A1 Home Care Ltd

A1 Home Care

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

Overall summary

A comprehensive, announced inspection of A1 Home Care Services took place on the 20 January 2016. We gave the provider 48 hours' notice so that we could be sure that someone from the service would be there to greet us.

A1 Home Care provides a variety of care and support to people in their own homes. This includes supporting people with personal care needs, shopping, cooking, and companionship. The service also providers 24 hour care within people's homes. Located close to Chelmsford Town Centre, A1 Home Care serves the people within and around Chelmsford.

The service has a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service has been rated as Good over all, with requires improvement under well led.

The registered manager and management team communicated appropriately with other organisations and within the guidance set out with the Registration Act 2009. However, there was no clear line of accountability for supervision of care staff and senior staff and regular 1:1 supervision did not take place. Informal reporting systems between staff and management were in place, which meant that information could be lost and we could not be certain that staff concerns had been addressed.

People using the service could not be confident that visits to provide care and support met their needs in a timely manner. Calls were often late and whilst people and staff had complained about late calls, the provider had not taken action to appropriately monitor late calls and remedy the cause of them.

However, the service provided safe care. Managers responded to concerns about care standards in a timely way. People using the service could be assured that staff had been through a rigorous employment process and safely recruited. Care teams were chosen to ensure consistency of care and competence in care delivery. Care workers followed safeguarding procedures appropriately and had used whistleblowing procedures to protect people

The service took seriously the need for care workers to be trained to deliver safe, effective care in a caring manner. People who used the service and health and social care professionals commented on staff competence and commitment. Care practices were monitored through regular observations, and when needed care workers would receive additional training. Comprehensive risk assessments were completed and regularly reviewed so that people's changing needs could be identified, and staff had a good understanding of infection control and were provided with the appropriate clothing and protective wear.

People who use the service describe care staff and managers as kind and caring. Care workers knew people's individual, diverse cultural, religious and gender needs and preferences, and had developed positive relationships with people and provided care that was respectful and dignified. Health and social care workers spoke of staff as "excellent advocates" for people in their care.

Care workers were responsive to people's needs. Small core care teams for individual people meant that care workers had been able to develop positive relationships with people. When people's needs changed, care workers would notify the registered manager and communicate with other health professionals in order to ensure people received the right care and treatment. People using the service could be confident that when they complained about standards of care from care workers that these would be acted upon quickly and sensitively and they would be informed of the outcome. The service worked collaboratively with other organisations so that people did not go without care when they needed it.

During this inspection, we identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Care Quality Commission (Registration) Regulations 2009. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

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.

The service had a robust recruitment system in place and ensured that the people received care from appropriately trained staff.

Experience and knowledge of staff were taken into consideration when devising individual care teams for people.

Care workers understood safeguarding procedures and were proactive in keeping people safe.

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

The service managed medicines safely.

The service provided care workers with protective clothing and trained staff in infection control.

Is the service effective?

Good

The service was effective.

Staff were trained and competent to carry out care tasks.

Additional training was provided to staff caring for people with complex needs,

Consent to care was documented within individual care plans.

Staff would support people to cook their own meals when identified as a need.

Staff made referrals to other health professionals if a person needed additional assessment and treatment, or had deteriorating health concerns.

Is the service caring?

Good

The service was caring.

Care workers were described as kind and compassionate by people who used the service.

Professionals described the care workers as being advocates for people who used the service.

Staff treated people with respect and dignity. When issues of staff behaviour had been reported, the service had acted quickly to support people.

Is the service responsive?

Good

The service was responsive

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

Summary of findings

Small teams of care workers for individuals meant that care was consistent and safe.

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

The service worked with local authorities to ensure that people received the care they required.

Is the service well-led?

Requires improvement

The service was not well led.

Complaints by staff and people who used the service about late calls had not been addressed.

Staff were not allocated travel time to get to each appointment, and visits were late and shorter than time allocated.

