

Work Experience Limited

A1 Care

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

A1 Care is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of this inspection 14 people received the service.

The aim of this inspection was to carry out the first comprehensive review of the service since it was registered with the CQC in November 2017.

This announced inspection site visit activity started 26 September 2018 and ended 1 October 2018. It included visiting the registered location (the office) to see the registered provider, manager and staff and to review records, policies and procedures. An expert by experience contacted people and their relatives by telephone for feedback.

There was a registered manager for the service, however they had recently resigned and a new manager was in post before the registered manager left. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Everyone we spoke with gave positive feedback about the staff, describing them as being "very good," "professional" and that they received regular carers who knew them well.

People's care and support was provided as the person expected and needed.

Staff understood the need to gain consent and followed legislation designed to protect people's rights and freedoms.

Medicines were managed safely.

Risks to individuals were assessed and monitored.

Appropriate checks were made before staff started to work to make sure they were suitable to work with people.

Staff told us they felt supported in their roles and had received training that provided them with the necessary knowledge and skills.

There was a complaints policy in place which people felt comfortable using if they had concerns.

Management and quality assurance systems were in place to monitor the quality of care and support that people received.

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 ●

People were supported by sufficient, safely recruited staff with the right skills and knowledge to meet their individual needs.

Risks to people's safety were assessed and managed effectively.

Medicines were managed and administered safely.

Is the service effective?

Good ●

Staff had the knowledge necessary to deliver the care to people as they expected and needed.

Staff benefitted from training, induction and a programme of supervision, which helped staff remain effective.

Staff understood the need to gain consent and followed legislation designed to protect people's rights and freedoms.

Is the service caring?

Good ●

People received care from staff who cared about them and liked and respected them.

Staff developed relationships with people and took the time to get to know them individually.

People and their relatives were listened to and felt involved in making decisions about their day to day care.

Is the service responsive?

Good ●

There were arrangements in place to respond and learn from feedback from people, relatives and staff.

Ongoing improvement was seen as essential.

People and their relatives were confident they were listened to and knew how to complain if they felt it necessary.

Is the service well-led?

Good ●

People felt that the service was well run and had regular opportunities to feed their views back to the management team.

There was an emphasis on maintaining and improving the quality of the service.

A1 Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 26 September 2018 and was announced. We announced this inspection to ensure people could be contacted and asked to take part in our inspection. The inspection team was made up of one inspector and one expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience made calls to people who used the service, their relatives and staff.

Before the inspection, we reviewed the information we held about the service; this included information we had received from third parties. We received positive feedback from two health and social care professionals. We requested a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

As part of the inspection we spoke with two people and five relatives to find out about their experiences of the care and support they received. We spoke with three care workers, the manager and the registered provider.

We reviewed a range of records which included care and support plans and daily records, staff records relating to training, personnel files and the staff duty rosters. We saw policies and procedures and quality monitoring documents.

Is the service safe?

Our findings

We asked if people felt safe using A1 Care. People told us "Absolutely, because the carers know what they are doing", and "Oh yes the carers are all very good." One relative said "Yes my wife does feel safe with all the carers."

People were kept safe by staff who understood their role and responsibility regarding safeguarding procedures. Staff spoke knowledgeably about protecting people from abuse and how to recognise the different signs of potential abuse. We saw records to show relevant referrals regarding safeguarding concerns had been made where necessary. There were policies and systems in place which provided clear guidance for staff.

Risk assessments were in place to support people to remain safe whilst retaining as much independence as possible. People's risk assessments reflected their abilities and included how people wished to be supported. People's home environment had been assessed to ensure people and staff were protected from avoidable risk.

There was a system in place to record, review and analyse accidents and incidents. We discussed how developing trends were highlighted with the manager. They told us they reviewed each incident and were then able to identify any developing trends and put in place preventative action if required.

There were arrangements in place to keep people safe in an emergency. There was an out of hours call system in place for people who used the service and staff to contact in emergencies or where they needed additional support.

People confirmed there were enough staff with the right skills and knowledge to support and meet their needs. Everyone we spoke with said they had regular carers who arrived when expected and for stayed for the allocated time. Comments made included "Yes always" and "Yes, I am pleased with this." One relative said "Mum gets a rota and its pretty much the same carers." When asked if staff did what was expected during their time, everyone agreed. Two people commented on staff doing extra if they asked, one person said "Absolutely and more...she (carer) goes the extra mile. Staff told us they had sufficient time to provide care which was not rushed. They also said they had realistic travel times between visits to ensure they reached their people on time. People and their relatives said they were always informed if staff were "running a bit late- usually due to traffic" and that they had never had an occasion where no one had turned up when expected.

We looked at the recruitment files for three recently recruited members of staff and found that the relevant checks had been completed before staff started working at the service. These checks included up to date criminal record checks, photographic confirmation of identity, full employment histories, fitness to work statements and previous employment references.

Everyone we spoke with said either they, or their relative managed their prescribed medicines. One person

said staff applied cream as prescribed.

Staff were supplied with personal protective equipment (PPE) such as gloves and aprons to ensure they were able to care and support people safely. Spot check observations conducted on staff covered the appropriate use of PPE and their understanding of infection control processes. People confirmed care staff wore their personal protective equipment which ensured the risk of cross infection was minimised.

Is the service effective?

Our findings

There was a system in place to assess people's health and care needs to ensure they received effective support. Initial assessment visits identified people's care needs and their health needs and preferences. People received regular reviews and their care plans and records were updated when required to reflect their ongoing care and support. One person told us, "Yes we had a review recently" and another said "I think we have had at least three reviews."

