A1 Home Care Ltd

A1 Home Care

Inspection report

Units 16-19
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Essex
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Tel: 01245354774

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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

On 20 January 2016 we inspected A1 Home Care Services and found them to be in breach of one Regulation under the Health and Social Care Act 2008, (Regulated Activities) Regulations 2014. The breach was in relation to the lack of systems for the monitoring of the health, safety and welfare of people (Regulation 17). The service was rated as Good overall but Well Led was 'Requires improvement'. The provider sent us an action plan outlining what improvements they would make.

On 5 April 2017 we returned to the service to assess whether improvements had been made. We found that the quality of the service was assessed and monitored, that improvements had been made to the staff rostering system and that processes were in place for the supervision of staff. We have made a recommendation about the rota system given to people who use the service.

The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

A1 Home Care Services provides a variety of care and support to people in their own homes. This includes supporting people with personal care needs, shopping, cooking, and companionship. .

The service has a registered manager in place. 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.

The service had appropriate systems in place to protect people from harm and uphold their rights. Staff had the knowledge and understanding to provide effective and safe care for people.

People's medicines were given to them safely and in a timely way and risks to people's health and wellbeing were appropriately assessed, managed and reviewed.

There were sufficient numbers of staff available to meet people's needs. A recruitment process was in place to protect people and staff had been employed safely with the right skills and knowledge to provide care and support to people.

People were assisted with the preparation of meals of their choosing which met their nutritional needs. They were treated with kindness and respect by staff and their dignity was maintained. Staff understood people's needs and provided care and support accordingly. Caring relationships had been developed and people were fully involved in their care arrangements.

Quality assurance arrangements had been improved to monitor the quality of the service for people and staff. There was a system for responding to complaints and concerns. The visible leadership of the service

showed that person centred care was being delivered to people who used the service and the staff that worked there.

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.

There was a robust recruitment system in place and sufficient staff to care for people safely.

Staff knew how to keep people safe and how to report any concerns.

The service carried out appropriate risk assessments to keep people safe.

People received their medicines in a safe and timely way.

Is the service effective?

Good

The service was effective.

A system of induction, training, supervision and support was in place to provide staff with the skills and knowledge to care for people

Consent to care was documented within individual care plans.

People had their nutritional needs met and referrals were made to health professionals as appropriate.

Is the service caring?

Good

The service was caring.

Staff were described as kind, caring and compassionate by people who used the service.

Staff treated people in an individual way with respect and dignity.

People were involved and consulted about their care arrangements.

Is the service responsive?

Good

The service was responsive

Care plans provided staff with the information they needed to deliver person centred care.

Care arrangements were flexible and responsive to people's needs.

The service dealt with complaints about standards of care in a timely and appropriate manner.

Is the service well-led?

Good

The service was well led.

Improvements had been made to the monitoring of the quality of the service.

Staff were supported by a clear management structure and the registered manager was visible and approachable.

Staff received the support and guidance needed to provide good care and support.

There were systems in place to obtain people's views and to use their feedback to make improvements to the service.

A1 Home 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 was planned to check 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 5 April 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection team consisted of one inspector and two experts by experience. An expert by experience is someone who has personal experience of using or caring for someone who uses a similar service.

Before the inspection, we looked at all of the information that we held about the service including an update about the actions taken and any notifications received by us. A notification is information about important events, which the provider is required to send to us by law.

During the inspection we spoke with the registered manager, the provider, the training manager, the administrator and six members of staff. We also spoke with 21 people who used the service and 12 relatives on the telephone. We reviewed seven people's care files, five staff recruitment and support files, training records and quality assurance information.

Good

Is the service safe?

Our findings

People who used the service and their relatives told us that the service provided safe care. Some of the comments received were; "They look after me and make sure I am safe," and, "Yes I would say I am safe with them," and, "I feel really safe with the staff member, we have a really close bond and I can talk to them and they listen, I miss them when they are not here." A relative said, "The staff are very respectful and [Name] is safe when being cared for."

Risk assessments had been carried out and risks to people's physical, mental health and environment had been considered. For example, the risk assessments took into account people's mobility and how prone they were to falls, their footwear and any equipment used, any assistance needed with their medicines, if they were prone to pressure ulcers and their personal safety. They were personalised and based on the needs of the person.

