

A2L Care Services Limited

A2L Care Services

Inspection report

Suite 6, 5th Floor, Humberstone House
81-83 Humberstone Gate
Leicester
Leicestershire
LE1 1WB

Tel: 01163195150

Date of inspection visit:
01 October 2018
03 October 2018

Date of publication:
31 October 2018

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

This inspection took place on 1 and 3 October 2018. This was the first inspection of the service since its registration with the Care Quality Commission on 25 September 2017.

This service is a domiciliary care agency. It provides personal care to people living in their own houses. It provides a service to older adults, including those living with dementia, and people with mental health needs, a physical disability and younger adults.

A2L Care Services is a domiciliary care agency. Care services are designed to support people with their day-to-day living activities, allowing them to remain as independent as possible in their own home. Services provided include support with personal care, meal preparation and help with medication. At the time of our inspection, four people were using the service, all of which were receiving personal care.

The service had a registered manager. 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.

People felt safe. Staff had been provided with safeguarding training to enable them to recognise signs and symptoms of abuse and how to report them. There were risk management plans in place to protect and promote people's safety. Staffing numbers were appropriate to keep people safe. There were safe recruitment practices in place and these were being followed to ensure staff who were employed were suitable for their role. People's medicines were managed safely and in line with best practice guidelines.

Systems were in place to ensure that people were protected by the prevention and control of infection. There were arrangements in place for the service to make sure that action was taken and lessons learned when things went wrong, to improve safety across the service

People's needs and choices were assessed and their care provided in line with best practice that met their diverse needs. Staff received an induction process when they first commenced work at the service and received on-going training to ensure they could provide care based on current practice when supporting people.

People received enough to eat and drink and staff gave support when required. People were supported to use and access a wide variety of other services and social care professionals. The staff had a good knowledge of other services available to people and we saw these had been involved with supporting people using the service. People were supported to access health appointments when required, to make sure they received continuing healthcare to meet their needs.

People's consent was gained before any care was provided. People were supported to have maximum

choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. Staff provided care and support in a caring and meaningful way. People were given choices about their day to day routines and about how they wanted their care to be delivered. People's privacy and dignity was maintained at all times.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred. Records showed that people and their relatives were involved in the care planning process. There was a complaints procedure in place to enable people to raise complaints about the service.

People, relatives and staff were encouraged to provide feedback about the service and it was used to drive improvement. Staff felt well-supported and received supervision that gave them an opportunity to share ideas, and exchange information.

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.

Staff understood how to safeguard people from potential harm. Recruitment procedures reduced the risk of employing unsuitable staff. There were enough staff employed to meet people's needs.

Risks related to people's care had been identified and acted on. The provider learned from incidents and took further steps to reduce risk. People received their medicines as prescribed. Staff were trained in infection control, and people were protected from the spread of infection.

Is the service effective?

Good ●

The service was effective.

People's care needs were assessed and met by staff who were skilled and had completed the training they needed to provide good care. People were supported to maintain their health and well-being and staff helped to ensure people's nutritional needs were met.

People had access to health care professionals to ensure they received effective care or treatment. Staff understood the principles of the Mental Capacity Act 2005, including gaining people's consent.

Is the service caring?

Good ●

The service was caring.

Positive relationships had developed between people and staff. People were treated with kindness and respect. Staff maintained people's dignity and there were measures in place to ensure that people's confidentiality was protected.

People and where appropriate their families were involved in making decisions about their care and support.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed before care was provided to ensure that all their individual needs could be met. Care was personalised to each individual.

People were confident that they could raise a concern about their care and there was information provided on how to make a complaint.

Is the service well-led?

Good ●

The service was well led.

The registered manager was readily approachable and promoted a culture of openness and transparency within the service. They provided good support to staff who felt well valued and well supported. People's diverse needs were recognised, respected and promoted.

Quality monitoring systems were in place to drive improvement at the service. Feedback from people was used to drive improvements and develop the service. □

A2L Care Services

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 1 and 3 October 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure that the registered manager would be at the office to support us with the inspection. We visited the office location on 1 October 2018 and we made phone calls to people using the service, relatives and the staff on 3 October 2018.

