

Alexander Owen Consultants Limited

AO Healthcare

Inspection report

16 Holt Avenue
Brooklands
Milton Keynes
MK10 7GG

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23 June 2023

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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

AO Healthcare is a domiciliary care agency providing personal care to people living in their own homes.

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 was 1 person being supported with the regulated activity of personal care.

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

There were systems and processes in place to safeguard people from potential harm. Staff completed training about safeguarding and knew how to report abuse. Risks to people's safety were assessed and strategies were put in place to reduce the risks.

There were safe infection control procedures in place including enough supplies of personal protective equipment (PPE) for staff. People received their medicines safely and as prescribed. People were supported by regular, consistent staff who knew them and their needs well.

The provider ensured that lessons were learned when things went wrong, so that improvements could be made to the service and the care people received.

Staff received an induction and ongoing training that enabled them to have the skills and knowledge to provide effective care.

People's needs, and choices were fully assessed before they received a care package. Care plans included information needed to support people safely and in accordance with their wishes and preferences. Where the provider took on the responsibility, people were supported to eat and drink enough to meet their dietary needs.

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.

People and their families were involved in the care planning and reviews of their care where possible. The provider had a complaints procedure which was accessible to people and relatives, so they knew how to make a complaint. There had not been any complaints received at the time of our inspection, but systems were in place to address and investigate complaints.

The service had good governance systems in place to ensure all aspects of the service and people's care were continuously assessed and monitored. A range of audits were in place to monitor the quality and

safety of service provision.

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

Rating at last inspection

This service was registered with us on 31 August 2021 and this is the first inspection.

Why we inspected

This was a planned inspection following registration.

Follow up

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

This was an inspection using remote technology. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

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.

AO Healthcare

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

This inspection was carried out by 1 inspector.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because the management team are often out of the office supporting staff or providing care. We needed to be sure that the provider or manager would be available to support the inspection.

Inspection activity started on 20 June 2023 and ended on 23 June 2023.

What we did before the 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 reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used this information to plan our inspection.

During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as telephone and video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

We spoke with the person using the service and their relative. We had discussions with a staff member via the telephone and the registered manager, who was also the nominated individual, via a video call on the 23 June 2023. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included the persons care records, risk assessments and medication charts. We looked at 1 staff file in relation to recruitment, training, and supervision. A variety of records relating to the management of the service including audits, policies and procedures were also reviewed.

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 of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of potential harm. The person using the service told us, "I'm very safe. I put my trust in them and know they will make sure I stay safe." The person's relative commented, "Yes [family member] is very safe. I have peace of mind which means a lot to me."
- Systems and processes were in place to help identify and report abuse to help keep people safe. For example, staff received training in safeguarding and knew how to report concerns.
- At the time of our inspection there had not been any safeguarding incidents, however there were systems in place to make safeguarding referrals to the relevant authorities and the registered manager understood their responsibility to report safeguarding concerns.

Assessing risk, safety monitoring and management

- Risks associated with people's care, support and environment had been identified and assessed. The person's relative commented, "They look out for risks in the home and contact the family and OT to come and assess for aids that support [family member]."
- The registered manager told us that risks to people were monitored at every care call. Care plans were reviewed regularly so any changes to people's needs, and risk management strategies could be implemented swiftly. One staff member said, "The communication is excellent, because we are a very small team. We talk all the time. If there are any changes we are told really quickly."
- Staff informed the registered manager when they had concerns about people's health, or their needs had changed. This enabled the registered manager to review the risks and identify the additional support needed.

Staffing and recruitment

- There were sufficient numbers of staff to keep people safe and meet their needs. The person using the service said, "They always do a little bit extra and often stay over the time of my calls. They never let me down."
- Rota's showed there was a small team of staff (including the registered manager) who provided care and support for the person using the service. This ensured consistency and the registered manager told us this was important to the person because it reduced their anxiety.
- Staff told us they felt staffing numbers were sufficient to meet the needs of the person using the service and keep them safe. One told us, "I think the time allocated is good. I quite often have time to spare so never have to rush and can stay for a cup of tea and a chat."
- The provider followed their recruitment procedures to ensure people were protected from staff that may not be fit to support them. Disclosure and barring service (DBS) security checks and references were

obtained before new staff started the probationary period. These checks help employers to make safer recruitment decisions and prevent unsuitable staff being employed.