These were reviewed when people's needs changed or before and any changes recorded so that staff could meet people's up to date needs. One relative said, "A risk assessment was completed at the same time the care plan was written. If I personally feel there is a problem that needs altering I will highlight it and have things changed." Another said, "The staff member will sometimes say that [Name] isn't steady to walk to the bathroom and will give personal care at the bed or from a chair, or they will call me to assist."

Recruitment files we looked at showed that the service had a clear process in place for the safe recruitment of staff. We saw that staff had completed an application form outlining their previous experience and employment history. Satisfactory references, identification and a Disclosure and Barring Service (DBS) check had been undertaken. Risk assessments were in place if additional assurances about a person's suitability to work with people in the community were needed.

Staff understood their roles and responsibilities in regards to safeguarding people from abuse and were encouraged to raise concerns at any time. The registered manager had made safeguarding referrals where appropriate and had also sent CQC statutory notifications in a timely way. They followed guidance and good practice and liaised with the local authority to ensure risks to people's health and safety were dealt with.

People had mixed views about how often their calls were missed or were late but understood that sometimes this could not be helped. However, people were more dissatisfied that the service did not let them know that the staff member would be late. People said, "The staff are usually on time but if they are late they don't let me know I have to call them," and, "They don't always arrive on time, but they have good reason why they are late, it was more that the service did not let them know that the staff would be late," and, "If the staff member is late, a couple of times, the office do not let me know and then my anxiety gets worse."

The service had sufficient staff to meet people's needs. The registered manager told us that they monitored how many staff were needed to cover with the amount of care hours they had to ensure everyone had the

service they were assessed for. The service monitored if calls to people were missed, late or not carried out in the time allocated, so they could monitor if people were receiving a safe service. Travel time between calls had been improved to reduce lateness. Where people had calls which were time specific, such as, if people were taking certain medicines as they were diabetic, this was recorded so that their care could be prioritised.

Systems were in place for the safe administration of people's medicines. Staff followed the medicine policy and procedure and had received training in how to administer and prompt people, how to complete the paperwork and how to check the correct medicines were given. Checks on staff members' competency to give medicines safely were undertaken. This involved observation of their practice and identified any additional training which may be needed.

In people's care plans we saw that instructions were in place if prompting or assistance was required by staff. The Medicine Administration Records (MAR) we saw confirmed that staff administered medicine for people correctly.

People who had support with their medicines told us that it was delivered on time, staff wore gloves and dispensed tablets either into a cup or similar or directly into the person's hand. One staff member said, "We have training about giving medicines and not to touch tablets. If someone refuses, I would write an 'R' on the MAR sheet to make sure other staff knew."

Good

Is the service effective?

Our findings

People who used the service and their relatives told us that they thought the staff were well trained and knew how to care for them and their family member. People said, "I think they are all well trained. They appear very confident. I feel safe with them," and, "I believe they are very well trained they certainly treat me with dignity and respect." Relatives told us, "I believe they train the staff well, they all seem to know what they are doing," and, "Generally speaking they look after [relative] well, the staff will chat and explain what they are doing as they go along. They all seem confident in what they are doing."

New staff completed an induction and probation period which equipped them for starting to work with people in the community. This included knowledge of the service's policy and procedures, undertaking training and meeting people who used the service whilst shadowing experienced staff. They were then observed in their practice of caring for people and had time to reflect on their performance. Newly recruited staff were supervised until the registered manager was confident they could provide appropriate care and they had completed their probation period satisfactorily.

The registered manager told us that due to the training coordinator leaving and a new replacement starting, there had been a gap in their training and supervision programme. However, this was back on track and we saw a comprehensive training programme which was underway. Staff undertook courses on the service's mandatory training programme either classroom or individual learning based such as DVD and question and answer sessions. Depending on the subject, these were either refreshed every one or two years. For staff who did not have a qualification or experience in health and social care, they were encouraged to complete the new Care Certificate. This is the new vocational qualification for health and social care workers. The training manager told us that eight staff were in the process of completing it with four more staff ready to start and seven staff were completing the Qualifications and Credit Framework (QCF) at levels two and three.

