

A&A Homecare Ltd

A&A Homecare Ltd T/A My homecare

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

'A&A Homecare Ltd T/A My homecare' is a domiciliary care agency. It provides personal care to adults living in their own homes, so that they can live as independently as possible.

Not everyone using 'A&A Homecare Ltd T/A My homecare' receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

At the time of this inspection 15 people were using the service, 10 of whom were receiving personal care.

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

We have found evidence that the provider needs to make some improvements. Please see the Well-Led section of this full report for more detail.

Systems were in place to monitor the quality of service provision and to drive continuous improvement, although these did require strengthening to ensure all legal requirements were consistently met and to drive continuous improvement. We identified some other areas requiring improvement too during the inspection such as: staff recruitment records, ensuring lasting power of attorney decisions are checked, recording information about how people's communication should be met and making sure care plans contain clear information for staff about who is responsible for carrying out tasks, particularly where family members are also involved in providing care and support.

However, we found no evidence that people had been placed at risk of harm or that their experience of using the service had been affected negatively. The management team responded positively and provided us with an action plan shortly after the inspection which addressed all the areas we identified for improvement. They told us that as a relatively new service, they were keen to learn and improve things for people using the service.

People we spoke with were positive about the service. They told us the care and support they received was reliable and helped to improve their quality of life. They said staff provided care and support in a kind, compassionate way and their privacy, dignity and independence was respected and promoted. This meant that 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 supported this practice.

In addition to the people we spoke with, four more people had provided recent feedback about the service online (on the Internet) which echoed the feedback we received. For example, one person had written, 'An excellent service carried out by professional and friendly staff. The morning visit always start the day off very well. They are encouraging, supportive, like friends looking out for your best interests. I am very grateful for all their care and concern.'

Staff knew how to protect people and keep them safe. They had the right skills and training to meet people's needs, including making sure they had their medicines when they needed them. Staff supported people to stay healthy too. They helped them to access healthcare services when they needed them and ensured they had enough to eat and drink.

Systems were in place for people to raise any concerns or complaints they might have about the service. Feedback was responded to in a positive way, to improve the quality of service provided.

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

Rating at last inspection

This service was registered with us on 30 August 2018 and this is the first inspection.

Why we inspected

This was a planned inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 safe.	Good ●
Is the service effective? The service was effective.	Good ●
Is the service caring? The service was caring.	Good ●
Is the service responsive? The service was responsive.	Good ●
Is the service well-led? The service was not always well-led.	Requires Improvement ●

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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 Care Act 2014.

Inspection team

Two inspectors carried out this inspection.

Service and service type

'A&A Homecare Ltd T/A My homecare' is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

We gave a short period notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 1 August 2019 and ended on 9 August 2019. We visited the office location on 8 August 2019 to see the management team and to review records. We spoke with people and relatives by telephone on 1 August and staff by telephone on 9 August 2019; to ask them about their experience of using or working at the service.

What we did before the inspection

We reviewed information we had received about the service since it first registered with CQC. We used this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with three people using the service, three relatives, the nominated individual, the registered manager and three care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We then looked at various records, including care records for three people, as well as other records relating to the running of the service. These included staff records, medicine records, audits and meeting minutes; so that we could corroborate our findings and ensure the care and support being provided to people were appropriate for them.

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 for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to safeguard people from abuse and they knew how to follow local safeguarding protocols if required.
- People told us they felt safe. One relative said, "Yes, extremely." Another relative had provided written feedback which stated the service considered 'clients safety and well-being at all times'.
- Staff told us they had been trained to recognise abuse and protect people from the risk of abuse. They spoke confidently about reporting any concerns if they needed to. One staff member said, "I would go straight to the (registered) manager to report any issues." They were clear about how to escalate any concerns outside of the service too, if that was needed.

Assessing risk, safety monitoring and management

- Risks to people were assessed to ensure their safety and protect them from harm. This information had been recorded in people's care records, providing guidance to staff on how to keep them safe.
- One relative commented on how staff monitored people's skin, to minimise the risk of them developing sores. They told us this was an area that was, "Watched, pointed out and managed." Another person spoke about how they had successfully worked with staff to minimise a security risk that had been identified for their relative.

