

A24 Group Limited

# A24 Group Ltd - Sutton

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

A24 Group - Sutton is a domiciliary care agency that provides personal care and nursing care to adults and children living in their own homes across the UK. At the time of our inspection 10 people were receiving personal care.

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's risks were not always managed safely. Where people presented with health associated risks and behavioural support needs, staff did not have clear guidance in place.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. Where people lacked capacity they were not supported with appropriate assessments or best interest meetings.

Staff were not appropriately supported. They did not receive regular supervision of training from the registered manager.

The provider did not have robust quality assurance in place to make appropriate improvements were shortfalls were identified. One relative told us, "The office staff haven't met the family and they're so far away, they can't effectively run a service when they're not around to see things." This was in reference to the majority of the provider's management team being permanently based in Cape Town, South Africa.

Relatives felt people were safe and staff were trained in safeguarding and understood the providers procedures for keeping people safe. Staff were recruited safely and followed appropriate infection prevention practices.

Staff met people's nutritional needs in line with their assessments and supported people to engage with healthcare services. The provider ensured that all staff received training. The registered manager supported nursing staff to maintain their registrations with professional bodies.

Staff were considered by relatives to be caring. People were supported by staff they had known for a long time and this made for positive and trusting relationships. Staff respected the people, the relatives and their homes and promoted people's dignity.

Staff provided people with personalised and responsive care. People and their relatives participated in

reviews, reassessments and the development of care plans. Relatives understood how to make a complaint and were confident action would be taken by the provider.

The provider worked collaboratively alongside other providers where people received care and support from more than one agency.

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 (and update)

The last rating for this service was requires improvement (published 24 October 2018). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made/ sustained and the provider was still in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating and was carried out to follow up on action we told the provider to take at the last inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for A24 Group -Sutton on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We have identified breaches in relation to people's safety and consent as well as good governance and support for staff.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always 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 not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# A24 Group Ltd - Sutton

## 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

This inspection was carried out by one inspector and one Expert by Experience who phoned people and relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. 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 the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we held about the service. This included notifications the provider is required by law to send us about events that happen within the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

#### During the inspection

We spoke with three relatives of people who used the service. We were unable to speak with people due to their complex communication needs. We spoke with two staff and the registered manager. We reviewed a range of records. This included five people's care records and five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits, policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We also contacted two healthcare professionals.



# 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 Requires Improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

### Assessing risk, safety monitoring and management

- The provider did not risk assess all the needs people presented with.
- Where people presented with behavioural support needs care plans did not contain risk assessments or risk management plans. This meant staff did not have guidance on keeping people safe when they presented with behaviours which could challenge.
- Risk assessments were not readily available to show how staff should support risks associated with people's health. For example, one person's care records detailed their complex health needs but did not provide staff with guidance on the actions they should take in the event of a specific health issue occurring. The registered manager later showed us a risk plan for this person's health needs which had to be requested from colleagues based in South Africa during the inspection. This document was not person centred and had not been previously available to the registered manager to advise staff.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Care records contained environmental risk assessments of people's homes. These included potential trip hazards, fire risks, pets and adequate lighting.
- People also had moving and handling risk assessments in place. These noted people's weight, repositioning requirements, weight bearing ability, and any equipment used such as hoists and wheelchairs.

### Using medicines safely

At our last inspection we found the provider did not audit people's medicines records on a regular basis to check they received their medicines as prescribed and that staff recorded administration appropriately. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17

- Relatives told us people received their medicines as prescribed. One relative told us, "Staff do medicine. They are always given on time and in the appropriate manner."
- However, the provider did not store people's completed Medicines Administration Records (MAR) at its office.
- There were no records of any audits being undertaken of people's MAR charts, medicines storage or of the staff competency when administering medicines. This meant effective systems were not in place to ensure that people received their medicines safely and in line with the prescriber's instructions.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us they felt people were safe with the staff who provided care and support. One relative told us, "The staff have been with us for over 10 years and we have built up confidence and trust with them." Another relative said, "Nothing's ever gone missing or been broken."
- The provider had clear safeguarding procedures in place. The registered manager and staff were aware of their responsibilities to keep people safe by reporting any suspicions of abuse.

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Staffing and recruitment

- The provider followed robust recruitment processes to ensure staff were safe and suitable to deliver care and support. This included reviewing the applications of prospective staff, interviewing them and carrying out pre-employment checks.
- The provider maintained a record of staff immunization history and ensured the registration of nursing staff remained valid as part of its process for ensuring the on-going safety and suitability of staff.
- Records showed, and relatives told us there were enough staff available to provide care and support as planned. However, we received mixed information from relatives about the punctuality of staff. One relative said, "Yes, they arrive on time. Always turned up. They let us know if they're running late." However, another relative said, "It really affects us when they're late or cancel at the last minute as we have to re-arrange our day." The relative also stated, "Mostly they arrive on time."

