

A & A Healthcare Services Limited

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement ●
Is the service safe?	Requires Improvement ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

A & A Healthcare Services Ltd is a domiciliary care service providing care and support to people in their own homes. CQC only inspects where people receive a regulated activity of personal care. This is help with tasks related to personal hygiene and eating. Where they do receive personal care, we also consider any wider social care provided.

At the time of inspection there were seven people who used the service of which two people received personal care. We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, A & A Healthcare Services Ltd provided support with social inclusion for some people with a learning disability and /or autistic people but did not provide them with personal care. However, we assessed the care provision under right support, right care, right culture, as it registered as a specialist service for this population group. The provider was not able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. We signposted the provider to relevant information.

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

The service was being managed on a day to day basis by an acting manager and governance systems were in place to provide oversight of the service and its performance. Audits and spot checks were undertaken, and information collated to identify shortfalls. The systems were not however robust, and they had not identified some of the shortfalls we found such as gaps in staff training and knowledge. We have made a recommendation about strengthening these processes.

Right Support: Staff skills and knowledge needed further development in key areas to support people effectively and in line with the principles of Right support, right care and right culture.

Staff supported people in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care: Care was person-centred and promoted people's dignity and privacy.

Right Culture: Improvements were needed in staff training and governance to ensure the attitudes and behaviours of management and staff ensured people using services lead confident, inclusive and empowered lives.

We have made a recommendation the provider fully assesses the care and support provision at A & A Healthcare Services Ltd to embed the principles of Right support, right care, right culture.

Risks to people had been identified and assessed. People received their medicines as prescribed. People were supported by staff who had been safely recruited and attended care and support visits when they were supposed to. Staff knew when and where staff were visiting, as their rotas were planned in advance.

Staff received training when they commenced employment but there were gaps in the training provision and in staff knowledge and practice, in areas such as infection control. We have made a recommendation about staff training.

People were supported to eat and drink where they required this assistance. There were clear arrangements in place to access emergency health support when this was required.

People's relatives were generally complimentary about the care provided and told us that people were respected and included as much as they wanted to be in their care delivery.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for the service at the previous premises was good, published on 09 August 2018. This is the first inspection for this service at this location.

Why we inspected

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.
Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.
Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.
Details are in our well-led findings below.

Requires Improvement ●

A&A Healthcare Services Ltd

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The service did not have a manager registered with the Care Quality Commission.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or management would be in the office to support the inspection.

Inspection activity started on 5 September 2022 and ended on September 2022. We visited the office on 5 September 2022. Telephone calls were made offsite to relatives and staff.

What we did before the inspection

We reviewed our systems and information we held about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We took this into account when we inspected the service and made judgements in this report. We used all of

this information to plan our inspection.

During the inspection

We spoke with two relatives about their experience of A & A Healthcare Services Ltd. We spoke with the manager and four staff. We reviewed a range of records which included care plans, risk assessments, medication records for two people and three staff records. We also viewed some of the provider's policies and procedures, training data, quality assurance records, management monitoring and oversight records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training and understood their responsibilities to report any concerns internally to the management, but not all were confident in the processes for escalating concerns to relevant stakeholders externally.
- Relatives told us that they would not hesitate to contact the manager if they had any concerns and were confident that they would be listened to.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- There was a system in place for the recording of incidents, but we identified one incident which had not been recorded which meant it was not reviewed to identify lessons learnt and to reduce the risk of reoccurrence. The manager subsequently informed us that they had updated the records and liaised with the family, who were happy with the outcome.
- Risk assessments were carried out to identify any risks to people and these assessments were regularly reviewed. Where risks were identified, measures were put in place to guide staff on how to reduce these risks.

Preventing and controlling infection

- Relatives confirmed that staff followed infection control practice (IPC) in their family member's homes and wore personal protective equipment (PPE) such as gloves. However, they could not confirm that staff wore masks in line with the recommended guidance.
- Staff spoken with were unclear as to whether they should be wearing masks or what the guidance was that they should be following. Staff confirmed they had been provided with sufficient amounts of PPE.
- The training matrix showed that some staff had completed infection prevention and control training but there were gaps and it had not been completed by all staff. The manager subsequently confirmed that they had enrolled staff on infection control training

Using medicines safely

- The management team monitored people's prescribed medicine administration records regularly to identify any errors which may occur. We identified a number of anomalies in the medicine administration records and the manager assured us that they would follow this up with the electronic system provider to ensure they were resolved.
- Where people were supported with their medicines this was done safely.
- Training was in place to support the safe administration of people's prescribed medicine. Competency

assessments were undertaken to check staff understanding of procedures and the steps that they should take when supporting people with their medicines.

Staffing and recruitment

- There were sufficient staff to meet people's needs. Relatives told us that their family member was supported by staff who arrived for visits when they were supposed to and stayed for the required time. One said, "Occasionally I receive a call to say that they are going to be late, but this doesn't happen very often."
- Rotas showed that staff received breaks and sufficient travel time to get to people.
- A review of staff recruitment files showed background checks were carried out. This included Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. References were also sought from previous employers.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Relatives gave us inconsistent feedback about the skills and experience of staff. One relative told us that while some staff were very helpful, they were not very knowledgeable or confident in their role. Another told us that new staff needed more training in supporting their family member.
- Staff received an induction when they commenced employment which included training and shadowing more experienced colleagues. Training included areas such as food hygiene, moving and handling and positive behaviour support. However, there were gaps in the training and only a small percentage of staff had completed training on dementia care, learning disability and mental health. There was no specific training on mental capacity.
- The training on moving and handling was completed via eLearning and did not have a practical element. There were no competency assessments undertaken to review staff's understanding of the training that they had completed.
- Staff were encouraged to undertake the Care Certificate. This is a set of induction standards that care staff should be working to.

