding people. We issued warning notices and required the service to make improvements. At the inspection in April 2014 we also identified the service was not meeting the regulations in relation to record keeping.

At this inspection in December 2014, we found that whilst some improvements had been made, the provider had not addressed all of the concerns identified in April 2014.

People we spoke with told us they felt safe being cared for by staff at the service. Staff were clear about how to

# Summary of findings

identify and report abuse and systems were in place to respond to incidents of abuse. However, we identified that a safeguarding plan, which had been put in place to protect someone from financial abuse, was not consistently followed by staff. We also found staff were not following the correct procedure to record when they had used people's money to purchase items on their behalf. The provider was not accurately and consistently auditing this information to ensure the person was protected from financial abuse. This was identified at the inspection in April 2014 and had not been satisfactorily addressed by the provider at this inspection in December 2014.

There was guidance for staff on how to provide care and manage risks. However, the provider did not check that staff were following the guidance and risk management plans. Following our inspection in April 2014 the provider told us they would take action to ensure people were protected from the risk of developing pressure injuries. At our inspection in December 2014 we found that this action had not been taken and people remained at risk.

The service followed safe recruitment practices. This meant only staff who were suitable to work with vulnerable people were employed by the service.

People were satisfied with the support they received from staff. However most people we spoke with could not tell us whether they had a care plan and what information was contained within the care plan. This meant we could not be assured that people were involved in making decisions about how their care should be provided.

People told us that staff were kind, caring and respectful to them when providing support and in their daily interactions with them. People told us they were treated with dignity and respect.

Staff were skilled and experienced and received on-going supervision and appraisals to monitor their performance and development needs.

The service undertook and documented assessments of people's capacity in line with legal requirements. However, some staff were not aware of how to support people who lacked capacity. Therefore people's interests may not always be protected and decisions may not have been made in accordance with the legislation.

The service had a complaints policy and information was given to people, or their families, when they first started using the service. We saw examples which demonstrated the provider responded to people's concerns in line with their internal complaints policy. The provider's records did not always demonstrate whether people were satisfied with the outcome of their complaint.

People were encouraged to make their views known about the care and support they received and regular opportunities were provided for this. The provider also conducted an annual survey for people who used the service. However, the provider was not able to demonstrate how they had responded to any shortfalls or issues identified.

The service did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

The service used a range of systems and audits to monitor its quality of service. However, the provider was not able to provide access to all audits on the day of our inspection and did not send them to us within 48 hours of the inspection as requested by us. Some audits in place had been suspended due to staff sickness. Where audits were in place it was not always clear what action the provider had taken to address shortfalls to improve service quality.

We found the service had an open culture with a number of communication channels used to keep staff informed of current issues. Staff told us they had access to a whistle blowing line and said they would be supported if they had cause to raise concerns about unsafe practices.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

# Summary of findings

## 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 consistently safe.

Arrangements for managing people's money were not adequate in all cases. Not all people were protected from financial abuse.

Action had not been taken to ensure people were protected effectively from the risk of developing pressure injuries.

People we spoke with told us they felt safe and felt confident to raise concerns with staff. Staff had received training in safeguarding and were clear about how to identify, prevent and report abuse.

**Requires Improvement**



### Is the service effective?

The service was not consistently effective.

Some staff were not aware of how to support people who lacked capacity in line with the legal requirements. This was previously identified as a concern at the inspection in April 2014 and action had not been taken to resolve this concern.

Five of the seven care plans had not been reviewed in line with the provider's policy. This meant people may have been at risk of receiving inappropriate care and treatment.

Staff had the knowledge, skills and support to enable them to provide effective care. People had access to appropriate health professionals when required.

**Requires Improvement**



### Is the service caring?

The service was not consistently caring.

Most people were not aware that they had a care plan and were not aware of the content of the care plan. We were not confident that people were involved in making decisions about the care they received.

People felt they were treated with care, kindness, respect and dignity by staff.

**Requires Improvement**



### Is the service responsive?

The service was not consistently responsive.

The provider had a system in place to manage complaints. One person told us they were not satisfied with the outcome of a complaint they had made.

