

A50 Ltd

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## Inspection report

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Date of inspection visit:  
27 March 2023

Date of publication:  
11 May 2023

### 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

A50 is a domiciliary care agency. It provides nursing and personal care to people living in their own homes. The service provides support to children and older people. At the time of our inspection, the service supported 7 people with conditions such as cerebral palsy, dementia and mobility needs.

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

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.

Although training provided for staff was meeting their role expectations, some staff's understanding of the Mental Capacity Act (2005) was limited. Action taken by the provider to address this gap will be reviewed at our next planned inspection.

The provider had made important improvements since the last inspection to ensure safe and effective care delivery to people. There was a strong leadership at the service with shared responsibilities to support the staff team and monitor the quality of the care provided.

Feedback received from family members was mainly positive and praised the staff team for their caring and kind interactions with people. People's wishes and choices were adhered to with respect and their independence was valued by the staff that supported them.

The service was in the process of updating people's risk assessments to ensure they appropriately assessed the risks associated with people's care. Family members told us that the care provided was safe. Regular staff were provided and they attended the visits on time. People received their medicines as prescribed. The provider followed current best practice guidelines to safely recruit staff and effectively manage risks associated with infection prevention and control (IPC).

Staff felt supported in their role. There were close working relationships with the healthcare professionals who trained staff to meet people's complex support needs. Systems were in place to regularly gather people's and their family members' feedback to support the good care provision.

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

The last overall rating for this service was requires improvement (published 30/09/2022 ). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of

regulations.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for A50 on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Why we inspected

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

#### Follow up

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

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

We always ask the following five questions of services.

### Is the service safe?

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.

# A50 Ltd

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### 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.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider would be available to support the inspection when we visited.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with 6 family members about their experience of the care provided to their relatives. We also spoke with the registered manager, human resources manager and 3 staff members who provided care to people. We received feedback from 4 healthcare professionals about their experiences of working with this provider.

We reviewed a range of records. This included people's care plans and risk assessments, medicines management procedures and staff files in relation to training and recruitment data. A variety of records relating to the management of the service, including audits and policies 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.

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 continued to be kept safe and protected from avoidable harm.

### Using medicines safely and Staffing and recruitment

At our last inspection we found people's medicines were not always administered and documented in line with good practice. Staff records did not always include the necessary employment information. There were no effective call monitoring systems in place.

This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People's medicines were managed safely.
- People received their medicines as prescribed. Medicine administration records (MAR) were fully completed and accurate. Medicine records were regularly audited by the management team and action was taken to prevent future occurrences where an error was identified. One family member told us, "I think the medication is done very safely through the [equipment], which the carers handle in a professional way."
- One person's MAR included an 'as required' medicine and it was signed for by the staff member after they administered it. However, there wasn't a protocol in place to indicate the dose and what the 'as required' medicines should be given for, to the person. We discussed this with the provider who took immediate action to address this concern. A protocol for the 'as required' medicine was sent to us shortly after our visit.

### Assessing risk, safety monitoring and management

- Risks to people were identified and managed appropriately to keep people safe.
- People's care plans were person centred and identified risks to people, including the actions staff had to take to mitigate the potential risks to people. These were in relation to people's environment, health conditions and mobility.
- However, some risks identified had not been fully assessed to guide staff on how it can affect people. This was in relation to a person needing emotional support. Fire risk assessments did not always include information regarding the support people required should there be a fire in their home. The manager told us they were still in the process of transition from paper documents to electronic systems and therefore all risk assessments were being reviewed for accuracy. We will check their progress at our next planned inspection.

### Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from the risk of abuse.
- Staff knew people well and understood how to protect them from abuse. One staff member told us, "Safeguarding is about the protection of adults and young children from abuse and neglect making sure they are safe. Anything that is a danger or harm it needs to be reported to the manager first and then the social services if no response." Staff had access to the children and adults safeguarding policies and procedures so that they could keep people safe from avoidable harm.
- There had been no safeguarding concerns raised since the last inspection.

#### Staffing and recruitment

- Safe staff recruitment procedures were followed by the provider.
- Recruitment systems had been improved to ensure safe recruitment decisions. Employment history was now included in the job application form and we saw this was completed. Systems were in place to monitor when staff had their visas expiring.
- Pre-employment checks included a job application form, interview, references and a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff attended to their shifts as necessary. Family members told us, "We generally get the same carers and I'm satisfied that the continuity is right" and "The carers are very punctual. You can set your watch by them." An electronic system was used to monitor staff's attendance making sure people received the care as and when they needed it.

