

Care Bolton Limited

# A1 Homecare Agency

## Inspection report

20 St Helen's Road  
Bolton  
Greater Manchester  
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Tel: 01204430837

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16 March 2017

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## Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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# Summary of findings

## Overall summary

This inspection took place on 16 March 2017 and was announced. The last inspection took place on 20 January 2014. At that inspection we found the service was meeting the outcome areas inspected.

A1 Homecare provides personal care and daily living tasks to people to enable them to remain in their own homes.

The service had registered manager in post who was also the nominated individual. 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 and associated Regulations about how the service is run.

The inspection took place on 16 March 2017. We gave the service two days' notice to ensure someone would be in the office to facilitate the inspection.

A1 Homecare Service is a private domiciliary care agency which is currently providing care and domestic services for three people in their own home. The people who used the service were family and friends of the registered manager and they received direct payments which enable people to choose their preferred provider. The agency operates from an office in the back of a mobile phone shop in the Deane area of Bolton.

The service had a robust recruitment process to help ensure new employees were suitable for their role.

Appropriate risk assessments were in place and were reviewed and updated regularly.

Staff had access to a range of policies and procedures including medication, safeguarding and the whistleblowing process and staff were aware of how to report concerns. There was also a system for reporting accidents and incidents.

Staff undertook a thorough induction programme before commencing work and training was on-going and included refresher courses for mandatory training. Supervisions were undertaken regularly and appraisals undertaken annually.

The service was working within the legal requirements of the Mental Capacity Act (2005) (MCA). People who used the service were encouraged to be as independent as possible. People's human rights, dignity and privacy were promoted.

Information was produced for people who used the service and their relatives.

The care plan we looked at was person-centred and included personal preferences, wishes and needs.

There was an appropriate complaints policy which was clearly outlined within the service user guide.

Satisfaction surveys were sent out regularly to help ensure the quality and continual improvement of care delivery.

## 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 process.

Appropriate individual risk assessments were in place.

There were appropriate safeguarding processes and staff were aware of how to report concerns.

### Is the service effective?

Good ●

The service was effective.

Staff undertook a thorough induction programme before commencing work.

Training was on-going and included refresher courses for mandatory training. Supervisions and appraisals were undertaken regularly.

The service was working within the legal requirements of the Mental Capacity Act (2005) (MCA).

### Is the service caring?

Good ●

The service was caring.

People's human rights, dignity and privacy were promoted.

Information was produced for people who used the service and their relatives.

### Is the service responsive?

Good ●

The service was responsive.

The care plan we looked at was person-centred and included personal preferences, wishes and needs.

There was an appropriate complaints policy which was clearly outlined within the service user guide.

## Is the service well-led?

Good 

The service was well-led.

There were systems in place to monitor incidents and accidents.

Staff supervisions, appraisals and informal meetings took place on a regular basis.

Service user satisfaction surveys were sent out regularly to help ensure the quality and continual improvement of care delivery.

# A1 Homecare Agency

## 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.

Before the inspection we reviewed information we held about the service. We reviewed statutory notifications and safeguarding referrals. We liaised with external professionals including the local authority commissioning team. We reviewed previous inspection reports and other information we held about the service. The inspection team comprised of one adult social care inspector.

This inspection took place on 16 March 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we provided notice to ensure that the registered manager would be available to facilitate our inspection. The registered manager informed us that the three people who used the service did not speak English. We spoke with a family member to ascertain their views and opinions on the service their relative received.

The service employed three staff who were supporting people who used the service. The staff spoke Urdu and Gujarati and could therefore communicate with people who used the service.

As part of the inspection we also spoke with the registered manager and one member of staff.

We spent time at the office and looked at various documentation including care records, medication administration records, staff personnel files, supervision records and service policies and procedures.

# Is the service safe?

## Our findings

We saw that appropriate individual risk assessments were in place with regard to areas such as personal care, moving and handling and environmental risk assessments were also in place. The registered manager told us that staff carried out regular visual checks prior to the use of any equipment and if they found any problems it would be reported to the registered manager.

Records showed that all risk assessments were regularly reviewed and updated to ensure they were current.

We asked how staff entered and left people's homes ensuring the property was safely secured. The registered manager confirmed that the people receiving care were able to open their door to people allow carers in and out.

There were policies in place relating to medicines administration and training was given to all staff. At present only one person who used the service was having their medication provided by carers. We saw that staff had received training in administering medicines.

The service had appropriate arrangements in place to safeguarding people from abuse or poor care and treatment. These included vulnerable adults' policy and guidance for staff. Safeguarding training was given to staff as they commenced their employment and updated as required.

The service had systems in place for recording any accidents or incidents. There had been no accidents or incidents to record.

The service had a robust recruitment procedure in place to ensure staff were recruited safely. We looked at a staff file which included an application form, offer letter, contract of employment, proof of identity and references. Disclosure and Barring Service (DBS) checks were carried out on new employees to help ensure their suitability to work with vulnerable adults.

The three people who used the service lived in close proximity to one another and in the event of the regular carer being on holiday or sick the other carers covered the calls ensuring there were no missed visits.