People were encouraged to make their views known about the care and support they received. However information on actions taken by the provider from a recent annual survey were not available during the course of the inspection. It was not clear that the provider made changes as a result of people's feedback.

**Requires Improvement**



# Summary of findings

## Is the service well-led?

We found the service was not well-led.

The service did not have a registered manager in place. The provider had not put in place contingency measures to ensure service quality was monitored when responsible staff were on leave.

Quality assurance audits had not been consistently completed and actions had not always been taken to address shortfalls. The provider was not always able to access audits on the day of our inspection and did not forward them to us after the inspection.

Staff told us they had access to a whistle blowing line and said they would be supported if they had cause to raise concerns about unsafe practices.

**Inadequate**



# Allied Healthcare - Oxford

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 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 Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 17 December 2014. We announced the inspection 48 hours beforehand to ensure that management staff were available to facilitate the inspection. The inspection team consisted of a lead inspector and one 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. The expert by experience completed telephone interviews to people who used the service and their representatives.

We spoke with inspectors who had carried out previous inspections at the home. We checked the information we held about the service and the provider. We had received notifications from the provider as required by the Care Quality Commission (CQC).

On the day of our inspection we spoke with the area manager and one field care supervisor. The manager was absent from work at the time of our inspection. We looked at seven care plans. We looked at three staff recruitment files and records relating to the management of the service, including quality audits.

Following the inspection, we spoke with thirteen people who used the service by telephone and four members of staff. We also spoke with staff from the local safeguarding authority.

# Is the service safe?

## Our findings

At our last inspection in April 2014, we found that the provider did not have effective systems in place to identify, assess and manage financial risks to people who used the service. We looked at the care records for one person who had a 'personalised individual plan for financial arrangements' and a financial risk assessment in place. This person had been identified as being at risk of financial abuse. This risk assessment was not being followed or monitored by staff in line with the provider's guidelines. The provider was in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

At this inspection in December 2014, we looked at the arrangements for recording money spent by staff on behalf of the people they were supporting. The provider told us a transaction log was kept. This was used to show how much money had been given to the staff member, how much had been spent and how much change had been returned to the person. Receipts were kept with the log to confirm the purchases. This system was used when people were unable to check and sign the transaction logs, due to a lack of mental capacity or physical ability, or a need to protect people from possible financial abuse.

In the case of this person, we found the provider had not followed their policy for managing people's money safely. We saw there was no record of how much money was added to the person's money box each week. This meant it was not possible for the provider to audit the transaction log to check that all money was properly accounted for. These arrangements did not protect the person adequately from the risk of financial abuse. This concern had previously been identified at our inspection in April 2014 and had not been addressed by the provider.

Staff who worked with this person, told us they had no knowledge of previous safeguarding concerns and had their own concerns about how the person's money was managed. This put the person at continued risk of financial abuse and also put the staff member in a position where they could not always account for how the person's money was managed.

The field care supervisor acknowledged that this case had not been resolved and that financial risks were still present. She told us that she had on-going concerns about how this

person's money was managed and a further safeguarding meeting was held on 10 October 2014. The provider could not locate the meeting minutes and could not advise us of the outcome from this meeting. The provider had not ensured that the person was protected from identified risks of financial abuse. We found the provider had not made the required improvements since the last inspection in April 2014. The operation of systems designed to identify, assess and manage risks relating to the health, welfare and safety of people were not effective. This meant there had been a continued breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We looked at care plans and saw they each contained risk assessments. At the inspection in April 2014, an action to monitor and record the condition of a person's skin had not been addressed. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We checked whether this had been addressed at this inspection in December 2014. Daily records we checked did not demonstrate that the person's skin was monitored every day. The provider had not made improvements as identified at the inspection in April 2014. The provider could not demonstrate that they had systems in place to protect people from the risk of developing pressure injuries. The operation of systems designed to identify, assess and manage risks relating to the health, welfare and safety of people were not effective. This meant there had been a continued breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People we spoke with did not report concerns about how their medicines were managed. Staff we spoke with told us they were satisfied with the medicines management training provided.