Using medicines safely

- People received safe support with medicines. Staff applied topical medicines (creams) for the person using the service and there was detailed guidance in the support plan for staff to follow. The person using the service and their relative were happy with the support they received in this area.
- Staff told us and records confirmed they were trained in medication management and administration of medicines.
- Medicines administration records (MAR) were used accurately to document the support people received.
- We saw evidence that regular auditing of medicines was carried out to ensure any errors could be rectified and dealt with in a timely manner.

Preventing and controlling infection

- People were protected from the risk of infections because staff had been trained in infection prevention and control. The person's relative informed us that staff followed guidelines to reduce the risk from infection transmission. They said, "The carers always wear gloves and aprons and always use hand sanitiser. They are very careful."
- The provider had an infection control policy in place that was up to date and accessible to staff.

Learning lessons when things go wrong

- There were systems in place to monitor incidents and accidents so action could be taken to promote people's safety. The registered manager understood how to use the information as a learning opportunity to try and prevent reoccurrences.
- Learning opportunities were shared with staff via staff meetings, during staff handovers and discussed in staff supervision meetings.

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

- An assessment of people's needs was completed before they started to receive care. This was used as a foundation for people's plan of care. Care plans provided staff with the guidance they needed to support people.
- People confirmed they had been involved with their care planning to ensure they received the care they wanted. The persons relative told us, "We have been involved from the beginning when they first came to see us and continue to be 100% involved."
- The assessment tool covered all aspects of a person's needs including the characteristics identified under the Equality Act 2010 and other diversity needs such as people's spiritual and cultural needs.

Staff support: induction, training, skills and experience

- People were supported by staff with the right skills and knowledge to keep them safe and respond to their needs. The person using the service said, "They are very good, and they know how to care for me." The relative told us, "The carers are very well trained. I have total faith in their abilities and knowledge."
- Staff received an induction programme before working with people. This included a mixture of online and face to face training accompanied by regular shadow shifts. One staff member told us, "The induction was very good. It was what I needed for the job."
- We saw that an ongoing schedule of training was in place, to ensure staff kept up to date with good practice. Staff confirmed and records showed they received the training they needed to meet people's needs.
- Staff felt well supported and they told us they had regular supervision and spot checks to ensure they were working in line with best practice guidance. One staff member commented, "The support I get is very good. I can always ask for advice or more training if I need it."

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

- Where people were supported to eat and drink this was done in a safe way.
- Staff training records showed they had completed food hygiene training and nutrition and fluids training so knew how to handle food safely and support the person with their nutritional needs. .
- Staff supported the person with meal preparation when they required it. There were details in the care plan to guide staff in relation to the support the person needed to meet their dietary needs.

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

- Care plans provided a clear overview of the persons health needs and the involvement of health care

professionals where applicable.

- The registered manager informed us that staff did not currently attend health appointments with the person using the service as this was usually undertaken by the person's relative. However, staff confirmed that if they thought the person was unwell, they would contact the relative so they could contact the person's doctor. The person's relative confirmed this to be the case.

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.

- The person was supported to make decisions about their care in line with the Mental Capacity Act 2005.
- The registered manager considered people's ability to make decisions as part of their initial assessment. They were aware of the need to complete a mental capacity assessment if it was unclear whether the person had capacity to consent to care.

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 treated with dignity, kindness, and respect.
- The person using the service told us, "The carers have become my friends. They are absolutely marvellous." The person's relative commented, "[Staff member] goes above and beyond in the care for my [family member.] They notice whether [family member] needs a new bed or grab rails that will assist with their mobility around the house and their comfort."
- Staff had received training in equality and diversity and spoke with kindness about the people they supported. One staff member said, "I love helping people and making a difference. It's good to be doing something to make a person's life a bit better." They demonstrated an understanding of the persons care needs and the importance of respecting diversity.
- Care plans described people's individual daily routines, cultural needs, and personal preferences.

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

- The person and their relative were involved and made decisions about their care. The person using the service said, "My carers know exactly how I want my care. If it's not right, I always say, and they change it straight away."
- The relative told us, "Communication is excellent. They will call me if there is a need, and we discuss everything to do with [family members] care. If a change needs to be made quickly, we discuss it. We make the decisions about the care, always."
- Records showed that people's care was reviewed regularly and the person and their relative were involved in the process.
- The registered manager said they would support anyone who wanted to use the service of an advocate. An independent advocate helps people have a stronger voice and to have as much control as possible over their own lives.