Preventing and controlling infection

- Relatives confirmed to us that staff used personal protective equipment such as single use gloves and aprons when providing personal care. This meant people were protected from the risk and spread of infection.

Learning lessons when things go wrong

- The registered manager reviewed accidents and incidents involving people. Important information was shared with staff and used to make changes. The registered manager told us this information was used to update care plans. No incidents had occurred since the last inspection.



# 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 Requires Improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

At our last inspection we found the provider could not be sure they cared for people in line with the MCA. This was because the provider had not carried out MCA assessments for people and therefore had not ensure decisions were made in their best interests. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 11.

- At this inspection people's care records contained no information regarding their mental capacity, their ability to make decisions or to consent to care treatment.
- People with complex needs had not been supported with best interests meetings where they lacked capacity to make decisions.
- The registered manager told us the service would prioritise assessing the mental capacity of people who may lack the ability to make specific decisions.

The failure to act in accordance with the Mental Capacity Act 2005 is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

People were not always supported by staff who received suitable supervision from the provider because they rarely received formal supervision or appraisal. This was a breach of regulation 18 (Staffing) of the

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 18.

- At this inspection we found that staff continued to be poorly supervised.
- Staff did not receive regular, formal supervision at a frequency in line with the provider's policy. One member of staff had not had a supervision meeting since 2012. Two other staff had not received formal supervision since 2013. A fourth member of staff had their supervision meeting during the month of our inspection. This was their first since joining the service four years previously, in 2015.
- Staff did not receive appropriate appraisals. Three of the four staff files we received contained no evidence of appraisal. One member of staff did have an appraisal on file but this was a self-appraisal in which they rated their own performance. This meant staff did not have the performances evaluated by the registered manager and were not supported to discuss future goals or to create personal development plans.

The failure to provide staff with supervision and appraisal is a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff received training to meet people's assessed needs.
- The registered manager maintained a record of the training planned and completed by staff.
- Staff training took place in classroom settings as well as online and covered areas including moving and handling, safeguarding and infection control.
- Nursing staff received specialist training to meet people's specific needs. This included supporting people's breathing and receiving food directly into the stomach.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People received comprehensive assessments of their needs.
- People and their relatives participated in needs assessments. One relative told us, "I was involved. I gave my views in what I wanted in terms of the care needed."
- People's needs were reassessed annually or when their needs changed. Health and social care professionals participated in people's assessments and reassessments.

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

- People's nutritional needs were assessed and met.
- People were offered choices regarding what they ate and drank. One relative told us, "They do give [family member] a choice as to what they want to eat."
- The support people required to eat was stated in care records. For example, one person's care records noted they could eat finger foods independently but required staff supervision to do so safely.
- Where people required specialist equipment to receive nutrients, staff were trained to use it.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager liaised with other providers and funding authorities where more than one agency was involved in providing care to the same person. This ensured clarity as to where responsibilities for specific aspects of people's care lay.

Supporting people to live healthier lives, access healthcare services and support

- Staff supported people access healthcare services and professionals when required.
- Where required people were supported to appointments, details were maintained in care records.

# 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

- Relatives told us staff were caring. One relative said, "The carers that we have are very good." A second relative said, "I think they're wonderful. They do everything for my [family member]." A third relative told us, "One of the carers treats my [family member] like they are her own grandchildren."
- People were supported by core teams made up of regular staff. People and staff had established positive relationships over time. One relative told us, "We have known them for over 10 years." A second relative said, "Staff have been with us for between 6-15 years. They go above and beyond with my [family member] who greets them with a smile when they visit."
- Staff told us they knew people well. One member of staff said, "As people trust you more and more your confidence grows. It takes time to get to really know people and what they want and don't want." Another member of told us, "I provide care in the most caring and sensitive way I can and I try to be good company."

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

- Staff encouraged people to communicate and make decisions. One person's care records noted they liked, "To be involved in all conversations going on around them."
- Staff offered people choices around how their care and support was received. For example, staff asked people how they would like to receive their personal care.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful. One relative told us, "Staff are very discreet and they respect my wishes in terms of my [family member's] care."
- The support required to meet peoples personal care needs was stated in care records. This included people's preferences for how their dignity should be maintained.
- Staff encouraged people to be as independent as possible. One relative told us, "Staff speak with [family member]and encourage them to do things."