The provider could not demonstrate that they followed relevant professional guidance about the management and review of medicine. On the day of our inspection the area manager could not locate this guidance. The provider did not send this information to us after the inspection as requested.

For one recorded incident where a medication error had occurred the provider told us that the staff member had received additional medicines training. We asked for

## Is the service safe?

evidence from the training records to demonstrate that this had taken place. The provider was unable to demonstrate that the staff member had completed refresher medicines training.

We were unable to check that staff had completed accurate and consistent Medication Administration Records for people as they had not been delivered to the office since August 2014. The provider could not provide records which demonstrated that people had received their medicines as needed. This was a breach of Regulation 20 HSCA 2008 (Regulated Activities) Regulation 2010 Records.

We asked people if they felt safe when receiving care and support from the service. One person told us: "I can't speak highly enough of staff." And "[Staff] are fine, I feel totally safe." Everybody we spoke with told us they felt safe with staff who supported them.

Staff told us they understood about different forms of abuse, how to identify abuse and how to report it. Staff told us they had completed training in safeguarding adults and told us of their duty to report information of concern to the manager. The provider had policies and procedures in place for dealing with any allegations of abuse.

There were arrangements in place to ensure there were sufficient numbers of care staff, with the right skills and experience to meet the needs of people at all times. Care staff levels were reviewed regularly and additional recruitment undertaken when needed.

We looked at staff records and saw checks had been made to ensure staff recruited were of good character before they started work at the home. The staff records we looked at contained two references and criminal records checks for all staff.

# Is the service effective?

## Our findings

At our last inspection in April 2014 we found that people's care plans had not always been updated to record the person's most current needs. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

At this inspection in December 2014, we found that five out of the seven care plans had not been reviewed in line with the provider's policy. The care co-ordinator was not able to tell us whether care plans had been audited or reviewed. Therefore, whilst the regular care workers may have been aware of the people's individual needs, an unfamiliar member of staff would not have been able to provide appropriate care and support from the information contained within the care plans. There was a risk that people would not receive appropriate safe or effective care in a consistent way. The systems used to ensure care plans were up to date were not effective. This was a continued breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

At our last inspection in April 2014 we found that the provider had not monitored staff training needs. Not all care staff had received training on the Mental Health Act (MHA) 2005. The Mental Capacity Act 2005 (MCA) provides the legal framework to assess people's capacity to make certain decisions, at a certain time. This meant that people's interests may not always be protected and decisions may not have been made in accordance with the legislation. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

At this inspection in December 2014, we saw that people's mental capacity was assessed and documented in care plans. However two members of staff demonstrated a lack of understanding of the Mental Capacity Act 2005 and how to make decisions in people's best interests should they lack capacity. This concern was also identified at our inspection in April 2014 and action had not been taken to resolve this concern. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People we spoke with were happy with the skills and competency of staff. One person told us: "The staff are so well presented and trained. I am lucky to have them".

We saw new staff completed a five day training programme which covered key subjects, such as management of medicines, safeguarding, moving and handling, infection control and dementia. The training programme had been extended from four to five days at the request of the local authority commissioning team to equip staff more effectively for their role. The provider had made improvements to help ensure that training was effective and new staff had sufficient time to absorb the content of all the topics covered.

Staff said they had regular supervision to discuss their work and an annual appraisal of their development needs. The provider had ensured that staff could access training and development programmes each year to attain a qualification in care.

One member of staff told us: "We get enough training and get regular updates" and "The training is very good. I was very impressed with the induction. I have supervision sessions and managers spot check me providing care to people." One staff member told us they worked with someone with swallowing difficulties. The staff member was given training and advice by a health care professional and was signed off as being competent to support the person before providing care to them.

The service provided care to people who required nursing care and personal care. We saw that people with nursing needs were assessed by a registered nurse, who developed their care plan and oversaw their care and treatment. Where required, the registered nurse or a community nurse provided additional training to care staff to provide them with the skills and knowledge needed to deliver particular care. Care and treatment were, therefore, provided safely by suitably trained staff.