Staff told us that, "The training was good about how to support people although I didn't get a couple of things until I was out working with people," and, "The training was alright but I would've liked more. It was the little things like how to get a pair of compression socks on that was missing but you have to learn on the job so to speak," and, "I have the Care Certificate and have medicine training and know how to use the hoist."

We saw within the records and from our discussions with staff that they had the knowledge and skills to look after people safely. Observations of practice were carried out and recorded to ensure that staff provided good care to people and any additional training needs could be picked up and discussed.

Relatives told us, "The staff are all confident and competent at using the hoist. They always make sure [Name] is comfortable before moving them," and, "I know they are shown the ropes but some of them need more time I think. Some are quite nervous and I need to direct them and watch what they are doing."

The training manager had set up a formal system of one to one and group supervision sessions for staff in

order for them to have the opportunity to discuss their work, views and performance. All staff would have had an individual session with a senior staff member in the next three months and then every six months. In addition, dates for group supervision/team meetings were planned monthly in order to bring people together to discuss practice and share ideas and experiences.

The Mental Capacity Act (MCA) 2005 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. We checked whether the service was working within the principles of the MCA.

Staff were aware of the MCA and knew how it applied to people living in their own homes. They knew how to support people with decision-making about everyday tasks. Mental capacity assessments had been completed so that staff were aware of people's abilities and capabilities of making decisions day to day. However, a review of how these were completed was needed as they were not always completed correctly for each activity which needed an assessment.

Most people had signed to consent to their care arrangements where appropriate but we saw that some had not. The registered manager told us that they would request consent from people or their representatives in all new reviews and new assessments to ensure they had people's agreement and consent to their care arrangements. People told us that their consent was sought from the staff before any care and support was provided. People said, "Yes, they always ask permission before doing my care," and, "Oh yes, I would say so," and, "I am very pleased with A1 they know my limitations we work together. They definitely support my independence. I would recommend every time."

Staff had been provided with the knowledge and training in regards to supporting and caring for people whose capacity to make decisions was limited or inconsistent. The training manager told us that the focus throughout the month of May was MCA training where all staff would have their knowledge refreshed about how to ensure people's rights were respected.

Staff told us, "We briefly had some training on MCA. I know I need to gain consent. I ask the clients or their family and I would call the office if I was worried," and, "I feel okay regarding MCA. I would ring the office and they would probably direct me to the family if I was unable to get consent", and, 'I gain consent before personal care, if the service user refuses I try to encourage them."

People were supported in maintaining a healthy balanced diet. Where people required assistance with food and drink, this was detailed in their care plan. For example, "[Name] requires sugar in their tea and a food supplement in their soup." One person said, "Staff know my likes and dislikes by now and there is always something in for me to have." A relative told us, "In the mornings the staff gets [Name] a cup of tea, and then later on they come and give [Name] lunch. The staff always ask what they would like."

Where people's nutritional needs were of concern, their fluid and food intake was recorded so that any weight issues could be monitored. Staff liaised with district nurses if they had concerns or additional training needs and they worked collaboratively together to provide the right care.

We saw from information in people's files that staff regularly communicated with professionals such as the district nurses, GPs and the speech and language team when they had concerns about people's health and wellbeing. One person said, "The staff look after me well and I keep well." One relative told us, "The staff are very good when they are providing care in bed. They will note any slight problem with the skin and let me

know so I can contact the district nurse. We have an air mattress now so my [Relative's] skin has been much better."

Good

Is the service caring?

Our findings

People who used the service told us that staff were caring and carried out their role with patience and compassion. They said, "All the staff are nice and they treat me well," and, "My staff member looks after me really well. I can't speak highly enough about them, they always treat me with respect," and, "I think they are very caring. They are always busy but never rush me," and, "The individual staff are good in fact some are outstanding."

People told us that good relationships had been developed with the staff who visited them. They felt listened to and enjoyed the company that the staff gave them. One person said, "I am able to do my personal care myself but occasionally I need help and the staff listen to what I want." Another said, "They have some wonderful compassionate staff and some do a good job." A third person said, "I love seeing them, they brighten my day." A relative told us, "The staff member is very gentle when giving personal care to [Name]."