Staffing and recruitment

- Overall people told us the service was reliable with familiar, consistent care staff. A relative described staff as, "Very prompt." Another relative echoed this with the following written feedback, 'A very professional, friendly and reliable service. Totally dependable to date.' They confirmed staff normally let them know if they were going to be late and told us they were always able to contact a member of staff, including outside of normal working hours.
- However, one person told us they had been less satisfied when their usual staff member had been on holiday and the replacement staff member had been less punctual, not always letting them know they would be late. The nominated individual confirmed soon after the inspection that they had reminded all staff of the importance of calling people if they were running late. The service used a real-time communication system, enabling the management team to monitor when care calls were carried out or if any calls were missed. We checked the timings of calls for two people and found that most calls had taken place as planned.
- The provider carried out checks to confirm new staff were suitable to work with people using the service. Current regulations, since 2014, require that providers obtain certain information for all staff employed to work. We found most of these required checks were in place however, we found some information that was unclear or incomplete in the staff files we checked. This meant we could not be certain that the service had

followed safe recruitment processes in all cases. The nominated individual took swift action to address these areas and soon after the inspection they provided a clear plan of how they intended to improve the quality of recruitment records for existing and new staff with immediate effect.

Using medicines safely

- Where the service was responsible, people were receiving their medicines as prescribed. The provider was following safe protocols for the administration and recording of medicines, including PRN (as required) medicines.
- Staff were trained to administer medicines to people in a safe way. One staff member told us, "Medication is massive when it comes to the training, to ensure people have the right medication at the right time."

Preventing and controlling infection

- People were protected by the prevention and control of infection. Everyone confirmed that staff maintained good hygiene by using personal protective equipment (PPE) such as gloves when handling food or before providing personal care. Records also showed staff responsible for preparing and handling food had completed food hygiene training. One staff member said, "Yes you have to wash your hands at every point of time and PPE is big, you do not mess with that. We get the gloves from the office which you can pick up whenever you want."

Learning lessons when things go wrong

- Processes were in place to ensure lessons were learned when things went wrong. For example, the registered manager spoke about the actions that had been taken following a missed call, to minimise the risk of a future reoccurrence. This included introducing an alert system on the electronic care planning system used by the service. In addition, there were plans to provide people with prompt cards to remind them what to do if a staff member did not turn up, to ensure the safety and well-being of both the person and the member of staff.

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 Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People confirmed their needs were assessed before they started using the service, to ensure the care and support was right for them and achieved good outcomes. One person told us how they and their relative had, "Contributed to the assessment process with helpful suggestions from the service." They explained because this had been their first experience of using a care at home package, they had appreciated this support.
- The registered manager told us they attended provider led meetings and received bulletins from relevant health and social care organisations, which enabled them to share good practice and keep up to date with changes in guidance and law.

Staff support: induction, training, skills and experience

- People told us they were supported by staff who had the right skills and knowledge to meet their assessed needs. One relative talked about the induction process for a new staff member over a two-week period, to ensure they were trained properly, and the family was confident about them working alone. The relative told us the process had been, "Thorough and instilled confidence."
- Staff confirmed they received relevant training to support them in their roles. The registered manager showed us they used a training matrix to record staff training and highlight when refresher training was due.
- Staff were provided with additional support to carry out their roles and responsibilities through team meetings, individual supervision and competency checks. One staff member said, "I can always call in if I experience any problems on the phone. If I call, they (management team) always pick up the phone which when I first started I had to call a lot, but I no longer need to call them. The support is there."

Supporting people to eat and drink enough to maintain a balanced diet

- Where the service was responsible, people told us they were supported to eat and drink enough to maintain a balanced diet and to keep them hydrated. Care records contained guidance for staff on how much support people needed with eating and drinking. A relative told us, "Staff suggested more fluids to keep (relative) hydrated and also left extra water during the hot weather recently," which they had been grateful for. Another person told us how staff helped them by making up a big flask of coffee, which they also appreciated.