The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return [PIR]. This 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. We looked at the PIR prior to our visit and took this into account when we made judgements in this report. We also reviewed other information that we held about the service such as notifications. These detail events which happened at the service that the provider is required to tell us about. We also contacted the Local Authority for any information they held on the service.

We spoke with three people who used the service and two relatives. In addition, we also had discussions with the registered manager who was also the registered provider and three care and support staff. We reviewed two people's care records to ensure they were reflective of their needs, two staff files, and other documents related to the management of the service such as training records and quality audits.

Is the service safe?

Our findings

All the people we spoke with felt safe when receiving care from the staff. One person said, "I feel safe and secure and don't ever feel worried when my carers are here. They know what they are doing." Other people we spoke with made similar comments. One relative commented, "The carers are very professional and take [relatives] safety seriously."

The staff we spoke with understood the provider's safeguarding procedures and policy. One told us, "I would report anything to [name of registered manager] if I was at all worried. She would deal with it properly." All staff were confident in reporting any concerns they might have and had faith in the registered manager to follow up concerns promptly. The registered manager knew how to escalate safeguarding concerns and had worked with the local safeguarding authorities in completing investigations when needed.

Personalised risk assessments were in place to ensure that each person was cared for in the safest way possible. Detailed instruction was provided for staff about how to perform all care tasks that included personal care, manual handling, use of equipment, and support with food and drink. Care tasks were described with any associated hazards and risks, and the control measures that were in place to reduce those risks.

We saw risk assessments and management plans were in place for people at risk of falls and skin breakdown, due to limited mobility. Records showed the risk assessments were regularly reviewed as and when people's needs had changed and their support was altered to accommodate the changes. The staff confirmed they knew how to report and record accidents and incidents. We saw that accident forms were completed and serious incidents were notified to the Care Quality Commission as required.

There were enough staff employed by the service to meet people's needs. One person said, "The staff arrive on time. They get held up sometimes but I get a call to let me know they will be late." A relative commented, "We have never been let down. It's reassuring to know the carers are going in and you know they will be there when they say they will." People told us their care was provided consistently by the same staff members. We saw rotas which showed that calls were consistent, consistent, and that alerts would be raised when required to tell the registered manager if a staff member was running late or not able to attend a call.

Staff confirmed the staffing resources were good, one member of staff said, "This is a good agency to work for, they give staff time to get to know the people they provide care for. We are introduced to people before we start working with them." Another member of staff said, "I don't feel rushed or under pressure. We have enough time to do our jobs properly and then time to sit with people for a chat." People told us their care was provided consistently by the same staff members. We saw rotas which showed that calls were consistent and that alerts would be raised when required to tell the registered manager if a staff member was running late or not able to attend a call. The registered manager also undertook regular shifts which they said was a good way to check that people were still receiving the care they needed or if any changes were required.

The provider's recruitment practice reduced the risk of employing staff unsuitable to work in care. We looked at staff files which showed that all staff employed had a Disclosure and Barring Service (DBS) security check, and had provided references and proof of identification before starting any work with people. These checks help employers to make safer recruitment decisions and prevent unsuitable staff being employed.

People's medicines were managed safely. One person told us, "The girls give me my tablets when I need them." A relative commented, "I have total trust in the carers to give [relative] their medicines on time." People we spoke with told us that medicines were administered safely and on time. Staff told us, and records showed they received training in the safe handling and administration of medicines. Staff were observed by their line manager to ensure they were able to administer medicines safely. Records showed the medication administration records (MAR) were completed accurately by staff after giving people their medicines. Thorough audits took place which picked up any minor errors in recording, and actions were set with staff for improvement if errors were identified.

Staff had received training in relation to Infection Control and there were policies and procedures in place that were easily accessible to staff. A staff member said, "We are provided with gloves, aprons and hand gels. We did training about infection control and we have policies about it as well." Records demonstrated that all staff had completed infection control training and we saw that policies and procedures were in place and accessible to staff for guidance. This showed that infection control procedures were followed and assured people that they were protected from avoidable harm.

