

Allied Health-Services Limited

Allied Health-Services LTD

Oxfordshire

## Inspection report

4&5 Ramilles House  
Black Bourton Road  
Carterton  
OX18 3DW

Tel: 01865370707

Date of inspection visit:  
10 March 2022

Date of publication:  
29 April 2022

## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
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 LTD Oxfordshire is a domiciliary care service providing the regulated activity of personal care. The service was previously known as MiHomecare - Carterton but operated under a different legal entity. The new provider registered with us in March 2020.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection there were 31 people supported with personal care by the service.

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

Managers monitored and reviewed most areas of the service to ensure the quality and safety of the service. However not all areas had been identified for improvement as documented in the Safe section of this report in respect of medicines.

We have made a recommendation about the management of some medicines.

People were safe. Staff had been trained to safeguard people from abuse. They understood the risks to people's safety and wellbeing and what they should do to keep people safe. There were enough staff at the time of this inspection to support people using the service and meet their needs. The provider undertook recruitment and criminal records checks to make sure staff were suitable to support people.

Staff followed current practice when providing personal care and when preparing and handling food which reduced infection and hygiene risks in people's homes. Staff received relevant training to help them meet people's needs.

Staff were well supported by managers and encouraged to continually learn and improve in their role. Managers carried out checks on staff to make sure they were carrying out their duties appropriately and to a high standard. Where the provider was responsible for this, staff helped people to eat and drink enough to meet their needs and to take their prescribed medicines.

Staff understood people's healthcare needs and how they should be supported with these in a timely and appropriate way.

People were satisfied with the care and support they received from staff. They received the care and support that had been planned and agreed with them. People's choices for how this was provided were respected and staff delivered this in line with their wishes. Staff were kind and caring and respected people's rights to privacy, dignity and independence. They knew people well and understood how their identified needs should be met.

People were supported to have maximum 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 practice.

The service checked with people at regular intervals that the care and support provided was meeting their needs.

There were arrangements in place to make sure any accidents, incidents and complaints would be fully investigated, and people would be involved and informed of the outcome. Managers worked with other agencies and healthcare professionals involved in people's care and acted on their recommendations to deliver care and support that met people's needs.

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 20 March 2020 and this is the first inspection. The last rating for the service under the previous provider was Good, published on 6 January 2018.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Requires Improvement ●

# Allied Health-Services LTD Oxfordshire

## **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 Health and Social Care Act 2008.

#### Inspection team

The inspection team consisted of one inspector and an 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 inspector visited the office to review records and speak to management. The Expert by Experience spoke with people using the service, and relatives.

#### Service and service type

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

There was no registered manager in post at the time of the inspection. Registered managers and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. There were two new managers who started a week before the inspection, and they intended to apply to register with the Care Quality Commission.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure the provider or managers would be in the office to support the inspection. Inspection activity started on 8 March 2022 and ended on 17 March 2022. We visited the location's office on 10 March 2022.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with four staff including the regional area director, area regional manager and two managers. We reviewed a range of records including three people's care records, medicines administration records, three staff records and other records relating to the management of the service.

### After the inspection

We spoke with seven people who used the service and four relatives about their experience of the care provided. We sought feedback from staff working in the service and from other professionals. We reviewed additional documentation relating to people's care and the management of the service.

# 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. The key question was rated as Good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- Not all necessary information was in place for prescribed medicines. Records for people who had been prescribed 'as required' medicine did not always contain a plan for administration of these medicines. For example, stating what the medication was for and the circumstances in which it might be given. We did not find any harm had occurred as a result of this and management said they would review all PRN protocols to ensure the information was complete.

We recommend the provider consider current guidance on giving 'as required' medicines to people alongside their regular medicines and take action to update their practice accordingly.

- Where the provider was responsible for this, people and their relatives told us they received their medicines safely and as prescribed.
- Staff recorded the medicines given to people on their individual medicines administration record (MAR). Our checks of MARs showed people consistently received the medicines prescribed to them.
- Managers undertook spot checks on staff and audits on people's MARs to make sure staff remained competent to administer medicines.