Staff did not always have time to be flexible or to respond to people's changing needs.

Staff did not receive consistent managerial support and there was no clear line of accountability.

However, The service had an open culture and staff had used whistleblowing procedures.

The registered manager was visible and approachable.

When people reported problems with care staff were reported the registered manager dealt with these appropriately.

The registered manager made appropriate notifications to the local authority and Care Quality Commission.

Senior staff carried out regular care observations to ensure the quality of care provided.

A1 Home Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 20 January 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection team consisted of two inspectors.

Before the inspection, we looked at all of the information that we held about the service. This included information from notifications received by us. A notification is information about important events, which the provider is required to send to us by law.

During the inspection we visited the service's office, spoke with 10 people on the phone, three of whom were people's relatives. We also spoke with the registered manager, provider, training facilitator, and eight members of care staff.

We looked at seven people's care records and records in relation to the management of the service and the management of staff such as recruitment, supervision, medicines administration records, and training planning records.

We looked at seven staff files and training files to ensure that staff had been safely recruited and trained. We also looked at the services incident-reporting book, consequent investigations and any complaints that the service had received.

We spoke with five health and social care professionals who had contact with the service and people who used it.

Good

Is the service safe?

Our findings

The service had a safe recruitment process and used values based interview questions to identify the right people. Potential staff had to provide background checks into criminal records and two satisfactory references before they could work alone with people who used the service. This meant that care workers were safe to support people.

All care workers were trained in safeguarding vulnerable children and adults. There was a new training system in place, which meant that staff remained up to date in training and received regular updates.

Care workers told us how they would report safeguarding concerns and they had a good understanding of safeguarding procedures. They told us they were encouraged to raise concerns and we saw evidence of when staff had used the whistleblowing policy to raise concerns about colleagues care practices. We saw that the service had investigated and acted on concerns appropriately. We saw evidence that staff reported concerns to relevant agencies. On the day we visited staff had reported concerns about a person who used the service and the registered manager had taken action to safeguard the person appropriately.

People using the service, and care workers providing care out of hours, received support from one of two senior carer workers on call. The duty care worker had access to a portable laptop so that staff whereabouts could be tracked. If a member of staff could not get to a visit on time, an alternative care worker would be asked to go out and support care needs. This kept people safe when the office was closed.

There was a wide range of detailed risk assessments in place, including environmental risks of a person's home, as well as their physical and mental health risks. Medical histories were documented, providing staff with the information they needed to support people, and the service considered the skill mix of staff appropriately.

People with more complex care needs had small teams of care workers. If people required two care workers for personal care, they would be cared for by an experienced member of staff and by a learner. In this way, newer staff members could get to know people so that they would have the experience to step in when regular care workers were not available. People told us that this made them feel safe.

The management team audited the medicine administration records weekly. This was to ensure records were being safely and accurately maintained and people had received their medicine as prescribed. The registered manager actively investigated when errors had occurred, including contacting the appropriate authorities when medicine had gone missing. This meant the service was transparent.

All staff had yearly medicine management training, and people received medicines safely. Senior staff carried out observational competency to monitor staff's practice to make sure they were safe to administer medicine. When staff assisted people with medicine, we saw that risk assessments had taken place to support people safety. A social worker told us the provider worked well with people and external agencies to mitigate risks of overdose for those with poor memory. This meant the provider actively engaged with people to keep them safe.

People with complex individual needs were supported safely. The service ensured that staff were given additional training when people required care that is more complex. This included PEG feeding, where care workers will give food through a tube into a person's stomach that are unable to swallow or eat enough and need long term artificial feeding. Only those staff who were trained and passed as competent would be sent to support people with additional needs. One person told us, "They really know what they are doing, I feel safe with them."

We saw that the service had a good stock of protective wear such as gloves and aprons. Staff told us they were able to call into the office any time to take stock, and were taught in infection control procedures. All staff were expected to wear appropriate uniform and had guidance on appropriate jewellery to reduce risks of cross contamination.