# 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.

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

- At our last inspection we found that care plans were not up to date or regularly updated. At this inspection we found that people's care records had been reviewed and updated.
- People received their care and support at the time they wanted. One relative told us, "We choose the care timings. The timetable was built around my daughter."
- People and their relatives were involved in the development of care plans. One relative told us, "I wrote the service user profile such as needs, strengths and challenges." Staff supported people in line with this information.
- Care plans were person centred and reflected changes to people's preferences. For example, one person's person-centred care plan contained information about their preferred foods and their routines at different times of the day.
- Where people required support to reposition, care records provided staff with detailed guidance as to how this should be done.

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.

- The provider did not produce information in alternative and accessible formats. The registered manager informed us that documentation would be made available to people in easy to read large print if requested by people or their relatives.
- Relatives told us that staff communicated effectively with people. One relative said, "Staff talk [family member] through what they're going to do."
- Care records noted how people might indicate that they are unwell or in pain. This included changes in people's behaviour and body language.
- Where appropriate, staff had guidance in care records to use fewer words in each sentence to enable the people to understand what is being said which enabled them to engage.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people with aspects of their culture and spirituality in line with their assessed needs. For example, one person's care records noted their need for support to pray at night."

- Staff supported people to engage in the activities they chose at home and in the community.

#### Improving care quality in response to complaints or concerns

- Relatives told us they knew how to make a complaint. None had done so since the last inspection.
- The registered manager maintained a record of complaints and understood the providers procedures for investigating and responding to concerns.

#### End of life care and support

- None of the people receiving care and support were identified as requiring end of life care.
- The registered manager told us that when people were identified to be on the end of life pathway they would work in partnership with them, their relatives, funding authorities and healthcare specialists to ensure people's needs and preferences were met.

# 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 remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection the provider had failed to carry out robust audits of the service being provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17

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

- At our last inspection we found the provider lacked robust oversight of the service and had not carried out their own audits of the service. At this inspection we found the lack of effective oversight continued.
- One relative told us, "The Agency is in South Africa and they don't really know [Family member's] needs... I am spending hours and hours of my time sorting out rotas and it's not my job to be doing this. The carers are also feeling the frustration." Another relative said, "The service as a whole needs to be improved."
- Following our last inspection the provider submitted an action plan which detailing how they would improve their processes for auditing quality. However, the provider failed to achieve and sustain improvements over time.
- The provider did not directly monitor, observe or record staff supporting people. For example, the registered manager did not watch staff administering people's medicines as part of assessing their medicines management competence. Neither were MAR charts returned to and audited at the provider's office. This meant the registered manager did not robustly monitor the quality of care people received.
- The registered manager told us audits covered areas including people's care plans and staff supervision. However, we found audits undertaken did not always result in shortfalls being addressed. For example, despite audits revealing that staff were not receiving supervision in line with policy, supervision frequency did not improve.

The failure to embed robust quality assurance systems was a breach of Regulation 17 (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 service had a registered manager in post. However, they were remote from the rest of the provider's

management team, including care coordinators and senior managers, who were based in South Africa.

- The registered manager informed us they attended a monthly conference call with the provider's senior management team. However, no minutes or action plans were available from these meetings. The registered manager told us this would change going forward.
- During the inspection we observed that the registered manager did not have access to the provider's policies. The registered manager had to email the provider's Cape Town office to request each of the policies we asked to see. This was an inefficient process and meant information detailing the providers processes were not readily available to the registered manager to manage day to operations.
- The registered manager ensured that relevant organisations such as the CQC were informed when notifiable incidents occurred.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- Relatives told us that the packages of care their family members received was built around them and met their needs, including cultural needs.
- The registered manager ensured all staff received on going training. Clinical staff, including the registered manager, were supported to maintain their nursing registrations with awarding bodies.
- The registered manager engaged with a number of external agencies and professionals. These included other providers, local authorities and a range of healthcare professionals.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider failed to act in accordance with the Mental Capacity Act 2005 where people were unable to give consent as they lacked capacity.</p> <p>Regulation 11(1)(2)(3)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The responsible person did not always ensure staff received appropriate supervision and appraisal as necessary to enable them to carry out their duties.</p> <p>Regulation 18(1)(a)</p>



This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Care was not always provided in a safe way to people. The responsible person did not always assess the risks to the health and safety of people of receiving the care or treatment and do all that is reasonably practicable to mitigate the risks. The responsible person did not always ensure that staff had the competence to provide care safely. Regulation 12 (1)(2)</p>

### The enforcement action we took:

Requirement notice.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems or processes were not established and operating effectively to enable the registered person to assess, monitor and improve the quality and safety of the services provided in the carrying on of regulated activity.</p> <p>Regulation 17(1)(2)</p>

### The enforcement action we took:

A Warning Notice was served.