Respecting and promoting people's privacy, dignity, and independence

- The person using the service was encouraged to maintain their independence and do as much as they could for themselves. Their relative commented, "I know they encourage [family member] to do as much as they can for themselves in a kind and caring way."
- The person using the service told us that staff treated them with respect and always made sure their care was carried out in private.
- A confidentiality policy was in place. The registered manager understood their responsibility and ensured all records were stored securely. Staff had a good understanding about confidentiality and confirmed they would never share any information except those that needed to know.

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

- The person using the service received person centred care that met their needs and preferences. Their relative told us the care provided was tailored to meet [family members] needs and was person centred. They said, "They mould the service around [family member], finding out exactly what they need and adapting the care plan to fit."
- A needs assessment was completed and used to develop a plan of care. This had been reviewed regularly and when the persons care needs changed.
- The care and support plan we looked at was reflective of the persons current needs and provided staff with information they needed to provide care and support in line with the persons preferences.
- People received person centred care from a regular, reliable, and consistent staff team, which helped to build trust and support.

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 were assessed, and details of any needs were recorded. The person using the service at the time of the inspection did not have any specific communication needs; however, the registered manager said they would consider each person individually and would provide any support they needed.

Improving care quality in response to complaints or concerns

- There was a complaints procedure and policy in place that was accessible to people and relatives, so they knew how to make a complaint. The person's relative told us they knew how to complain if needed and felt comfortable any issues would be quickly rectified.
- The registered manager told us that there had been no formal complaints about the service and records confirmed this. There were processes in place to ensure that all complaints, both formal and informal, verbal and written would be dealt with appropriately.

End of life care and support

- At the time of the inspection, nobody was receiving end of life care. However, the registered manager told

us that they could support someone at the end of their life with support from other health professionals and with specific training for staff.

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 Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service had a positive ethos and the person and their relative expressed their satisfaction with the care they received. The person's relative commented, "I have total trust in [registered manager] and [family member] receives excellent care. This means I can relax knowing [family member] is in good hands."
- Staff spoke positively about the leadership and management of the service. Staff felt well supported and able to approach the registered manager with any feedback about the care or quality of the service and felt this would be listened to.
- The registered manager was passionate about delivering good quality care for people in their homes. They demonstrated an in-depth knowledge of the person they were supporting and had a clear understanding of the key principles and focus of the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 provider had a system of audits in place to monitor the quality of the service. This included regular checks of records and spot checks of staff when supporting people. Audits and checks were carried out on people's care and their care records to ensure continuous improvement.
- Effective communication systems were in place to ensure staff were kept up to date with any changes to people's care and support systems to staff. Staff told us communication was exceptional. There were regular staff meetings and the provider had introduced a secure social media platform to enhance communication with the staff and people using the service.
- Systems in place to manage staff performance were effective, reviewed regularly and reflected best practice. There was a supervision, appraisal, and training programme in place.
- The registered manager understood their responsibilities to notify CQC and other relevant authorities of any incidents which took place that affected people who used the service.
- The registered manager had systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

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

- The registered manager used the opportunity when supporting with delivery of care, reviews and

telephone calls to obtain feedback from people and their relatives. Feedback was used to support with making changes to the delivery of care.

- The persons relative said, "The [registered manager] delivers most of the care for [family member] and is very approachable. I feel confident contacting them to express our views should it be necessary. In addition, during reviews we are offered the opportunity to express our views and discuss how we feel things are going."
- Satisfaction surveys were completed 6 monthly with people using the service. When these were received the registered manager produced an action plan to address any areas that required improvement.
- We found a commitment to the continuous improvement of the service and the care provided. The registered manager told us they used information from audits, complaints, feedback, care plan reviews and accidents and incidents to inform changes and improvements to the quality of care people received.
- There were systems in place to learn lessons when things went wrong, so that improvements were made to enhance the care people received.

Working in partnership with others

- The registered manager provided care and support to the person using the service and was passionate about delivering good quality care. The registered manager and staff team worked with other professionals when required to ensure the service developed and people remained safe.