Staff understood their responsibilities to raise concerns in relation to health and safety and near misses. There were systems in place for staff to report incidents and accidents and we saw these had been recorded and reported accurately. The staff we spoke with felt that any learning that came from incidents of behaviour, accidents or errors was communicated well to them through supervision meetings. Different strategies were discussed and changes in support were implemented as a result of these discussions. This meant the support people received was always being reviewed to ensure that lessons were learnt when things went wrong.

Is the service effective?

Our findings

People's care needs were assessed before receiving any care. The registered manager told us they would complete assessments with people and their family when required, to make sure that the staff were able to provide the correct care and fully understand their needs. This process ensured that the service only supported people with care needs they could meet. One relative told us, "Right from the start the manager has been very thorough. They came to [relatives] house and made sure they knew exactly what we wanted." The assessments took into account equality and diversity needs such as those which related to disability and culture. We saw that other areas covered by the assessment process included who else would help with the person's care. This could be a family member or an outside agency such as a mobile meal delivery service. Processes were in place to identify people's diverse needs, and ensure that no discrimination took place.

People said the staff were well-trained and knowledgeable. One person told us, "The staff know what I need and how to care for me." A relative commented, "The staff are knowledgeable and well trained. They take their lead from [name of registered manager]. She works with [relative] and is a very good role model. All the carers are professional and competent." Another relative said, "New staff watch more experienced staff before they start working alone. It's good that they get to know people first before they start providing care."

Records demonstrated that all staff received an induction training package before starting work which included completing the care certificate. The care certificate covers the basic standards required for care. Staff told us they were very happy with the training they received. One staff member told us they had completed an induction before they started to work at the service. They said, "I did an induction where I shadowed senior staff and did all the training I needed."

We saw that staff also received on-going training and they were aware of how to support people with a wide range of needs and preferences. For example, moving and handling training so staff were confident using equipment such as lifting hoists. Records confirmed that all training was kept up to date and staff feedback was that the training was good and equipped them for their roles.

Staff told us and records confirmed that staff received supervision, observations of their practice and an annual appraisal of their performance. One staff member commented, "We do have regular supervision with [name of registered manager] and we do get lots of support. She comes along unannounced to check we are doing our jobs properly."

Staff supported people to eat and drink sufficient amounts if they needed support in this area. One person said, "My carers help me choose what I would like to eat and they always offer me a choice." All staff we spoke with said that most of the people they supported, had family to help them with meals, but they would get involved with this type of support if it was needed. The staff had a good knowledge of the preferences and requirements people had with food and drink, and staff were trained in food hygiene and knew how to prepare food safely.

Within the care plans we saw there was guidance for staff in relation to people's dietary needs and the support they required with meal preparation. Details of people's dietary likes and dislikes were also recorded. Where it had been identified that someone may be at risk of not eating or drinking enough, appropriate steps had been taken to help them maintain their health and well-being. Training records showed that staff had received up to date training in food and hygiene.

The service worked and communicated with other agencies and staff to enable effective care and support. When a concern had been raised about a person, the service had communicated appropriately with professionals outside of the organisation to coordinate care and ensure that the correct support was in place. Staff at all levels, made sure their communication was clear, guidelines and procedures were followed, and accurate records were kept.

People were supported to access health care professionals as required. Some people who used the service had health care requirements, which staff understood well, and were proactive in seeking medical assistance as required. One person told us, "They [staff] called the doctors for me and made sure I was alright." Records showed that people's health requirements were documented in detail and updated as needed. For example, people at risk of developing pressure sores had monitoring in place, and staff knew how and when to gain assistance from the appropriate healthcare professionals if a person needed them.

The Mental Capacity Act (MCA) 2005 provides a legal framework for making 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 make 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. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. No applications had been made to the Court of Protection. The operations manager understood their responsibility about what they needed to do if a person lacked the ability to make a decision about their care and support, a best interest decision would be made with someone who knew them well and when necessary, with the relevant professional's involvement. Staff told us that they always sought people's consent before providing any care or support and people we spoke with confirmed this. One person told us, "My carers always check with me what I need and they never do anything without my say so."

Is the service caring?