Most people said they didn't have regular staff who worked with them and for some people this was not a problem. One person said, "I don't always have the same ones but I don't mind. It is good to catch up with people you haven't seen for a while." However some people said they would prefer to have regular staff as they felt they got to know them well. One person said, "I usually have the same two staff but it can go a bit haywire sometimes. New people don't know me or where things are it can be frustrating." A relative said "I don't normally get the same people it is my biggest grouse. This week hasn't been so bad so far. More consistency would be nice." Another told us, "We can get so many different ones in a day. It used to be regulars which are better for [Name]. I do know most of them and we get by. I am just so grateful someone is coming to help me."

Staff had a good understanding of people's needs and the importance of promoting independence and choice. People and their families were involved in the care arrangements agreed. They also said that what was written in their care notes was discussed with them. One person said, "The care plan is written in each time and I am happy with what is written by the staff." Two relatives told us, "There is a plan kept here, the staff follow what is in it. They write in it every day and I do read it," and, "I am happy with what is said as they talk to me about it first."

People said they were always spoken to in a friendly, polite and respectful way. Staff were considerate and showed respect and protected their dignity. One person said, "They all treat me with dignity and respect. They use towels to look after my modesty." Another person said, "They all treat me and my house with respect."

The staff members we spoke with were passionate about providing good quality care. They said, to us, "I love my work and wouldn't change it," and, "I like doing what I do but I am not sure it would suit everyone. I have some regular clients and have got to know them well," and, "I look after and I care for people. I can see the difference in people's lives; everyone has their own unique styles of living."

Good

Is the service responsive?

Our findings

People received personalised care and support from staff who responded to their needs. One person said, "The office staff come over to check all is well and update my care plan. Sometimes the staff will read it out to me before they start." A relative said, "I am happy with the care that [Name] receives, it has been two years now and we have regular staff twice a day. We discussed continuity at the beginning and the agency knew we wanted regular staff."

People's needs were assessed, recorded and communicated to staff effectively. The service user guide given to people was well written, clear and easy to read so people and their families knew what the service offered.

Information about people and their requirements was discussed during the initial assessment and prior to the service being agreed. Decisions about the service to be provided were made jointly so that the service was tailor made and individual. Most people or their representatives had signed their agreement to their care arrangements. One person said, "The care plan is written in each time they come and I am happy with what is written by the staff." Two relatives said, "There is a plan here, the staff follow what is in the plan. They write in it every day and I do read it," and, "There is a book here that the staff write in and they have to. I do read it and I am happy with what is said."

Care plans provided staff with the information they needed to deliver person centred care. For example, the tasks to be undertaken, preferred times, any specialist care and support required were documented. People received care and support from staff who knew and understood their history, likes, preferences, and wishes. People told us that the service was flexible and responded positively to any requests to change times of their care. For example, one person told us, "If I need anything extra I can ring the office like when I needed someone to take me to physio they sent someone. It was no problem." Another person said, "I quite often ring the office to cancel calls and it is never a problem. They never mind I think they are pleased I am going out."

People's cultural, gender and spiritual needs were identified and met and people were asked their preferences about care being provided by male or female staff. However, people told us that whilst they had expressed a preference for not having male staff, male staff were sent to them when the service was short staffed. We made the registered manager aware of people's views so that they could monitor why this was happening and make the necessary improvements.

Reviews of people's care were undertaken and identified if a person's needs were changing or increasing and took account of their views and opinions. Any changes needed were added to the care plan at the person's home so that staff were aware of the changes made. Staff kept up to date with recording in and reading the daily notes as a form of handover between each other so they were aware of people's needs at the time of each visit. One staff said, "I read the care book, this is usually on show in the house, and then I can read what has happened on the last call, I write in the care plan on leaving."

The service had a complaints process in place and we saw that they had dealt with complaints about standards of care practices in a timely and appropriate manner. People told us that they knew how to complain and who to but were happy with the service. We saw a range of compliments recorded, one which said, "You provide a wonderful and essential service."