Staff working with other agencies to provide consistent, effective, timely care; and supporting people to live healthier lives, access healthcare services and support

- People told us their relatives generally organised their routine healthcare appointments. However, staff knew how to contact relevant healthcare professionals such as GP's or the community nursing team, if

required and gave examples of when this had happened. One person talked about a recent incident when staff had acted quickly to call a GP for their relative when there had been a concern for their health. They told us there was, "No hesitation, they (staff) called in the medical professionals." They added, "It gave me faith in how (relative) is being looked after... I am so confident with them."

- The nominated individual told us there were plans to develop 'care passports' for people using the service. These would provide key information for health care professionals, in the event of someone needing to go into hospital at short notice

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 of 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 understood their responsibilities regarding the requirements of the MCA. For example, they knew to follow a best interest decision process or to check if people had LPA (lasting power of attorney) arrangements in place, if someone lacked capacity to make their own decisions. The records for one person with LPA arrangements in place did not evidence that the service had checked the type of decisions that their LPA was able to make on their behalf. Soon after the inspection the nominated individual confirmed this information had been obtained.

- The registered manager confirmed no one currently using the service was being deprived of their liberty, and as such it had not been necessary for any applications to be made to the Court of Protection. The Court of Protection makes decisions on financial or welfare matters for people who are not able to make decisions at the time they need to be made.

- People we spoke with confirmed they were asked for their consent before support and care was provided. Records we looked at supported this and showed that people were asked to consent to their care and support in advance.

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 unanimously told us that staff treated them with kindness and compassion. They told us they enjoyed their visits and described staff as: efficient, very helpful, good company, chatty and accommodating. One person told us staff were thoughtful too. They explained they had cancelled a care call due to feeling unwell, but a staff member had popped in to see how they were anyway. A relative echoed this by adding staff gave them, "Peace of mind, because someone is going in every day to see (relative)."
- Staff told us they had been given time to understand people's needs by getting to know them and reading their care plans. They were motivated and spoke warmly about the people they provided care and support to. One staff member said, "You must have good relationships with service users and their families. Make sure they are very very comfortable with you." Another staff member added, "I want to ensure that service users receive the best possible care that I can deliver."

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

- People confirmed with us they felt in control and staff encouraged them to express their views and be actively involved in making decisions about their care and daily routines.
- One staff member told us, "I always ask them (people) and allow them to have choice. The person I currently support is good at telling me what they like and what they do not like."

Respecting and promoting people's privacy, dignity and independence

- Everyone told us their privacy and dignity were respected and upheld. They gave us examples of how staff ensured they were not made to feel unnecessarily uncomfortable or embarrassed. One person told us, "They (staff) stand away on the other side in the shower while I am washing." Another person explained how the service had made changes to respect their privacy and dignity and said, "It makes a difference having nice people coming in."
- A relative told us, "I always hear staff laughing and joking with (relative)," which they explained helped to create a nice atmosphere and put them at ease. Staff we spoke with were very clear about protecting people's modesty and ensuring people maintained their independence as far as possible. People told us they appreciated this.
- The management team used a messaging service to cascade information to staff via their mobile phones. Although beneficial to the efficient running of the service, the management team understood the importance of monitoring this closely to ensure people's confidentiality was not breached or their safety placed at risk. We checked a sample of recent messages and found these did not contain any personal information relating to anyone using the service. Staff were clear too on how to ensure information about people was always treated confidentially and provided examples of how they did this. One staff member

told us, "I would not discuss anything work related out of work. If I take any paperwork back to the office I would store it in an envelope and take it straight there, not leave any paperwork laying in my car."

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

- People were appreciative of how staff involved them in the planning of their care and support. A relative said, "Staff will always ask for help and advice from family members, so we can work on solutions together."
- Each person had a care plan which contained personalised information about how they should receive their care and support, to meet their individual assessed needs and personal preferences. Additional records were being maintained to demonstrate the care and support provided to people daily.
- One person's care record contained some confusing information. It was unclear from this whether staff or the person's relative was responsible for carrying out a personal care task. The nominated individual acted to clarify this during the inspection and to ensure clear guidance was provided to staff about this. Despite this, everyone told us the service delivered on what was agreed with them. People's needs were reviewed with them too, to ensure the care and support they received was still right for them.

