A1 Quality Home Care Limited

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Inspection report

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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?	Good

Summary of findings

Overall summary

About the service
A1 Quality Home Care Limited is a domiciliary care agency. The agency provides care, support and personal care to people living in their own homes. At the time of the inspection, care was being provided to 56 people. Most people were older and some were living with dementia. 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.

People's experience of using this service and what we found
People told us that they felt safe when staff were in their homes. Assessments were carried out to identify risks and these were reviewed regularly. People, relatives and professionals were involved in the review process. People generally had regular staff looking after them and they got to know them well. The agency employed enough people to meet people's needs and care calls had not been missed. Staff were recruited safely and had a good understanding of safeguarding and what procedures to follow if they had concerns. Some people were supported with medicines and staff were trained to do this.

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. Everyone told us that staff had a good understanding of their care and support needs. Some people received help with eating and drinking. Staff had completed food hygiene training. People were supported to make choices about their care and had access to health and social care professionals. Staff had regular supervision and spot checks to ensure continued good care and support for people.

People were treated with compassion, respect and dignity. Staff knew people well and knew about their care and support needs. People's privacy was respected and their health and social wellbeing was promoted. A relative told us, 'We feel supported by A1, they are brilliant.'

Staff knew how to communicate with people who had different needs. Staff had had dementia training and were able to tell us how they help people communicate and make choices about their support needs. A complaints policy was in place and a copy was placed in everyone's homes. There was a robust system for dealing with complaints and incidents.

People, relatives, staff and professionals told us that the service was well run. A person told us, "Overall it's very satisfactory, I'm happy with everything." A relative said, "I do feel the care is to a good standard yes and I would say so if it felt otherwise." A member of staff told us, "It's well organised. I actually enjoy coming to work." The service had established links within the local community.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 27 September 2018) and there was one breach of regulation. The provider completed an action plan after the last inspection. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected
This was a planned inspection based on the previous rating. We found no evidence during this inspection that people were at risk of harm.

Follow up
We will continue to monitor information we receive about the service until we 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?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

A1 Quality Homecare Limited

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 and one expert by experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service, in this case older people, some of whom were living with dementia.

Service and service type
A1 Quality Home Care Limited is a Domiciliary Care Agency. The agency provides care and support for people in their own homes. The Care Quality Commission (CQC) regulates the care provided and this was looked at during the inspection.

The service has a manager registered with the CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave 48 hours' notice of the inspection visit because we needed to be sure that staff, people and relatives would be available to speak with us.

What we did before the inspection
The provider submitted a Provider Information Return (PIR) on 11 June 2019. Providers are required to send

us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspection.

Before the inspection we reviewed the information we held about the service. This included statutory notifications sent to us by the registered manager about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We used this information to decide which areas to focus on during the inspection.

During the inspection
During the inspection we spoke to five members of staff, including the provider and registered manager. We spoke to 13 people, eight relatives and seven professionals. We looked at nine people's care plans, audits and quality assurance reports. We looked at staff personnel files, complaints and compliments and Medicine Administration records (MAR).

After the inspection
After the inspection we continued to seek clarification from the provider to validate the evidence we found. We looked at survey results and spoke to three professionals who had regular dealings with the service. We also visited four people and their relatives in their own homes.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us that they felt safe. A person said, "Since my (medical incident) I'm very frightened but they do keep me safe." Another person said, "There's never any issues. They notice things and if it's not right they'll report back to HQ."
- Systems and processes were in place to protect people from abuse. The registered manager and staff had a good understanding of safeguarding and were able to describe different types of potential abuse and how they would respond to it. A member of staff told us, "I would call the office. If necessary, I'd call the police and report back to the manager."
- Staff had received safeguarding training and there were regular refresher training sessions. A member of staff said, "We are the eyes of the company, we have to be observant and report things."
- A professional told us that there had been no recent safeguarding concerns raised by the service that they were involved with, but they knew from previous incidents that the service was aware of the correct process to follow.
- There was a whistleblowing policy in place and staff were aware of the processes to follow if needed. This is where concerns can be raised by staff about people or processes, with systems in place to protect the person raising the issue.