We recommend that the provider reviews their staff training programme to ensure that the training provided addresses the needs of the people using the service.

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

- People's care and support needs were assessed, when they started to use the service in line with best practice and current legislation. However, we have signposted the provider to information regarding Right support, right care, right culture.
- Care records seen were regularly reviewed but relatives could not recall if they were involved in their ongoing planning and development.

We recommend the provider fully assesses the care and support provision at A & A Healthcare Services Ltd to embed the principles of Right support, right care, right culture.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible. People can only be deprived on their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The management team told us that no one using the service at the time of the inspection had any restrictions placed on their liberty.
- Relatives confirmed that their family members were able to make day to day decisions for themselves. This included how they would like to have their personal care provided, and what they wanted to wear or to eat.
- People's care records documented that staff sought consent from people before providing their care. However, in discussion with staff they did not demonstrate a good understanding of consent or the MCA.

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

- People were supported to eat and drink where they required this assistance and relatives told us that that their family members were always provided with drinks before the care staff completed their duties. This was documented in their care records.
- Relatives told us they maintained responsibilities for contacting health professionals but had confidence that in an emergency that staff would make the necessary referrals if needed.
- Hospital passports and emergency grab sheets were in place to guide staff on people's needs and actions they should take in an emergency.

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People's relatives were generally complimentary about the care provided. One relative told us that their family member was respected and included as much as they wanted to be in their care delivery.
- Staff had received training in equality and diversity and spoke of the importance of treating people fairly and with respect.

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

- Relatives confirmed they had been involved in the assessments of their family member's needs and told us that staff offered their family member's choices about how they were supported. One relative told us that their family member wanted a specific gender of staff supporting them for personal care and this was respected by the service.
- Questionnaires seeking people's views of the care provided were sent out regularly for people to complete.

Respecting and promoting people's privacy, dignity and independence

- Relatives told us the care staff treated their family member with dignity, talking to them in a polite and respectful manner, listening and responding appropriately to any requests.
- People's care records included guidance for staff on respecting people's dignity and privacy, such as closing curtains or doors before assisting people. The care records included the areas of their care people could do themselves and where they required support and how staff could encourage this.
- Staff were observed by the management team in their work duties as part of the provider's quality monitoring processes. During these spot checks, members of the management team reviewed interactions and how the staff conducted themselves to ensure that people were respected.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- Care plans were in place to guide staff on people's needs, preferences and how care should be delivered. Relatives told us the care their family member received met their needs and staff carried out the duties expected of them and outlined in the care plan.
- Staff maintained daily records which outlined the support they provided. The records were written in a person-centred way and reflected on people's wellbeing and mood as well as the care delivered.
- No one using the service was in receipt of end of life care at the time of the inspection. End of life sections of care plans were still a work in progress and had not been fully completed. However plans did record people's choices as whether they wished to be resuscitated in the event of an emergency.
- Staff confirmed they had access to the care plans via the electronic care planning system and a relative told us they were aware that they could also access these on request but had chosen not to.

Meeting people's communication needs Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care records contained information about their ways of communicating and had reminders for staff to check on communication aids and adaptations such as glasses and hearing aids to make sure they were fully functioning.
- The provider told us that any information could be provided in large print should these be required. They said that they had also used the picture exchange communication system which allowed people to communicate using pictures in the past and would use this again if needed.
- One relative told us how they had been provided with photographs of staff to enable their relative to know who was attending to provide care. Although, not all staff understood the value of this to their family member so did not prioritise this. The manager assured us that they would address this.

Improving care quality in response to complaints or concerns

- A complaints policy and procedure were in place. The manager told us one complaint had been received which had been promptly responded to and resolved.
- Relatives spoken with told us that they would be happy to raise any concerns with the manager and had confidence that they would be responded to.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service had not had a registered manager since earlier in the year. There was an acting manager who provided day to day oversight. The manager told us a new deputy manager had been appointed but not yet taken up post. The manager was supported by senior staff who provided some additional oversight. There were some gaps in areas such as staff spot checks and supervisions which were not up all to date. The manager assured us they had a plan to address this.
- Governance systems were in place to provide oversight of the service and its performance. Audits were undertaken on areas such as infection control, medicines and dignity, as well as regular reviews of information held on electronic systems. Information on accidents, incidents was collated. However, there were inconsistencies and audits were not fully effective as they had not identified some of the shortfalls, we found such as in training and infection control.

We recommend the provider review their governance and quality assurance processes to improve oversight and scrutiny.

- The guidance 'Right support, right care, right culture', was not fully embedded into the service, despite it being registered as a specialist service for people with a learning disability and autistic people. We have signposted the manager to the guidance and advised they review their service provision to ensure people's expectations and needs are met.
- Staff told us they were aware of their role and said the care plans effectively supported them to deliver the care and support required.
- Relatives told us that the manager was approachable, and they had confidence that they would be open with them with regard to any issues or concerns.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The manager provided us with examples where they had worked closely with health and social care professionals to ensure people had the care and support, they needed to maintain their health and wellbeing. Care plans were not however always clear about the other agencies who were supporting people

and how they should work together. The manager agreed to clarify this and ensure plans were updated.

- Assessments were carried out by the service prior to accepting the care package. Relatives told us they were not routinely involved in reviews of their family members care and thought this would be beneficial.
- Staff were positive about the management team who they said were approachable and supportive.
- Satisfaction surveys were sent out at regular intervals to people who used the service and professionals.