People told us during our telephone calls to them, "I have no complaints, I am happy with the service," and, "If I had a complaint I would chat with the staff member. We have a really close bond and they listen to me. [Staff member] is a good listener," and, "Once or twice I have had to speak to a senior member of staff but generally speaking they listened to me. Sometimes there has to be a compromise between different thinking." One relative told us, "A few months ago I did ask about one staff member who I had concerns about in the way they were with my [relative]. I wrote a complaint and a senior came to see me. The staff member has since improved."

Good

Is the service well-led?

Our findings

At our inspection carried out on 20 January 2017, we found that the service had failed to have systems or processes in place to assess, monitor and improve the quality of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance. The registered manager told us in their action plan that they would monitor late and missed calls, update their computer rostering system and improve the supervision system for staff.

At the inspection on 5 April 2017, we found that improvements had been made and were on-going to monitor the quality of the service for people who used it and the staff.

The registered manager told us about the systems they had in place to monitor the quality of the service. The electronic system which monitored where staff were at any given time was working well and had reduced the amount of missed and late calls. The system also recorded people's wishes regarding the gender of the staff they wanted, for example, if people did not want a male staff member. The registered manager had been made aware of concerns in this area during our inspection and would make the necessary improvements. Weekly audits were undertaken to look at the reasons why calls had been missed and action about the cause had been taken.

Discussions about calls times had been held with people who used the service during their reviews. This included sharing information with regards to the change from staff attending within 15 minutes to 45 minutes. This had also reduced the amount of late calls and people had accepted that staff would come within that time. One staff member told us, "I have a weekly rota but sometimes you have to juggle and ring the office because there isn't enough time. Sometimes they [office staff] can do something about it but not always so I could be late. I think it has improved a bit since I started." Another staff said, "I get around okay on time usually."

Some people received a copy of the rota by request. They had mixed views about how often the staff on the rota changed. Some people told us they received a list or rota for the coming week although this could be a bit hit and miss. One person said, "I get a list but it isn't always correct and they don't let me know if they have changed it." Another person said "I get the list but it isn't much use to me as I can't read it properly." A third person said, "There is a rota but it's not true to who comes. It is very frustrating."

We recommend that the service explore the use and effectiveness of the rota system to help improve people's satisfaction with the service.

Improvements had been made to the system of staff supervision. Whilst we were told by some staff, "I have not received any form of supervision in the last year," and, "I've not had any supervision with my line manager. I only really see them when I go into the office for provisions," others had received supervision or a probationary interview with a manager. We saw records which confirmed that a range of staff had received supervision. One staff said, "I can always go to them anyway but having the one to one time is good."

The training manager had developed a system to share responsibility for supervision between the registered manager, the training manager and two senior care staff who would be given time off caring duties to provide recorded support sessions with staff. Any issues or concerns from the sessions would be passed to the registered manager to deal with and take the necessary action. The plan for staff meetings to take place would also enhance their involvement in the development of the service. Updates about the service were emailed to staff by the registered manager monthly to keep them abreast of news and developments they needed to be aware of.

The registered manager carried out their responsibilities, updated their training and knowledge and was well supported by the provider. People who used the service and staff gave positive feedback about the management of the service. The registered manager provided visible leadership and the service had clear vision and values which were demonstrated by staff and the management. Staff were motivated and supported to carry out their responsibilities and staff know what is expected of them. We saw that the registered manager praised staff in meetings, in their one to one sessions and in the newsletters and said 'Thank you' to staff. Staff told us, "I feel it is a supportive open culture," and, "I feel well supported if I need anything I ask and it is sorted," and, "I feel the managers are approachable."

Feedback about people's experiences of using the service was obtained via the review of their care arrangements. The registered manager told us that there was a system in place for people to feedback their views anonymously via completing an on line survey. A number of compliments had been received via this service. People who used the service and relatives said, "The manager came here not that long ago to check if I was happy with everything," and, "The manager comes sometimes to see if things are all right," and, "The staff are very understanding."

Audits were undertaken to check that systems were working effectively for the safety and wellbeing of people who used the service and staff. These included medicine management, rota arrangements and reviews of people's care arrangements. The service met the conditions for registration and routinely notified and liaised with CQC and external organisations appropriately.