Good

Is the service effective?

Our findings

New staff completed a comprehensive induction programme in the form of the national care certificate. The Care Certificate aims to equip health and social care support workers with the knowledge and skills which they need to provide safe, compassionate care. Staff completed reflective writing exercises and were observed by senior staff in their practice as part of their evaluation. The Care Certificate standards had to be completed to pass probation. Newly recruited staff were supervised until they and the registered manager were confident they could provide appropriate care. People who used the service told us, “The staff are so well trained,” and; “The staff know exactly what to do.”

We saw within the records and from our discussions with care workers that they had the skills to look after people safely. Staff were supported to carry out additional training, such as The Qualifications and Credit Framework (QCF) in care. The QCF is a national recognised diploma that aims to enhance the skills and knowledge of health care workers. The training manager was in place and had reorganised training packages so that staff could complete relevant training to refresh their skills and knowledge.

Care practices were monitored to audit the quality of care provided. Senior care workers and the trainer, carried out regular observations of care workers, which formed part of their supervision process. Observations included whether staff gave regard to consent, choice, and promoting independence.

The provider did not always carry out face-to-face supervisions to discuss care workers progress. Senior care workers supervised each other when potential performance issues had been identified. The service did not have a clear supervision structure. One staff member stated they had never received supervision. However, staff told us that they would often go to the office and speak to the registered manager informally about any concerns they had. For example, “I am always up the office if I have any worries about someone or I need advice”.

Where people had made decisions about ‘do not attempt resuscitate’ orders, staff were aware of where these could be found in a person’s home and what they should do in an emergency. This information was clearly documented in people’s folders in their homes, and their individual care plans. Contact details of next of kin and others to contact were available. Staff were also trained in basic first aid training and could attend to people in emergency if required.

Staff talked about encouraging people to remain as independent as possible. All staff received training in the Mental Capacity Act 2005 and those we spoke to, understood the importance of people being able to consent to treatment. We spoke to people using the service and their relatives. They told us that they felt they were encouraged to remain independent. One person told us, “They always support me to do what I can for myself.”

People who required specialist nutritional input, such as PEG feeding, were provided with care workers who had been appropriately trained to deliver this intervention. Staff liaised with district nurses if they had concerns or additional training needs and they worked collaboratively together to provide needed care.

Health and social care professionals told us that staff regularly communicated with them when they had concerns about people. However, one health care professional stated, “Communication from the actual care workers could be improved with regards to changes to patients' conditions. Another health care professional told us, “A1 are a professional care company who have good knowledge of manual handling and equipment and who train their staff well. They are always willing to try and learn new equipment/techniques.”

Good

Is the service caring?

Our findings

Staff told us that they had been able to develop good relationships with people and would informally discuss changes in people's needs with supervisors and care team colleagues. Changes in care were documented in the daily notes and care workers were expected to read these before care began.

The service responded to people in a caring and compassionate manner. People who used the service all commented on how kind and caring staff were. One person said, "I think of the girls like my daughters, they are so lovely." Other people made comments like, "They are so kind and respectful." One social care professional told us, "My experience with A1 Home Care is they will go the extra mile to provide a quality service and ensure the needs of both the customer and the carer/family are considered."

Staff had a good understanding of people's needs and the importance of promoting independence. People told us staff were considerate, showed respect and protected their dignity. This meant that staff supported people as partners that helped people to remain comfortably in their own homes and community. We spoke with one person who received recreational visits from a member of staff. They told us how much they enjoyed spending time in the community. They were able to choose their own daily activities, such as going swimming and eating out. We observed that the person and their care worker had a warm and caring relationship.

People we spoke with told us that they received support that consistently demonstrated dignity and respect at all times and that staff who cared for them understood their needs well.