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.

- Staff and relatives confirmed that some people had limited verbal communication due to a variety of health conditions. However, everyone told us at the current time staff were still able to understand and speak with people. A relative told us staff knew how to communicate with their relative better than they did adding, "(Person) has more conversation with them (staff) than me!" Many people commented positively on the easy, friendly chatter between people and staff.
- Care records did not yet capture this information though, which would be important in the event of someone's communication needs changing or deteriorating further. The nominated individual told us soon after the inspection that everyone's records would include this information in future and that specific communication training for staff would be explored, to support staff in continuing to meet people's needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The registered manager confirmed that at the time of this inspection the service was not responsible for supporting anyone to meet their social needs, although this was something that could be arranged if someone required this.

Improving care quality in response to complaints or concerns

- Information had been developed to explain to people how to raise concerns or make a complaint, if they needed to.
- People told us the management team regularly checked to make sure they were happy and to discuss any concerns they might have.
- Everyone confirmed they knew how to raise concerns or make a complaint. One relative told us they would go straight to the registered manager if they needed to. Other relatives talked about concerns they had raised in the past but went on to say how these had been resolved to their satisfaction, in a timely way. Records we saw supported this.

End of life care and support

- Staff confirmed the service was not currently supporting anyone who required end of life care. However, the registered manager showed us a new document that had been developed which they planned to complete with people and their relatives, to ensure people's end of life preferences and choices were known. This information would support staff in knowing how to ensure people's comfort and wellbeing, in the event of them becoming unwell suddenly.

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.

Continuous learning and improving care

- Quality monitoring systems were in place to check the service was providing safe, good quality care. Several checks and auditing tools had been developed and were being used on a regular basis to check the quality of service provision. Although these had identified several areas for improvement, there were additional areas that we found during the inspection that had not yet been picked up by the checks and auditing tools in place. This included staff recruitment records, ensuring lasting power of attorney decisions are checked, recording information about how people's communication should be met and making sure care plans contain clear information about who is responsible for carrying out tasks - where family members are also involved in providing care and support.
- This highlighted that the provider's quality monitoring and assurance systems required strengthening to ensure legal requirements were consistently understood and met.
- The management team took swift action to address some of these areas before the inspection finished. They also provided us with an action plan soon after the inspection, setting out a clear plan to ensure improvements were made in all these areas; to promote the safety and well-being of people using the service. They explained as this was still a relatively new service, they were keen to learn and to improve the service provided to people.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People spoke highly about the way the service was managed and said they would be happy to recommend the service to others. They told us the management team were helpful, receptive and dealt with any issues they had. One person said, "[Name of registered manager] always tries to meet what you request." A relative added, "[Name of registered manager] is really friendly and thorough. It is clear she has a lot of experience." People took the time to compliment other members of the staff team too and commented positively on the quality of the service they received overall.
- Staff also commended the management team and confirmed they felt well supported. One staff member said, "Yeah, if I have any questions I can bring them up and they guide me in right direction." Another staff member added, "Fantastic, they (members of the management team) are full of information and we can always go to them whenever I need them...they always involve us too in asking for ideas."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; and 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 registered manager and nominated individual were knowledgeable about the service and the needs of the people using it. They spoke about their roles with passion and it was evident that they both strove to provide an excellent service.
- Feedback from a relative, along with written records, demonstrated the registered manager had acted in an honest and transparent way when something had gone wrong. It was clear that this approach had been appreciated by the relative and had instilled confidence in how the service was run.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Satisfaction surveys, telephone calls and face to face reviews ensured people, relatives and staff were engaged and involved. The results of satisfaction surveys completed by people demonstrated a high level of satisfaction with the service they received. However, some people had received support from staff in completing these which may have prevented them from providing honest feedback about the service. The nominated individual told us they planned to send questionnaires out to families and people by post next time, which would enable them to provide feedback anonymously if they preferred to do so.

Working in partnership with others

- The service worked in partnership with families, key agencies and organisations such as the local authority and external health care professionals to support care provision, service development and joined-up care in an open and positive way.