We saw that one person required specific care around swallowing to reduce the risk of choking. The nutritional care plan was detailed with balanced diet requirements, the need for small and pureed foods to be provided and straws to enable the person to drink safely. We saw this care plan was completed by a nurse and the person had provided written consent to advise they were in agreement with the plan.



# Is the service caring?

## Our findings

People praised staff and spoke positively about the care and support they received. People described the staff as: 'Perfect', 'Fantastic', 'Marvellous', 'Superb' and 'Outstanding'. One person told us: "I can't speak highly enough off them [staff]. I am lucky to have them" and "The staff are so polite and caring" and "I feel unrushed" and "They go the extra mile without being asked."

Staff told us: "I like to look after our clients. They tell me if they have any concerns and I call the office. I like to give people lots of encouragement and choices." Another member of staff told us: "I talk to people to understand their reality. I asked the manager to come out recently to talk with someone who reported concerns to me, so that issues could be resolved."

We checked to see whether people were involved in making decisions about their care. Most people we spoke with were not aware that they had a care plan and were not aware of the content of the care plan. This meant that we could not be confident that people were involved in making decisions about the care they received.

We asked people whether they felt their privacy and dignity was respected. Everybody we spoke with said that staff treated them with respect and ensured their dignity. One person told us: "All the staff are very respectful."

We saw the provider's policy relating to people's privacy, dignity and respect. It included a list of "dignity factors" that contributed towards a person's sense of self respect. The list included offering the person "choice and control". We saw one care plan where the person was given three staff profiles to enable them to decide which staff they wanted to assist them with their care needs.

# Is the service responsive?

## Our findings

Care assessments were undertaken to identify people's support needs and care plans were developed outlining how people's needs were to be met. We could not determine whether care plans were up-to-date or whether they reflected people's current needs. We saw in one person's care plan that their needs had been reviewed last on 12 February 2014. The care plan stated that they needed a review again on 12 May 2014. The provider could not demonstrate that this review had taken place and could not find any records that this had taken place. The provider was in breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People were satisfied with the care that staff provided. However one person told us: "I would like to know who my carer will be further in advance."

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs. This enabled staff to provide a personalised service. One staff member told us: "I try to encourage people to give me feedback." One staff member told us that someone asked her if they could have a commode in their bedroom to support them to go to the toilet independently. The staff member ensured a referral was made to obtain this equipment for the person.

Staff supported people to access the community and minimise the risk of them becoming socially isolated. One staff member told us they supported someone to access health appointments in the community to maintain the person's health and well-being.

The provider conducted an annual survey to obtain people's views about the service. The provider could not find documented evidence of the last survey on the day of our inspection. The provider sent this to us within 48 hours of the inspection. The provider could not demonstrate what action had been taken to address any shortfalls in feedback they received from people who used the service.

The service had a complaints policy and information was given to people, when they first received a service. On the computer system used to record and manage complaints, we saw examples of individual complaints that had been made and responded to by the provider. One case had required the service to conduct an investigation. We saw statements had been taken and comprehensive investigation notes recorded. The person concerned had been informed of the findings of the investigation in a timely manner. It was not clear from the records whether the person was satisfied with the outcome. The area manager was unable to confirm this. One person told us: "When a complaint is raised little is heard about it." Another person told us: "I know who is in charge and have used the contact number and details."

People were encouraged to make their views known about their care and support. Senior staff members visited people receiving live-in care on a weekly basis, and those receiving domiciliary care on a monthly basis. These visits provided an opportunity for people to discuss their care and support. We saw copies of "customer quality review" forms on people's care plans, confirming this had occurred. Additionally, when staff received supervision and appraisal, people were asked to comment on the performance of the staff member who supported them. We noted one person had commented that they were 'happy with the regular carers'. Not everyone had commented in the supervision records we looked at.

We asked the provider to demonstrate what actions they had taken to improve the service where comments or complaints had been made. The area manager told us about a complaint where someone had not received a care call. He told us that this was addressed with the staff member by providing them with additional supervision. Information was put in a newsletter to inform staff of the importance of attending all calls. The provider could not provide us with recorded evidence to confirm this on the day of our inspection.