### Staffing and recruitment

- We received some feedback from people and their relatives about whether they received their scheduled care on time as required. A relative commented, "I never know what time they are coming. They can be 20 minutes late; all sorts of things happen." A person said about visits on time, "I would just like to say I find all the staff very helpful. I'm very pleased. I must say the office staff are really trying hard to sort out everything for me with the rota. I don't have my breakfast till 10.45 am and I find my tea call at 4pm is too early because I'm not ready for it."
- Management informed us during the inspection that they had received some feedback from people and their relatives that the timing of visits was not always suiting them. Management said if visits were delayed, then phone calls were made to update people. They also ensured visits were spaced correctly for administering medicines in a timely manner. They had a prioritisation system to ensure people with no other support from any other individuals received the care they required. We were assured that the service was doing all they could to improve timings of visits and had plans in place to improve this.
- The provider operated safe recruitment practices, including Disclosure and Barring Service (DBS) checks. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People were safe using the service. When asked about this, no people or relatives reported any concerns about being safely supported.
- Staff received relevant training and support to help them safeguard people from abuse. Comments included, "I recently underwent refresher training on safeguarding. I understand that we can report concerns and if we feel they are not being listened to, there is a number we can call which is not attached to a branch to safely whistle blow" and "I feel that if I went to the office with concerns today, they would be dealt with satisfactorily."
- The managers understood their responsibility to liaise with the relevant agencies if they had any safeguarding concerns about people supported by them.

#### Assessing risk, safety monitoring and management

- The provider had systems in place to manage identified risks to people's health, safety and wellbeing.
- Managers undertook assessments to help them identify risks to people and used this information to instruct staff on how to manage these risks to reduce the risk of harm or injury to people.
- Staff understood risks to people they supported and the action they should take to help people stay safe. A person told us they felt safe when being transferred using equipment, commenting, "They know how to manage that, and I've never been hurt in the procedure."
- Staff had been trained to deal with emergency situations and events if these should arise in people's homes.

#### Preventing and controlling infection

- Staff followed current guidance to keep people safe from the risks associated with poor infection control and hygiene.
- Staff used personal protective equipment (PPE) safely and effectively and people confirmed this.

#### Learning lessons when things go wrong

- There were systems in place for staff to report and record accidents and incidents.
- Although there had been no recent accidents or incidents, there were arrangements in place for managers to review these and to take appropriate action when needed to reduce the risks of these events reoccurring.

# 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 and, where appropriate relatives, told us that they had been involved in assessing their needs and preferences before receiving support. Managers had involved people and their relatives in these assessments and asked people for detailed information about their needs and how and when they would like care and support to be provided.
- Managers used the information from these assessments to develop care plans for people. People's choices and preferences had been recorded in their care records. This helped to make sure staff provided support in line with people's wishes and needs.

Staff support: induction, training, skills and experience

- New staff were required to successfully complete a period of induction. During this period managers assessed their skills and knowledge to make sure they were competent to work alone with people
- Staff told us they received relevant training to help them meet the range of people's needs. A staff member said, "When I originally started with Allied, I attended a three-day training course in the office. I then did two weeks shadowing before being able to work in the community alone. I have also been trained in additional things such as [feeding equipment], specific medicines and applying compression stockings. This training is provided by the district nurses."
- Staff had supervision meetings with managers to support them in their role and to identify any further training or learning they might need. A member of staff said, "I should have a supervision soon to discuss things, but I know if I needed to talk sooner, I could call or drop into the office."
- Managers used feedback obtained from people through quality monitoring checks to help staff improve the quality of support they provided

Supporting people to eat and drink enough to maintain a balanced diet

- Where the provider was responsible for this, people were supported to eat and drink enough to meet their needs.
- People's records set out for staff their preferences for meals and drinks. This helped make sure people received food and drink of their choice. People's specialist dietary needs had been noted for staff to take account of when planning and preparing meals.

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

- Staff were observant to changes in people's health and wellbeing and sought support for this where appropriate. They sought the advice and support of health care professionals when needed. A person told

us, "They are always advising me when I should go and see the doctor."

- People's records contained information for staff about how to support people with any health conditions. A staff member told us, "Various healthcare professionals are contacted or equipment providers if the need arises. For example, there was a situation when a client had a fall because of losing mobility. This was reported to the office and then dealt with by the OT. New equipment was needed for transferring the client. The office updated us by email."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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 particular 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had received training in the MCA and associated codes of practice. A member of staff said, "[People] should be fully involved in the decisions. We are taught that you must assume everyone has capacity, unless a mental capacity assessment says otherwise."
- Systems were in place to assess people's capacity to make and consent to decisions about specific aspects of their care and support. Where people lacked capacity to make specific decisions, there were processes to involve people's representatives and healthcare professionals to ensure decisions would be made in people's best interests.

# 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

- People were looked after well by staff. A person told us, "They come, and I get on with them and they with me. I have no problems with them whatsoever." A relative told us, "They are very good. There is not one I would say I don't want to see in this house."
- People were supported in line with their preferences. For example, gender of staff. One person said, "I only have female carers and not any men."
- People's wishes in relation to how their social, cultural and spiritual needs should be met were recorded so that staff had access to information about how people should be supported with these.
- Staff received equality and diversity training as part of their role. This helped staff understand what discriminatory behaviours and practices might look like to help them make sure people were always treated fairly.