Assessing risk, safety monitoring and management

- The registered manager would visit potential new people and meet them and their families. An assessment would take place and if the person could be taken on then the care plan would start to be written at this time.
- Part of the initial assessment involves an environmental risk assessment. Any potential risks such as trip or other hazards were considered and risk assessments including contingencies were written.
- Some people lived with challenging behaviour and risk assessments were written to cover their care should they become upset. Assessments were unique to people and included holding a person's hand, talking calmly and repeating things, along with involving family members if present.
- Some people had risk assessments in place for particular needs. For example, where people used oxygen cylinders at home, assessments were seen that covered what do in the event of fires and where cylinder should be stored. One care plan had details of a carer identifying that a cylinder was being used too close to a radiator and this was immediately moved.
- Evidence was also seen of people's involvement in their risk assessments and care planning. A person said, "I met with staff initially to carry out the assessment. They were thorough and to time to understand my needs."

Staffing and recruitment

● The service employed enough staff to meet people's needs. Most people told us that they had regular carers and staff confirmed this, saying that they had regular people whom they got to know well. A person told us, "I have a male and a female carer, it's a nice mix."

● People were able to request staff to suit them. For example, one person asked for older staff to help them with personal care as they felt more comfortable. The registered manager made sure that this happened. The registered manager told us that they matched staff to people according to common interests and there was always an initial meeting between people and staff.

● The registered manager told us that appointments were very rarely missed. If a member of staff reports sick or is running late then the office is alerted within a few minutes. Staff use their mobile phones to scan in when they arrive at each appointment. This information is picked up at the office. There is a contingency in place to call other staff in to help or sometimes the office staff, including the registered manager, will go out and help. One relative told us, "They are never unreasonably late and they have never missed a call. They always stay for the full time."

● Staff were recruited safely. Personnel files were up to date and held all the necessary information. This included employment histories, written references and photographic identification. Disclosure and Barring Service (DBS), checks had all been completed on time. DBS checks search for any previous convictions or cautions. The registered manager was involved in staff interviews and interview notes and employment contracts were seen.

Using medicines safely

● People were supported to take their prescribed medication safely. Not everyone required help with medicines. Staff told us that they received training in medicine administration and this was confirmed when we looked at staff training records. A person told us, "The hospital taught me how to take my medication but my carers always check on me."

● A member of staff told us, "I'll always ask for advice if I'm not sure and I'll document any issues. I always complete the MAR chart." The medicine administration record (MAR), show the date and time of medicines being given and the person giving them. MAR records were completed correctly.

● The registered manager told us that he carried out audits of MAR charts and any issues would be immediately followed up. A system was in place to call the person's pharmacy or paramedics in the event of a concern. Care plans in people's homes contained body maps to appropriately record the application of creams and moisturisers.

● Homely remedies and 'as and when required' (PRN) medicines were sometimes given. A member of staff said, "I'll always contact the office first or maybe even the GP, just to be sure." There was a fact sheet in everyone's care plan with instructions about the use of homely remedies and PRN medicine.

Preventing and controlling infection

● Staff told us they had completed infection control training and this was confirmed looking at staff training records.

● Staff told us they had access to gloves and aprons. People told us that staff wore gloves and aprons. A person said, "Never an issue. They wear a uniform too." Staff were seen to dispose of soiled linen appropriately.

Learning lessons when things go wrong

● Accidents and incidents were recorded. Issues raised were discussed and acted upon and systems put in place to mitigate repeat incidents. Care plans were updated with risk assessments following accidents and incidents. For example, following an incident where a person tried to deliberately hurt themselves a specific assessment was completed with clear guidance for staff.

● A member of staff was injured when on duty. They tripped when leaving a person's house. The matter was reported to RIDDOR and to the local authority and all staff were told to take care. RIDDOR is an act of parliament legislating for the reporting of workplace injuries.
● Some people in receipt of care calls live in remote rural areas. The registered manager noticed that some staff were getting to care calls late and this was due to the time taken to travel between calls. A system was introduced where calls were geographically clustered with the same carers working in certain areas. This reduced travelling time and calls were all reached on time.