Professionals spoke of A1 Home Care staff as being "excellent" advocates for people in their care. A professional informed us "I've heard from some of A1's client's that the majority of the care workers are friendly and spend time with them, which improves their day, with them looking forward to having their care workers visiting them."

Good

Is the service responsive?

Our findings

Care plans provided staff with the information they needed to deliver person centred care. People had established core care teams, which meant that they received care and support from staff that knew and understood their history, likes, preferences, needs, hopes, and goals. However, some care plans were not always detailed enough for people who had complex needs such as those who lived with dementia or those who needed end of life care. For example, care plan reviews identified if a person's needs were increasing, yet care plans did not contain information for staff about how to meet changing needs and behaviours. Staff kept up to date with daily notes and handovers between care workers and small care teams were assigned to people so people received care from staff who knew them well.

People's diverse cultural, gender and spiritual needs were identified. Although one care plan informed staff that a person had cultural preferences for care, but it did not specify what these were. This meant staff might not have the all the information they needed to provide appropriate care. We spoke with the registered manager about this example and they amended a care plan to provide staff with the information they needed.

The service dealt with complaints about standards of care practices in a timely and appropriate manner. People told us the registered manager was approachable, and responsive in acting upon concerns they raised about staff. One person said, "I have phoned her a few times and she is always understanding and polite." Another person said, "I raised concerns about a staff member and the registered manager dealt with it straight away." A third person who used the service told us, "The office staff are very friendly, I have no problem reporting concerns." We saw evidence that the registered manager had acted upon these appropriately through their disciplinary procedures. This included contacting other relevant bodies such as the police or local authority when concerns raised were serious in nature. People told us the manager would contact them to inform them of the outcome of investigations and they felt supported.

The service respected people's preferences for care. People could choose if they wanted a male or female member of staff to support them with personal care. People told us that when they had requested this, the service had been accommodating and respected their wishes, only receiving male care workers for less personal visits such as meal times. People we spoke with told us they were very happy with the care they received. One person said, "I have changed services after receiving poor quality care from another agency and I can see a huge difference in the quality of care I get. Staff are so helpful and know what they are doing."

The service worked in partnership with other health and social care providers to make sure people's needs were met. This included working with local authorities when the care agency had to withdraw care to ensure that people received care until alternative care could be provided. We saw evidence in care plans where staff had to deal with people displaying behaviour which challenges the service. In one case the service had decided to terminate the care package, however they had worked with the local authority to ensure that the person continued to receive care and treatment until a suitable care package could be arranged.

The registered manager had filled in forms to say that people had consented to their care arrangements but people did not sign to say they were involved in planning for their care. We have asked that the service ensure that they can demonstrate that people, families and carers, are involved in planning and reviewing care packages.

This service worked in a coordinated way to keep people safe. All professionals we spoke with told us that care staff were good advocates for people and would report concerns to relevant health and social care professionals so that assessments could be carried out to look at their changing needs. One professional said, "I had one adult who was un-befriended and the agency was excellent at advocating. It was proactive and worked well with myself and other professional bodies."

We saw evidence that the registered manager followed disciplinary procedures when unsafe practice was identified. These systems were robust with clear outcomes, which included dismissal, or additional training and care observations.

Requires improvement

Is the service well-led?

Our findings

There were not sufficient systems in place to monitor the impact of late visits, and how to minimise these. A professional raised concerns that on occasions mealtime appointments were late and this meant people with additional needs, such as diabetes might have their medical needs compromised.