#### Preventing and controlling infection

- We were assured that the provider's infection prevention and control policy was up to date.
- Guidance provided included how and when the personal protective equipment (PPE) should be worn by the staff team.
- We were assured that the provider was promoting safety through the hygiene practices they applied when supporting people in their homes.
- Staff told us they had the necessary supply of the PPE which they used to support people with personal care safely.

#### Learning lessons when things go wrong

- Any concerns regarding people's safety were shared with the team to prevent future occurrences.
- Staff were provided with information including who to contact and the records they had to complete should they witness an incident or accident taking place.



# 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 now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support; induction, training, skills and experience

At our last inspection we found that staff were not always supported in their role as necessary. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014. People's needs were not always recorded prior to the commencement of the service.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- There was a clear procedure in place that delegated responsibilities to the management team for on-going support of the staff team.
- Staff regularly met with their line manager to ensure they competently carried out their role responsibilities. Regular appraisals, supervisions and spot checks took place to monitor staff in their job. Systems were in place to induct staff before they started working with people.
- Staff attended training on-line and in relation to adults and children that they supported. The service ensured that staff were provided with additional training where they supported people with specific care and support needs. The attended training was in relation to safeguarding, medicines management, manual handling, Dementia, communication and infection control. Although there was training on learning disability that was provided for staff, the registered manager told us they were in the process of arranging the recently introduced mandatory training for staff working with people with a learning disability and people with autism. We will check their progress at our next planned inspection.

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

- Important information about people was effectively shared between the staff team.
- Pre-admission assessments were carried out by the service to assess people's care and support needs making sure the staff team was able to provide people with the required care. Information collected was used to produce a care plan to inform staff on how people wanted to be supported.
- There was effective communication between the staff team because they used electronic systems to share information in real time.

Supporting people to eat and drink enough with choice in a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- The provider worked in partnership with the health and social care organisations such as hospital staff and GPs to support people using the service.
- The service worked closely with the healthcare professionals who trained staff to support people's transition after they were discharged from the hospital. Staff received specialised training in relation to people's health conditions which sometimes took up to 3 months to complete.
- The service held weekly calls with the hospital staff to discuss staff's performance and matters arising. One healthcare professional told us, "All the carers we have worked with have been committed to providing and delivering a high standard of care to the children they are looking after. It is a pleasure to see the positive working relationships they have built with the child and family."
- Care plans included information in relation to people's nutrition and where they required support with eating and drinking.

#### 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager understood the MCA principles and told us how they worked in partnership with the families and healthcare professionals to ensure people's best interest were adhered to.
- However, not all staff knew what the MCA was in relation to but provided us with examples of how they sought people's consent and supported them in the decision- making process. One staff member said, "If I want to provide personal care or reposition, I tell [the person] everything. I do so even though [they are] not able to communicate." Another staff member told us that if they observed changes in a person's ability to make a decision, "I would ask seniors [for advice], I don't make decisions on my own. If the decision is every day, we would help [the person] to make it, I would explain them. I would not force them but help to make the decision."
- Staff's limited knowledge of the MCA was discussed with the management team who reassured us that action would be taken to address this. We will check their progress at our next planned inspection.

# 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 means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

Ensuring people are well treated and supported; equality and diversity

- People felt valued and supported by the staff who were kind and caring.
- Most family members told us that staff interacted with people well. Comments included, "The carers have a great personality. They are angels. I can't describe enough how wonderfully this is working", "The carers really love my relative. They are caring and friendly and respect my relative" and, "The carers have a very friendly and understanding personality and really understand our needs. I can praise the carers with confidence."
- Staff helped people to celebrate festivities and important occasions to them such as Christmas.

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

- People's right to making their own choices was respected by the provider.
- Staff supported people in making every day decisions. Staff's comments included, "I bring 2 to 3 clothes and ask what [the person] wants to wear today, I tell her everything I do. I give options for food and show it so [the person] can choose" and "I can give them paper and pen to write what they want... We do what they want us to do."
- People's care plans reflected their choices because the provider had involved them in planning their care. One family member told us, "The care plan reflects the care she gets and I have full input into it."

Respecting and promoting people's privacy, dignity and independence

- People's care was provided in a way that showed respect for their privacy and dignity.
- Staff respected people's privacy and supported their independence. One family member told us, "My relative is respected all the time and with dignity. [Staff] are very caring, patient with a great personality." Staff's comments included, "I would never undress [the person] in from of anyone else making sure he has privacy" and "We give [the person] the spoon so she can help herself with the food as we noticed she is able to do this. Or if she wants to pick up something, we let her do it." A healthcare professional said, "From working, observing and feedback from families and ward staff, the carers always maintained privacy and dignity, they act in a friendly and professional manner."
- Spot checks include observations of dignity and privacy, such as asking person's permissions before providing care and support.