Good

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Most people were referred to the service by the local authority and care and need assessments had already been completed. On receipt of a referral the registered manager arranged to meet the person and their family and begin their own assessment of the person.
- People were introduced to their care staff and reviews took place after a few weeks to make sure the relationship was working and that the level of support was appropriate. The registered manager told us that reviews would then take place every twelve months or sooner if care and support needs changed or if the person had returned home after time in hospital.
- A person told us, "I met with the manager initially. We discussed my medical history and what help I need indoors." Another person said, "I had an assessment when I started but the new manager has been to see me recently to make sure everything is still okay." A relative told us, "Everything discussed at the assessment has been taken on board and the carers have been very effective. It's all been very good." Another relative said, "Health has declined. I do talk to them if things change and they keep an eye on things."

Staff support: induction, training, skills and experience

- Staff induction was comprehensive and was adapted to meet needs depending on experience. A two-week induction program was in place followed by a period of shadowing more experienced staff for between 2 and 10 days. A member of staff said, "Induction covered the practical side. We're all working towards our Care Certificate." The Care Certificate is an agreed set of standards setting out knowledge, skills and behaviours required for care professionals. A relative said, "When they have new staff they always shadow the experienced staff."
- Training records were up to date and training was ongoing. Recent training had covered mental capacity and end of life. Staff told us that training was a mixture of online and face to face.
- Staff told us that they had regular supervision meetings and this was confirmed in their personnel files. A member of staff told us, "I have supervision every 2-3 months but can ask for meetings in-between if I need to." Staff also told us the managers carried out spot checks. Spot checks are unannounced visits to staff to observe them in the workplace. A member of staff said, 'I have spot checks regularly.'
- A relative told us, "I do feel safe with the carers. They are trained to use the hoist and they do so safely."

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

- People's eating and drinking needs were met. Most people lived with family members who met some or all these needs but, in some cases, care staff helped. A person told us, "If I ask them. They'll always help if I ask them." A relative said, "If I have to go out, they will help with food and drink." Another relative told us, "They

show a genuine interest in his overall wellbeing and will ask how he is eating."
● Another relative told us that their relative had been losing weight and they had discovered they had been throwing food in the bin. The carers suggested that they remain longer to cover mealtimes to ensure that they were eating. The relative said, "His weight has steadied now, he is no longer losing weight. The carers have been excellent with him. They put this in place really quickly when they realised he had been losing weight."
● Care plans reflected what we were told and we saw food and fluid charts and contact had been made with specialists when weight was gained or lost.
● A person told us, "They are very accommodating. I've arranged for my visits to be reduced but they still make me a sandwich for my lunch." Another person said, "They are very thoughtful, one even picks me up fish and chips on their way round sometimes." Another person told us, "My health has improved since leaving hospital, they make sure I eat and have enough dinners in."
● All staff had received food hygiene training and the records we saw confirmed this.

Staff working with other agencies to provide consistent, effective, timely care
● People were supported when necessary by health and social care professionals to improve and maintain their physical and mental wellbeing. A person told us, "I have not had to get the carers to call the doctor or ambulance but I'm sure they would if I needed them to." A relative told us, "Once when I wasn't here they called First call." Another relative said, "They recently called out the GP for him as he needed eye drops."
● Staff liaised with GP's, District Nurses and Social Workers to ensure people had the support they needed. A professional told us, "In my experience they are always putting the customer's needs first and will contact the OT's with any moving and handling needs as soon as these are raised."

Adapting service, design, decoration to meet people's needs
● The registered manager told us that they would carry out an environmental risk assessment of people's homes and assess any trip or other hazards that might exist. This was done to inform staff so that people could be kept safe.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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.
● Despite some people living with dementia the registered manager had assumed that people had mental capacity. Advice would be taken from professionals if there was a need for an assessment. The registered manager was aware that assessments relate to specific decisions.
● The registered manager told us he had held best interest meetings with people, their relatives and GP's. He said he would always listen to the views of the person and these would always be respected.
● Staff told us they had completed training in dementia awareness and records we saw confirmed this.
● A member of staff told us, "I talk clearly and be patient. I use a routine and always provide people with choice." Another member of staff said, "I'll say 'I'm going to roll you now'. If they refuse I will not do it but wait a few minutes and try again." A person said, "They always make sure that I'm happy with things." The registered manager told us, "Staff always explain things and will never force a person to do something. We

have to be careful as continued refusal could amount to neglect."