All staff we spoke with informed us of the difficulty of having no allocated travel time between visits, which impacted on whether they got to the next visit on time and which was further made difficult when navigating traffic. Staff told us they had raised concerns about this informally on numerous occasions but action had not been taken. Some staff told us that this made them feel rushed when with people. People we spoke with confirmed that this was a problem; some stated the "only problem". One person said, "[Staff] are so nice, but I do feel like a burden as sometimes they are running late and in a hurry." Another person said, "Yes they are often late, but it's not their fault, they get stuck in traffic." Someone else said, "They are in hurry, when they are late for me they are late for the next person." One member of staff said, "It's difficult as we don't get paid for travel time. Sometimes I am stuck in traffic and that makes me late. I could be on the job for five hours but get paid three and a half." The registered manager told us that a new recruitment drive hoped to alleviate the pressure of visit times but there were no plans in place to introduce travel times between visits.

Staff did not have regular 1:1 supervision and there was not a clear line of accountability. Systems in place were informal which meant that information could be lost. The service did not always demonstrate that they listened to and acted on views of staff. Staff did not receive consistent managerial support

There were no clear processes in place for supporting and supervising care workers. One person told us they had not received supervision in two years. Staff meetings did not take place and there did not appear to be clear line of accountability. Staff told us that if they need to have a "chat" they would speak to the senior care workers or the registered manager. These were informal discussions and we saw limited documentation which meant the information might not be communicated effectively to others.

This is a breach of Regulation 17 of the HSCA 2008 (Regulated Activities) Regulations 2014, Good governance

We saw evidence that staff had felt able to raise concerns about the quality of care offered by colleagues and care workers. Staff told us that they felt the registered manager had an open door policy and they could inform them of any worries about care.

People gave positive feedback about the service. Most of the people we spoke with told us that they felt the registered manager was very responsive to their concerns and they could and had contacted them. People we spoke with were aware of the complaints procedure in place.

Management took staff training needs seriously. The service provided a spacious training room where staff could use computers and access on line training and support from the trainer on site. In addition, we saw letters in staff files from the registered manager, thanking staff when they had made a positive contribution. For example, when positive feedback from people had been received. This helped staff to feel valued in their role and motivated them to do well.

The registered manager and management team followed up concerns about care and treatment of people. We saw evidence in staff files that the behaviours and performance of staff were taken seriously. When performance issues had been identified, the management team followed processes to investigate the concerns through their internal disciplinary procedure and action plans were developed. These included staff receiving additional training, staff being withdrawn from people's homes, and increased management care observations of staff, until they were satisfied that staff were competent.

The service sought to expand their knowledge links to improve their practice by joining Essex Independent Care Association. This venture allows services to access advice, support, and share guide best practice with other independent care agencies.

Most of the staff we spoke with told us they were happy in their jobs and felt supported by management. Staff had people's best interests at heart. We saw evidence that staff felt comfortable to raise concerns about people in their care. Staff told us "I always feel able to pop out the office and talk to the manager if I am worried about a person and I feel listened too". Another member of staff gave an example, "On one occasion I was concerned about an

Requires improvement

Is the service well-led?

electric point in someone's home so I phoned the office, they contacted the family immediately to get it checked." We saw evidence that staff had raise concerns about colleagues. One staff member told us, "I have reported a colleague before, this is a good organisation, and they really care about the people we look after."

The service worked closely with key organisations to support people in receiving the care they needed. Community matrons and social workers reported that the service responded to people's needs well and good practice was observed in people's homes. A health care professional when asked if staff would seek guidance stated, "Always! Either for specific cases or for general advice."

The service met the conditions for registration and routinely notified CQC and external organisations appropriately. We saw examples of the service liaising with the police service and when concerns had been raised about individual staff. The service followed their organisation policies and duties under the Health and Social Care Act 2008 to keep people safe from harm.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Regulation 17 (2)(a)(b)(e)(f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.** The provider failed to sufficiently and regularly assess, monitor, and improve the quality and safety of the service provided in the carrying on of the regulated activity. The provider did not have established systems in place to assess, monitor, mitigate risks for people who used the service and improve the quality and safety of the services provided from the regulated activity. The provider did not seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services. The provider did not evaluate and improve their practice in respect of the processing of the information referred to in sub-paragraphs (a) to (e).