All staff were supplied with personal protective equipment (PPE) in order to help prevent cross infection when providing personal care.

## Is the service effective?

### Our findings

We looked at the care file for one person currently receiving personal care from the service. This included a range of health and personal information to help staff deliver care and support appropriately. There were support plans, risk assessments and daily record sheets. The daily record sheets outlined the personal care and support given and activities undertaken by the person who used the service. These records were comprehensive and up to date. We saw that reviews of the care provided were designed to measure the effectiveness of the service in meeting the needs, choices and preferences of people who used the service in terms of outcomes. The service worked in conjunction with Bolton council and immediate family members. There was an assessment, consultation and a care planning process to ensure people's needs, choices and preferences were met.

We saw from the records that consent was sought from the person who used the service, in relation to care and support delivered. The individual had signed reviews of support and daily communication sheets as evidence of agreement to their on-going support.

Staff were required to undertake a comprehensive in-house induction programme prior to starting work. This included all mandatory training, such as moving and handling and safeguarding vulnerable adults.

We saw from staff records that supervisions were undertaken on a regular basis. A new set of policies was being used by the service and we saw that these were appropriate to the service. The staff also had annual appraisals. This helped ensure their training was up to date and they were supported to do their jobs efficiently.

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.

We checked whether the service was working within the principles of the MCA. There was a policy and procedure which was accessible for staff to read and follow. The registered manager told us that they would arrange MCA training for all staff in the near future to ensure they were all fully aware of the principles of the Act.

We asked how the agency supported people with nutrition and hydration. The registered manager told us that in the main food was prepared by family; however carers would assist with meal preparation if stated in the care records.



## Is the service caring?

### Our findings

We spoke with a family member whose relative was currently receiving personal care from the service. They told us, "My [relative] is very happy with care and the carers listen to [relative]. They never miss a visit".

We saw in the care file feedback forms evidenced satisfaction with all aspects of care delivery from the service. Comments included: 'Very satisfied with the service', 'Staff are polite', and 'They complete the tasks required'.

The service produced a service user guide which was given to people who used the service or their relatives if appropriate. This included information about the service provision, choice, confidentiality, dignity and diversity. It also outlined the service's aim to support people to fulfil their goals and supporting people in maintaining their independence.

The service had a policy on privacy and dignity. This was also covered on staff induction and reiterated at staff supervisions. The registered manager told us the service promoted and respected the privacy, dignity and independence of people who used the service by placing their needs, wishes, preferences and decisions at the centre of assessment planning and delivery of care, treatment and support.

There was a policy regarding equality and diversity to help ensure people were treated appropriately and their human rights were respected.

We saw evidence of the involvement of the person who used the service in their care planning, reviews and updates to care. The care records also contain the support plan from Bolton council.

## Is the service responsive?

### Our findings

We looked at the care plan for the person who currently used the service. This was person-centred and included detailed information about how the person's support should be delivered in line with their personal preferences. We saw within the daily records that the individual's support helped promote their independence whilst assisting where required.

People's cultural and spiritual needs were respected and particular dietary requirements facilitated.

The care plan and risk assessment reviews, which took place on a regular basis, had been signed by the person who used the service or their representative where appropriate.

We saw that visits could be flexible to suit the individual needs such as GP appointments and if needed to attend activities or pursue other interests.

For those people who experienced difficulties with making decisions, the registered manager would arrange a best interest meeting to ensure the interests of the person remained paramount.

There was a complaints policy in place which was clearly outlined within the service user guide. We were provided with a copy of the complaints form that would be used in any complaint that was made. The form included a checklist of the process and the investigation outcomes and the timescale of seven days given to respond to any concerns.

The service had not received any formal complaints; however, the registered manager told us any complaints or concerns would be taken seriously and responded to in a timely manner.

## Is the service well-led?

### Our findings

There was a registered manager at the service. 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.

We spoke with one staff member who told us they were well supported by the registered manager and that being at work was like being part of a small family. The member of staff told us, "We meet up regularly and discuss how things are going and if there is anything we can improve on. I have done all relevant training including medication and safeguarding".

Service user feedback was sought through satisfaction surveys and we looked at some of the feedback forms collected by the service. Responses to the questions about care given, carer attitude, time keeping and general service were positive.

Systems were in place to monitor accidents and incidents that may occur. There had been no accidents or incidents.

We saw that the care records had been updated and amendments made as required. Care records were also reviewed by Bolton council which is the practise for people who receive direct payments.

Supervisions were held regularly and informal meetings were held with staff and the registered manager. Training and personal development was regularly discussed to ensure all skills and knowledge were current and refresher training was up to date. Appraisals were undertaken annually.

The service was in regular contact with the local authority to discuss care provision and individual care packages.

We asked the registered manager how they kept up to date with best practice. The registered manager confirmed they received regular updates from CQC via email. That the service was registered with Skills for Care and with the Social Care Institute for Excellence (SCIE).

The registered manager was aware of what statutory notifications the CQC had to be made aware of such as serious accidents or injuries and any allegations of abuse or poor practice.