● Staff told us that when with a person living with dementia they would provide a few choices for them, for example which clothes they may like to wear or whether they would like a wash or a bath. A member of staff said, 'We always give people choice but never too much as it can be confusing.'

● Copies of Powers of Attorney were seen in some people's files for those people that had others legally acting on their behalf.

Good

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 and relatives told us that staff were caring. A person told us, "They are all kind and thoughtful." Another person said, "They are very personable, they talk about my children and animals." A relative told us, "They are very caring, very observant. They noticed when my (relative) was unwell and acted on it straight way." A professional told us, "The care workers I have been involved with have appeared professional and caring to their customers, putting their wishes and needs first."
- We saw two members of staff preparing a person for personal care. One member of staff took the lead in speaking to the person to avoid the possible confusion of two people talking at once. The member of staff talked and reassured the person when moving them. The member of staff explained each part of the process, speaking clearly and calmly. They said, "I'm just going to sit you up," and "We're just going to move you up a bit." The member of staff praised the person after each part of the process telling them that they were doing well.
- The conversation between the member of staff and the person also included personal comments for example the member of staff said, "I like your shirt." The person responded and the conversation was friendly but the task of moving was still achieved. The person told us, "We have an excellent rapport, they're almost like family."

Supporting people to express their views and be involved in making decisions about their care

- People were given daily choices which included whether they would like to shower of have a wash in bed and what clothes they would like to wear. A person told us, "They always make sure I'm happy with things." A relative told us, "(relative) is quite challenging and rather proud. For him to say that he's happy is excellent news for us."
- A member of staff told us, "We always give people choice but not so much that they might get confused." Another member of staff said, "I have a regular routine with a person living with dementia. I always ask if they are comfortable and then ask whether they would like a bath. I put some clothes out for them to choose from and I always say, 'I'll be with you in the morning.'" The person liked the routine.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. A person told us, "They knock the door before coming in a room and respect the house in general really." Another person told us, "They do respect my dignity. I've asked for male carers as I feel more comfortable and they always send male carers." A relative said, "They do respect his privacy very much, they always dress him before hoisting him out of bed."
- A member of staff told us that a person's mobility had declined over time and that they now spent all their

time in bed. They said that they still did exercises with the person and these were best achieved with the person wearing fewer clothes for greater flexibility. The member of staff told us they always ensured the person's dignity was respected making sure they were covered appropriately and that the person felt comfortable. The care plan reflected this and included these recommendations from the occupational therapist.

● A person told us, "They know I can do most things myself but need some help occasionally, but they don't make me feel silly or weak if they have to help me with cooking or something." Another person said, "The carers know me so well. They step back and let me do more for myself." Another said, "They've taught me to do things for myself again." A relative said, "When they wash her they get her to lift her arm and leg. They do try some exercises with her." Another relative told us, "They do try. They will give her a flannel and encourage her to wash her face. They get her to brush her teeth too."

● The registered manager told us that during the initial assessment they would find out what people could do for themselves and exactly what they needed support with. People were asked about their daily routines and how best staff could help them.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.
At the last inspection we found people gave mixed feedback from people about being told when calls were running late. People had to call the office to find out what was happening on a regular basis. At this inspection we found the provider had taken action to address this issue. The office were alerted if a carer was running late and contact would be made with people to let them know.