Our findings

People felt that staff were kind, caring and respectful towards them always. One person said, "The staff always consider how I am feeling. They are very kind and professional." Another person told us, "I am very happy with the standard of care that I get. I would like to compliment the carers on their kindness towards me. They are angels." A relative commented, "We couldn't ask for better carers. They are kind, very caring and make sure [relative] is looked after in the best way."

Staff felt they were able to develop positive relationships with people. One staff member told us, "I get to see the same regular people, which means I get to know them and they get to know me. It means they get to trust me and that's very important. They are always pleased to see me when I arrive." Another member of staff said, "Continuity is important for people, they get to know us and we are no longer strangers."

Comments received from people and their relatives in the latest satisfaction survey were overwhelmingly positive. One read, 'The staff are great, very polite and always explain what they are doing and why they are doing it. One question in the survey asked, 'What do we do well' and one person answered 'Everything. [Names of carers] are some of the kindest, most compassionate and caring people I have had the pleasure of meeting.'

The training and development that staff received had ensured a culture within the staff team that placed people at the centre of their care. During our conversations with staff, they demonstrated they cared for the people they supported. One staff member told us, "I want to do the best job I can." Staff demonstrated their awareness of people's likes, dislikes and the care needs of the people who used the service.

People were involved in decisions made about their care and their care plans, which meant the care and support they received met their expectations. One person told us they were supported by a small team of staff, who they had developed positive relationships with. They said, "I know my carers and they know me. We are a team and they are my friends."

Staff told us that they had been able to shadow experienced staff when they first commenced at the service so they could get to know people well and to see if they were a good match to work with them. One staff member told us, "We are a small team and we get to know people very well. Being able to work with the same people means you really get to know them and can support them with their needs."

People were able to express their views and be involved in their own care as much as they were able to, and family or advocacy services were involved for people that required them. One relative told us, "I am very glad we found this agency, they listen to what we have to say and you can get hold of staff at the office any time." We saw that people's care was regularly reviewed and that changes were made to people's care when their needs changed, and when their preferences changed. Daily communication records demonstrated a very kind and sensitive approach from the staff in the care delivery and support. The registered manager explained how the service prided itself on the quality of care provided and said the care provision was dependent on relationships built on trust, choice and respect.

People were treated with dignity and respect. Without exception people told us that staff respected their privacy and their right to make their own decisions and lifestyle choices. One person told us, "The staff always respect what I have to say. They do listen to me." A relative commented, "They [meaning staff] care very much about [relative] and always treat them with a lot of respect and dignity. It's a fantastic service."

One comment received in the latest satisfaction survey read, 'They [meaning staff] always have a smile on their face and treat people in a kind and dignified manner.'

Staff understood how to promote and respect people's privacy and dignity, and why this was important. Their responses to our questions demonstrated positive values, such as knocking on doors before entering, ensuring curtains were drawn, covering up during personal care support and providing personal support in private. One member of staff described how they gave people time to complete their personal care themselves where possible, for example they waited outside the toilet or bathroom until the person asked for their support.

Advocacy service details were included in the information pack people received with their contract of care. An advocate is a trained professional who supports, enables and empowers people to speak up.

People had signed to confirm they agreed to the package of care and support to be provided. This included information as to how data held about people was stored and used. The provider had a policy in relation to the data protection act which was followed by staff. Staff were aware of their responsibilities related to preserving people's personal information and their legal duty to protect personal information they encountered during the course of their work. This assured people that their information was held in accordance with the data protection act.

Is the service responsive?

Our findings

People received personalised care that met their needs. People and their relatives told us they were very happy with the care they or their family members received. One person told us, "I feel very lucky to have such good care from such lovely people. They do everything I need and more." A relative said, "My [relative] gets just the right care. It's what they need."

Records confirmed that a thorough assessment of people's needs was completed before a care package was agreed. These had been completed with people or their relatives if necessary. The assessment gathered information about the person's care and support needs and provided a 'whole picture' of the person including any care needs due to the person's diversity. Assessment information was used effectively to develop a plan of care that provided detailed information to guide staff and ensured consistent delivery of care.