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

- People had been supported to express their views and be involved in making decisions about the care and support they received and to be as independent as they could be. A person told us, "I do try to be independent and if I do something, I can't manage they tell me off kindly. I'm quite happy with them."
- Managers obtained people's feedback at regular intervals to make sure the care and support they received was continuing to meet their needs.
- Staff respected people's privacy and dignity. No person or relative expressed any concerns about privacy or confidentiality issues during our feedback request.

# 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.

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

- People had choice and control over how their care and support was provided. People's records reflected their preferences and choices for how and when they received support, taking account of their specific needs. For example, people's personal history had been recorded so that care staff had a holistic perspective rather than just a person's current needs. One person said, "A lot of them know my history because we talk." This helped to ensure people received support that was personalised and tailored to their needs.
- Staff recorded the care and support they provided to people after each care call. Managers checked these records to make sure staff were providing the care and support planned and agreed with people. A relative commented, "Yes, she has the file, and this is updated yearly." Another said, "Yes it's the blue book, care plan and risk assessment are in the living room. It gets updated as someone comes out once a month, checks it and changes the sheets."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs had been identified, recorded and highlighted so that staff had access to relevant information about how they should be supported with these. For example, people's records contained information about how they communicated such as using an iPad or other communication devices. Care staff ensured the devices were sufficiently powered and updated. A member of care staff had learnt some Makaton (type of sign language) to be able to communicate using service user's preference.

Improving care quality in response to complaints or concerns

- There were arrangements in place to deal with formal complaints if these arose. People had been provided information about what to do if they wanted to make a complaint and how this would be dealt with by the provider.
- People and their relatives told us they felt confident to raise any complaints or concerns. Relatives commented, "If I have any complaints/concerns I always go straight to the office. I have done a couple of times", "I have phoned and complained if I needed to" and "I would send an email to head office. The carers I have complained about are all gone or not allowed to come in anymore."

- Relatives confirmed they had been happy with the response to their concerns or complaints.

#### End of life care and support

- No-one was being supported with end of life care at the time of our inspection.
- The new manager was a nurse and had an interest in palliative care and expressed their wish to offer more of this support. Where appropriate, care staff had received training in this area of care.

# 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 had not always been consistent and not all information had been reviewed effectively to support the delivery of safe 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 the inspection. However, there were two new managers in place who were in the process of registering with the CQC to manage the service.
- Although audits had taken place to monitor and review the quality and safety of the service in most areas of the service, our findings on PRN medicines had not been identified prior to our inspection. This meant improvements were required to ensure people received all medicines safely and as prescribed.
- The service had an action plan in place with priority and progress tracked covering areas such as recruitment; training, business development such as rota's and team meetings to be set to improve communication.
- Staff had clearly defined roles, responsibilities and duties. Managers used the monitoring checks along with supervision and staff meetings to check staff were up to date in their knowledge of the care and support needs of people using the service and informed about any changes to the service's policies and procedures.
- Staff told us they felt well supported by managers who encouraged and developed them in their role to help them undertake their duties effectively. A staff member told us, "Managers have recently arrived and immediately set up a meet and greet day and came on recent training with staff." Another staff member said, "I very much enjoy my job. The current office staff are all lovely and they do what they can to help us. I know that I can always discuss any issues or concerns with my manager. They usually then adapt anything if needed."
- The provider had introduced financial incentives for current care staff to cover more hours for difficult to staff shifts. Pay structures were also being considered.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were aware there was new management in place. The main feedback was a need for improvement in communication. Comments included, "I have no problems with the carers; it's just the office. We have cancelled on one or two times and they still sent the carers. The carers, you cannot fault the carers. It's the communication that's the problem." During the inspection, management had identified that communication needed to be improved and plans were in place to do this.
- The provider had clear expectations about the quality of care and support people should receive from the service. Management were aware that staff had been through a difficult period and were aware that

communication with staff needed to be improved.

- Management said they were very proud of the care staff and all the hard work they had undertaken during the pandemic.
- Managers undertook monitoring visits and telephone calls with people to check that the support being provided was meeting their needs and to the standard expected. Outcomes from recent checks showed people were satisfied with the care and support provided by staff.

Working in partnership with others

- Managers worked proactively with health and social care professionals involved in people's care. These included; adult social care, occupational therapists, GPs, district nurses, speech and language therapists, community mental health teams and money management.
- Recommendations and advice from healthcare professionals was used to design the care and support provided to people. This helped to ensure that care and support was up to date with current best practice in relation to people's specific needs.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility in relation to the duty of candour and the need to report certain incidents, such as alleged abuse or serious injuries, to the Care Quality Commission (CQC), and had systems in place to do so should they arise.