# 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; Meeting people's communication needs

- People's care needs were met by staff who knew them well.
- Family members told us their relatives received the care that they needed. Comments included, "I feel [my relative] gets all the care she needs to a satisfactory level" and "As a relative, I'm very confident I can sleep at night knowing that the right care is being delivered."
- Since the last inspection the provider has amended people's care plans using a different format to ensure person centred approach. Care plans included information such as how people wanted to be cared for, what was important to them and their likes and dislikes. Staff were provided with guidance in relation to people's conditions including epilepsy, nutrition, mobility, emotional support and spiritual needs.
- At the time of our inspection the provider was in the process completing a list with the tasks for staff to undertake during their visits to ensure consistency.

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.

- Systems and processes were in place to support people's communication.
- Staff told us how they supported people to interact, with one staff member commenting, "We understand that [the person] can't replay, but we explain everything what we are doing. We recognise signs when [the person] is tired, or her body language shows when she is not feeling well."
- The provider was in the process of producing policies such as safeguarding children and adults in an easy to read format to help people understand information easily. Spot checks included observations of interactions with people to ensure staff were effectively communicating with people.

Improving care quality in response to complaints or concerns

- The service supported people's right to raise a complaint as necessary.
- Most people, and those important to them, felt confident to raise concerns and felt listened to. Family members' comments included, "I feel confident in approaching the manager and know I will get a good friendly service. They don't try and compromise or cut corners in any aspects of the care", "I can approach the manager when I have any queries" and "I'm rarely on the phone to them because I have no cause to complain."
- Complaints received were investigated and lessons learned from the investigation were shared with the

staff team to improve the service delivery as necessary.

#### End of life care and support

- At the time of inspection the provider had not supported people at the end of their life.
- Where people wished to discuss their end of life wishes, this information was communicated to the provider and shared with the staff team to ensure people's choices were adhered to as necessary.

# 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 inadequate. 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; and Continuous learning and improving care and Working in partnership with others

At our last inspection we found there were no systems in place to ensure good governance. People did not always receive a service that had an embedded culture to improve where necessary. The service failed to ensure records were kept in line with legislation. This was a breach of regulation 17(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The service had hugely improved since the last inspection making sure they provided safe and effective care to people.
- There was a good management structure in place with shared responsibilities which were overlooked by the registered manager. Actions identified were promptly addressed by the provider making sure they met the regulations and legal requirements.
- We mostly received positive feedback about the leadership at the service. Family members told us, "We have a good relationship with the manager. If there is anything that need doing, [they] will do it immediately... Everything is running so smoothly. There is a very professional understanding throughout" and "The manager is really good and friendly and can be contacted easily." A healthcare professional told us, "[The service] appear to be well led management wise. I deal with the manager on the phone and by email and they are always professional."
- Leadership at the service was aimed at supporting staff with their role responsibilities. One staff member told us, "It is really good to be working with this agency. Management are really really good. They take time to listen and quickly respond without the hesitation."

Continuous learning and improving care; Duty of Candour

- Quality assurance processes had been developed to monitor the care delivery.
- An electronic system was used to monitor the care provision. This was in relation to people's care records, recruitment and staff support. Where an action was required, the management team were notified in advance for addressing as necessary.
- The management team were aware of their responsibilities under the Duty of Candour. The Duty of

Candour is a regulation that all providers must adhere to. Under the Duty of Candour providers must be open and transparent if things go wrong with care and treatment. This was evidenced by the provider who acted promptly to support good care provision where people, and those important to them, had raised any concerns.

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

- Systems were in place to gather people's, and those important to them, feedback regularly.
- People were asked to complete satisfaction surveys which were analysed and addressed on an individual basis. The management team told us they called people weekly to see if there was anything they wanted to discuss.
- Staff told us they felt involved and encouraged to speak up as necessary.
- There was good partnership working with various health and social care organisations, including Local Authorities, GPs and NHS nursing staff to support people's wellbeing. A healthcare professional told us, "Yes, A50 receives feedback well and is open to listen to any concerns if they should arise, so they can make the necessary improvements, if required."

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

- The culture of the service was aimed at valuing people's rights as individuals.
- Most family members told us that the services provided were very good. Comments included, "They have totally changed our lives. I would highly recommend A50 because they do a good job and took all our worries away. They are extremely caring at all levels", "I would rate the standards high" and "On recommendation, I would have no hesitation to recommend A50 to others-based on my observation looking after my relative."
- People's personal information was stored safely and shared only on a need to know basis. Electronic systems were password protected and accessed only by approved staff members.