Care plans reflected people's physical, emotional and social needs, including those characteristics protected under the Equality Act such as age, disability, race and sexual orientation. Staff told us care plans were valuable guides to what care and support people needed and therefore needed to be kept up to date so they remained reflective of people's current needs. One member of staff commented, "The care plans are always kept up to date. I always check them if I have been off work to make sure nothing has changed." Staff maintained daily records about people's care, including how they were in mood. We saw that care plans were individual to each person and recorded how to support them to maintain their independence in areas that they were able to, including choosing their own clothes, what they wanted to eat and how they spent their time.

People talked to us about how staff included them in all decisions about their care and were always asking if they wanted anything done differently or if their care could be improved in any way. Relatives echoed these sentiments and praised how well staff cared for their family member. One relative told us, "The girls take their time, they never rush [relative], and they make sure [relative] is happy and has everything they need before they leave."

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. The registered manager told us they would be able to make information available in different formats for people if they required it.

People who shared their views told us they would be confident to raise complaints. One person said, "I don't have any complaints but I know I could complain if I needed to. I would go to [name of registered manager]." A relative commented, "Things are addressed on a day to day basis. Nothing becomes so big we have to complain. I know the manager takes things seriously and always asks if we are happy with the care."

If people wanted to raise any concerns or complaints, they could use the complaints procedure in the 'welcome pack' they received when they began using the service. The registered manager confirmed any concerns or complaints would be taken seriously and systems were in place to ensure complaints would be explored and responded to. The registered manager told us and the complaints folder showed that no complaints had been made about the service.

At the time of our inspection there was no one receiving end of life care. The registered manager said they wanted to ensure when they did support someone at the end of their life they wanted to get it right. Therefore, they would ensure that staff received the appropriate training before they provided end of life care to people.

Is the service well-led?

Our findings

The registered manager was also the registered provider. People were very positive about the care they received. One said, "The care I get is fantastic. I would be happy to recommend this service to anyone." Another person told us, "I have been very lucky to find such a good service. I couldn't ask for better." One relative commented, "Such a good company who provide [relative] with the best care. Professional and well trained. One of the best."

The registered manager had a clear vision and promoted a positive culture throughout. Staff told us that the management of the service was good, and they got the support they needed to confidently perform their roles. One staff member said, "I am very happy working for this company. My manager often works hands on with me. Most staff would be nervous if their manager said they were going to work with them. I welcome it. She is a good role model and I learn a lot from her."

People, relatives and staff all confirmed they had confidence in the management of the service. The registered manager was aware of their responsibilities; and they had a good insight into the needs of people who used the service. People said the registered manager was very approachable and they felt able to raise any worries or concerns they had. The registered manager told us, "It is important to me that I know all of our clients. I work with them regularly and know them and their families very well." People we spoke with confirmed this and one commented, "[Name of manager] provides my care on a regular basis. She runs a tight ship and the carers respect her for that."

Staff told us they had the opportunity to feedback and discuss any concerns as a team, and said they were listened to by the registered manager. They did this through a variety of forums including team meetings, supervisions, observations and spot checks, as well as informally should they wish. Staff felt when they had any concerns or issues they could raise them and felt they would be listened to. One staff member told us, "We are all like a family. [Name of manager] is very open and approachable and you can always contact her at any time." All staff without exception told us they would be happy to question practice and were aware of the safeguarding and whistleblowing procedures.

Effective quality assurance systems continually assessed, monitored and evaluated the quality of people's care. People's care records, staffing records, medication records and policies and procedures held within the agency office were organised and up to date. The audits we saw were effective, and discovered errors when they were made. People had the opportunity to feedback on the quality of the service. We saw that quality questionnaires had been sent out to people and their families to comment on the quality of care they received, and people we spoke with confirmed they had received them. The information collated from the questionnaires was analysed by management to identify where improvements could be made.

The service worked positively with outside agencies. This included a range of health and social care professionals as required for people's needs. The regional manager informed us of the links the service had with the local authority quality monitoring team.

There were internal systems in place to report accidents and incidents and the registered manager and staff investigated and reviewed incidents and accidents. Care plans were reviewed to reflect any changes in the way people were supported and supervised. The provider had submitted notifications to the CQC. A notification is information about important events that the service is required to send us by law in a timely way. They also shared information as appropriate with health and social care professionals.