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

- People received person-centred care that was designed to meet their care and support needs. Staff provided support based on people's choices and preferences that promoted their health, well-being and independence. For example, the registered manager told us about a person living with dementia who was initially reluctant to accept personal care. Working with family members they were able to explain why they needed help and that the person was still able to make choices about the care received.
- Where possible staff were matched to the people they provided care for. The registered manager would consider people's faith, interests and any special care needs they had. Only staff that had received appropriate training would be used to care for people with particular needs. For example, people living with epilepsy or diabetes. This was confirmed when we spoke to staff. A person told us, "The manager visited to do the initial assessment. They've been in since to check everything is ok."
- A relative told us, "We raised an issue about a carer we thought was inexperienced with the manager. They responded immediately and gave us someone else." Another relative said, "They show a genuine interest in his wellbeing."
- Most of the time people had regular members of staff visit them. This only varied when staff were on leave or were sick. People were happy with the care staff.
- Care plans reflected people's needs and preferences. Each plan contained a profile of the person including details of their faith, family, interests and any specific wishes or requirements about their care. Relatives and professionals were involved in care planning. A person told us, "Every so often the manager visits. I get a chance to contribute to the plan." One plan we saw had reports from an occupational therapist and another contained mental health reports. The registered manager told us, 'We look after a lot of people living with dementia but even if they lack capacity they can still make some decisions. Even one or two answers are helpful.'
- Care plans were reviewed every twelve months however when care and support needs changed or following a person's stay in hospital, the plans were reviewed more often. The registered manager told us that staff were responsible for looking at care plans and letting him know if any changes, day-to-day, were needed.
- A relative told us, "(relative) had a spell in hospital. When they were ready to leave A1 sent staff to help. They actually came to the hospital, very helpful."

● The service had links within the local community including day centres and a local hospice.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● Some people had sensory issues, for example, poor hearing. Members of staff knew how best to communicate. We saw staff speaking clearly and face on to people to make themselves understood. One person had word finding difficulties. The registered manager told us, 'It's really important not to finish sentences for them but to encourage them to communicate however they can.'

● Some people living with dementia, on their background page in their care plan, had the sentence "Talk to me", clearly displayed. This made it clear for new staff that the person had communication issues but was still able to make themselves understood if spoken to.

● A member of staff told us, "I come down to their level. I talk clearly. I'm patient, I'm not worried if I have to keep repeating myself. It's always new to them." A relative said, "She lipreads. The regular carers know this." This was reflected in the person's care plan.

Improving care quality in response to complaints or concerns

● A complaints policy was in place and was accessible to everyone. Copies were seen attached to care plans in people's homes and a copy was held in the office. The registered manager had recently written a letter to everyone introducing himself as the new manager and had included in his letter a reminder about the complaints policy and where to find it.

● Records seen showed a small number of complaints that had been made in 2019. Most of them were minor and clear outcomes were seen including apologies offered to people and staff disciplinary meetings. One complaint was also linked to a safeguarding issue but this too had been dealt with appropriately.

● A person told us, 'I've never had cause to complain. I'd speak to the manager, he pops in regularly.' A relative said, 'I do raise issues with the manager if I need to. They are always dealt with quickly.' Another relative told us, 'I know how to complain. I'd speak to the carer first but then to the manager.'

● People told us that they were asked for regular feedback during visits from the manager and the care staff. One person said, 'I don't recall completing a form or survey but the manager pops in regularly to check on things.' A relative told us, 'They will call with any worries or updates. We equally can call them anytime, it's teamwork.'

End of life care and support

● Some people were receiving end of life care. Staff had received end of life care training and told us how they look after people. A member of staff said, 'I make people comfortable. Minimal movement and speak to them all of the time.' They also said, 'They may not want a complete wash but I'd use a flannel to keep them comfortable. We work closely with McMillan nurses.' McMillan nurse provide specialist care in the community for people towards the end of their lives.

● Training records confirmed that staff had received end of life training. End of life care plans were seen in some peoples records and they contained details of how to move people safely to avoid pressure sores. Details of how to manage mouthcare were also included.

● Members of staff told us that the manager was very supportive when they were dealing with people who were end of life. The registered manager told us, 'I'll always visit when people die. I want to be there to support my staff.'

● We saw letters from family members saying thank you to staff for looking after their relatives towards the end of their lives.

Good

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.
At the last inspection we found the service was not responding to people's concerns about access to staff rotas and communication when things changed. At this inspection we found the provider had acted to address this. Rotas were now provided and any changes communicated with people.