# Is the service well-led?

## Our findings

At our previous two inspections, in January and April 2014 respectively, we identified the service was not meeting essential standards in assessing and monitoring the quality of service and safeguarding people. We issued warning notices and required the service to make improvements. At the inspection in April 2014 we also identified the service was not meeting the regulations in relation to record keeping. At this inspection in December 2014, we found that whilst some improvements had been made, the provider had not addressed all of the concerns identified in April 2014.

Not all quality assurance systems were working effectively. Daily records were not being delivered to the office in line with the provider's internal policy. This meant that the provider could not determine whether staff were following people's risk assessments and care plans. For example financial transaction audits for someone known to be at risk of financial abuse had not been audited since 01 July 2014. Staff told us that this person's risk management plan identified the need for weekly financial audits to take place. We were not able to check daily care records to demonstrate that these actions were implemented by staff as they were not available.

The provider could not provide us with the call monitoring audit on the day of our inspection. This audit identified when people had received late or missed calls. The provider did not send this information to us 48 hours after the inspection as we had requested.

We looked at some care plan audits dated 01 July 2014. Where actions had been identified it was unclear whether they had been addressed as this was not indicated on the audit and in addition the handwriting was not always legible. This meant that people may not have a care plan to reflect their most up-to-date needs and staff may not be meeting people's most current needs. The provider was, therefore, unable to demonstrate that people were protected effectively from risks to their health and welfare.

The provider could not demonstrate that staff were following correct guidelines for people with regard to administration of medication and that accurate records

were maintained as they could not provide a medication audit on the day of the inspection. The provider did not send this information to us 48 hours after the inspection as we had requested.

The provider told us they followed relevant professional guidance about the management and review of medicines. They could not provide us with a copy of the medicines management policy on the day of our inspection. The area manager told us that recent quarterly medication audits had identified medication errors and problems with record keeping. They told us they had an action plan to address these issues. The provider was unable to provide us with documented evidence of the audits or action plan on the day of our inspection. The provider did not send this information to us 48 hours after the inspection as we had requested.

We asked to look at the system used to manage accidents and incidents. The provider was not able to provide details of concerning incidents or accidents which had occurred. The system allowed senior staff to identify the root cause of incidents and analyse trends, however the provider was not able to provide us with examples on the day of our inspection.

The provider told us a key member of staff had been on extended leave. Audits that they were responsible for had not been completed in their absence. The provider had not put in place contingency measures to ensure consistent service quality standards when staff were on leave. Audits had not been consistently undertaken by the service. Where audits had been completed it was not always clear what action had been taken to address any shortfalls. The operation of systems designed to identify, assess and manage risks relating to the health, welfare and safety of people were not effective. This was a continued breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The service did not have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

The area manager told us that the manager had applied to become a registered manager, however had been on

## Is the service well-led?

extended leave of absence. This meant the application process had been delayed. The area manager told us they visited the agency at least two days per week in her absence, but that they were responsible for six other service locations and could not spend as much time as needed at the agency.

Most people told us that it was a very good service. One person told us: “It has got better over the last few months.” Some people told us that communication with the service was not effective with regard to out of hours support. One person told us: “There is a very poor out of hours response as it goes to an out of hours call centre. This call centre covers a very wide area and many service providers.” The person told us this seemed to cause confusion and major delays in resolving problems and said “It takes a long time to answer calls”.

At the inspection in April 2014 live-in care workers said they felt isolated and unsupported as they spent most of their time providing care on a one-to-one basis with little

contact or support from colleagues. At this inspection in December 2014, the care co-ordinator demonstrated that improvement had been made. The provider had developed a policy to support live-in care workers. Live-in care workers attended meetings every three months and the provider contacted them weekly by telephone. Live-in care staff told us this had been useful and they had appreciated the opportunity to share experiences and concerns with colleagues.

We found the service kept staff informed of current issues. Communication methods included the use of open plan offices by managers and a system called “myconnected” which allowed staff to express their views via discussion groups. This ensured staff were kept informed and aware of key messages.

Staff told us they had access to a whistle blowing line, They said they would be supported if they had cause to raise concerns about unsafe practices.