People were supported with their health care needs and any changes in their health were discussed with them. A referral to their GP or other health care professionals was made if required and if the person agreed to this.

Staff had a good working knowledge of the principles of the Mental Capacity Act 2005 and people's rights were protected.

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 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.

People's rights were protected because the staff acted in accordance with the MCA. Staff had a good awareness of the MCA and how it affected their work and had all received training in The Mental Capacity Act 2005. People and their relatives were involved in care planning and their consent was sought to confirm they agreed with the care and support provided.

People were supported by staff who had received a range of training to develop the skills and knowledge they required. One person said "We are very pleased with the carers skills" and a relative told us "I think she (carer) seems very capable of what she does for my wife."

Staff completed an induction and training programme which focused on all areas of training and development for staff. Staff undertook the Care Certificate during their probation period. The care certificate is a nationally recognised training programme that sets out the knowledge, skills and behaviours expected of specific job roles in health and social care. Staff confirmed they shadowed more experienced staff for a while before they started to care and support people on their own.

There was a clear system which showed what training courses staff had completed and which courses were scheduled for the future. Training completed by staff included safeguarding, infection control, medicine management, Dols and The Mental Capacity Act 2005, moving and handling, first aid, fire safety, dementia and end of life care.

Staff told us they were "Very well" supported by the management team. Staff received regular support and guidance through a variety of methods. These included one to one supervision sessions, observation visits and regular meetings. Staff told us they found these to be supportive and helpful.

People were supported to make sure they had enough to eat and drink. Care plans gave clear guidance on how people would like their meals prepared for them and what drinks they liked. Care plans outlined any eating and drinking risks people may have and gave clear guidance for staff on supporting people with their nutrition.

Is the service caring?

Our findings

All the people we spoke with praised the staff and the service they received from A1 care. People described the staff as being "All very nice and professional" and being "Kind and caring. One person stated "care given is completely focused around Mum's needs, delivered in a respectable manner and is flexible to her changing needs. Staff are friendly, professional and consistent; allowing Mum to get to know them, which is important to her."

Staff knew people well and gave good examples of how they ensured people's respect, privacy and dignity was maintained. Such as ensuring curtains and bedroom doors were closed when people were being supported with personal care. People were supported to maintain their independence as much as possible.

All staff received diversity and equality training which they said was useful and interesting. Staff spoke knowledgably about treating people equally and fairly and ensuring people were given choice around all aspects of care they received.

People's wishes were respected with the daily choices they made. They confirmed the care staff respected their privacy at all times and always asked their opinion on how they preferred their support to be given. People's different cultures and religious beliefs were recognised and respected.

New staff were introduced to people before care commenced. One relative said they recalled how a new member of staff "Shadowed an existing carer before they started to support my wife."

Is the service responsive?

Our findings

People told us care staff knew how they preferred their care and support to be given. One relative said the service had increased the length of visits times when their loved one's needs had changed and they needed more support.

Before people started to receive a service from A1 care people's needs were assessed. This meant the service could be sure they had staff with the right knowledge, skills and experience to provide people with safe and effective care and support. People and relatives told us they had been involved in compiling their care and support records. This ensured care records contained personalised information that enabled care staff to care for people as they preferred.

People confirmed that staff updated their care records when their care needs changed. The care plans we saw were clearly written, detailed and gave good explanations for care staff regarding how people would like their care and support to be given.

If people had specific health needs in relation to moving and handling, clear, detailed information was included in their care plans to ensure staff mobilised the person safely and in the way they preferred.

We looked at how the provider complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Staff described how they supported people with hearing and sight loss. Staff explained they allowed people to speak at their own pace, did not rush them and checked they had understood them correctly.

Everyone we spoke with was aware of how to raise any areas of concern if they needed, however no one had needed to. The provider had a clear complaints, suggestions and compliments policy in place. We reviewed the record of compliments received recently. Comments made included "A1 care is providing exactly the service we are looking for" and "Thank you for the love and care you have given Mum it has been wonderful." Another stated "we are very pleased with the standard of care and attention received."

The provider had a system in place to ensure people were protected from discrimination. Staff spoke knowledgeably regarding the providers' equality and diversity policy that ensured people and staff were treated equally and fairly.

Is the service well-led?

Our findings

The service had an open, honest and supportive culture. People and staff told us they felt the service was well managed and with a clear, management structure and management team that were approachable and supportive. Staff felt very supported in all areas of their roles and commented very positively on the management team.

People, relatives and staff were given the opportunity to comment on the level of service provided by A1 care through a variety of ways, such as telephone calls and visiting people. We saw feedback which included comments such as "Extremely pleased with the service," and "Entirely satisfied, very caring" and "More than satisfied, all very good."

People's experience of care was also monitored through completion of regular spot checks and competency observations carried out on care staff. These reviewed the way the care staff provided care and support and ensured staff gave a consistent standard of care and support to people.

Staff were knowledgeable about the providers whistleblowing policy, which was in line with current legislation.

People and staff consistently told us communication within the service was good. Records showed staff meetings were held regularly and copies of the minutes were made available for all staff. This ensured staff who had not been able to attend the meeting were kept informed of all actions agreed.

The provider had identified that some processes took a large amount of staff time. They had noted that the process for updating care plans and risk assessments took time and could only be done in the office. They purchased a portable computer and printer for staff to update the paperwork whilst at the person's home. Staff said this has been a real improvement as "It saves time and ensures the information is current."

The provider is a member of the Care at Home and Homecare providers in Bournemouth forums and has developed opportunities to advertise the service in local hospitals, GP surgeries, shops and on social media platforms.

Quality assurance systems were in place to learn from current performance and drive continuous improvement.