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

- People told us that the service was well led. A person said, 'The manager is very good, he knows us well.' Another member of staff said, 'Communication is very good here, the manager listens.' A relative told us, 'From my point of view it's very well run. They have an on-call system so if someone does not clock on the manager might come out. I'll get a phone call too.'
- Staff felt supported by the registered manager. A member of staff told us, 'I've worked in care for years. This is the best. You get support, extra training and there're always on-call.' Another member of staff said, 'It's a very nice company to work for. Everyone has the same mindset about care. I'm very happy to come to work, I enjoy every day.' A professional told us, 'They (managers) appear to listen well to their staff is a concern is raised. They are always ready and willing to do joint visits and will adhere to the recommendations and risk assessments that are provided.'
- A relative told us that their relative recently used their lifeline. The lifeline call centre had not been able to get hold of them and so they called the agency and the registered manager responded immediately. The relative told us, 'A1 promptly went around to check on him.'
- A relative told us that the registered manager has a good understanding of the type of care that is needed even though this is complex. They said, 'They took on board his needs and have ensured that carers are suitably skilled to carry out care.'
- The registered manager told us, "We're always trying to improve the service. We talk to the staff all of the time to see if there is a better way to do things."

- During the inspection we were shown the agencies computer system and how this recorded care calls and alerted the office within 15 minutes if a carer was delayed. The agency is moving all their care plans onto a computer system including electronic MAR charts. This flags up straight away when medicines are not given and allows checks to be made immediately to find out why.
- The registered manager told us they have attended support group for registered managers and that he received regular bulletins and updates from the CQC and the local authority. The agency was also supported by regular compliance visits from the local authority.

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 is aware of their responsibility to be honest and open when things go wrong (duty of candour). The registered manager is in regular contact with people and their relatives and representatives to ensure that people have the right support all the time. There is a cover system in place when the registered manager is away to ensure that people and staff always have a manager to turn to.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

● The registered manager was supported by the provider who also oversaw the agencies sister company in Hastings. The registered manager had worked in the care profession for several years and had recently promoted to the role of manager.

● Staff understood their responsibilities and cared about people and their relatives. A member of staff said, 'I like to go the extra mile sometimes. If I need more time I'll let the office know. It's never a problem.'

● No care had been missed and few were reported to us as being late. If a member of staff was delayed they would let the office and the person know. Arrangements were always made to cover. A person told us the carers were, 'usually on time and I've never had any missed calls.' They also said, 'Sometimes at weekends they are later because they have less staff.' Staff rotas however showed staffing numbers were consistent for all days of the week.

● The Registered manager carried out regular spot checks on staff. These were unannounced visits to check that staff were putting into practice what they had been taught in training and that they were providing the care and support needed by people. The registered manager told us that he carries out spot checks as part of his quality monitoring. He said he always discusses what he has seen with staff after each visit. A member of staff told us, 'We often work alongside managers.'

● The registered manager was aware of their legal responsibility to report certain incidents to the CQC. All incidents had been reported correctly and records were kept for audit purposes.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Continuous learning and improving care

● People told us that the registered manager was often seeking their feedback about the service provided. A person told us, 'I don't think I've done a survey but the manager has been in touch to ensure everything is okay.'

● We were shown the latest survey results carried out in May 2019. There had been 20 respondents and the results were generally positive. We were shown that research had been carried out into specific areas where replies were negative. This involved questioning staff, visiting people and talking to relatives. An example involved a late care call resulting in a complaint from the person which they felt had not been resolved. The registered manager dealt with this personally and visited the person offering an explanation and apologising.

● Similarly, we were shown records for care calls that had been flagged as early or late. This had been an issue for the service in the past but recent records shown a significant improvement and a focus by the registered manager in putting in place a process to address this issue.

● Feedback was sought from relatives and professionals. All feedback was discussed by managers and significant issues raised at team meetings. Team meetings are held monthly and the meeting agenda is split under the CQC domain headings. Staff also complete quality monitoring questionnaires. They also use client / carer feedback forms which is an opportunity for the working relationship between people and staff to be assessed.

● The registered manager completed audits every month of MAR charts, daily notes and training records. Any issues or inconsistencies were identified and addressed.

Working in partnership with others

● The service had established links with local day centres and the local hospice. The service had taken part in a local, annual fair, where staff had a stall and spent a day engaging with people, explaining the work of the agency.

●The registered manager told us that he had established online links and had made their website available to as many as possible within the local community.