

# Your Care Matters Domiciliary and Recruitment Services Ltd

## A1 Care Ipswich

### 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?	Good ●

# Summary of findings

## Overall summary

### About the service

A1 Care Ipswich is a domiciliary care service providing personal care to people living in their own homes. At the time of our inspection there were 7 people using the service. Everyone who used the service received personal care support. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

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

#### Right Support:

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's choices were listened to about how they wished to be cared for and supported at assessment and reviews. People's care records included guidance for staff in how to meet people's needs and ensure their consent was sought, choices respected, and independence promoted.

#### Right Care:

People received person centred care and their privacy, dignity and human rights were being met.

#### Right Culture:

The service was well-led, and the provider/registered manager was committed to providing good quality care. The registered manager monitored the service provided and valued people's feedback. There was a complaints procedure in place and where concerns were raised, these were acted on. There was a service improvement in place which evidenced continuous improvement.

There were enough staff employed to cover people's planned visits. Staff were recruited safely. Where people required support with their medicines this was documented and delivered in a safe way.

There were systems in place to reduce the risks of abuse and avoidable harm. Risk assessments and care

plans guided staff in how people's person-centred care needs were met, and risks mitigated.

Staff received training to meet people's needs. Where people required support with their dietary, hydration and health needs this was assessed and documented.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 13 January 2022 and this is the first inspection.

#### Why we inspected

This comprehensive inspection was undertaken because the service had not yet been inspected and rated since registration.

#### 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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### 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 well-led.

Details are in our well-led findings below.

Good ●

# A1 Care Ipswich

## 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 undertaken by 1 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 48 hours' 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 14 February 2023 and ended on 15 February 2023. We visited the location's office on 15 February 2023.

#### What we did before inspection

We reviewed information we had received about the service since registration. We sought feedback from the

local authority and professionals who work with 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 used all this information to plan our inspection.

During the inspection

We spoke with the registered manager who is also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with 1 person who used the service and the relatives/representatives of 4 people. We received electronic feedback from 1 social care professional and 4 care workers.

We reviewed 3 people's care records, including medicine administration records. We reviewed 3 staff member's personnel files and records relating to the management of the service, including complaints, compliments, improvement plan and monitoring 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 good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to safeguarding people from abuse. This included training for staff and policies and procedures. Staff confirmed they understood their roles and responsibilities in identifying and reporting abuse.
- Where there were concerns about people's safety, the service had raised safeguarding referrals with the appropriate organisation responsible for investigating safeguarding concerns.

Assessing risk, safety monitoring and management

- People's records included risk assessments which guided staff in how the risks were mitigated. This included risks associated with mobility and the environment people lived in.
- Staff received training in supporting people safely, such as lone working, falls awareness and moving and handling.
- One person using the service and people's relatives told us they felt the service was safe.

Staffing and recruitment

- There were enough staff members to ensure people's planned visits were undertaken. Recruitment was ongoing and the registered manager told us they provided a competitive salary to encourage recruitment and retention.
- The registered manager told us they would not accept new people into the service, until they were assured there were enough staff to cover their visits. There had been no missed visits to people. A person told us if the staff were running late for their visits, they were always told.
- Staff recruitment was undertaken safely with the required background checks in place. 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.

Using medicines safely

- Where people required support with their medicines, this was documented in people's care plans and risks were assessed and mitigated.
- Records showed where people required support with their medicines, they received them as prescribed. Relatives told us they felt their family members were provided with the support they required with their medicines. One relative said, "They sort everything out, even the medication." Another relative told us that their family member required food with their medicines, "They [staff] always make sure [family member] has something to eat with their tablets."

- Staff received training and had their competency assessed to ensure they supported people with their medicines safely.

#### Preventing and controlling infection

- Staff received training in infection control and were provided with personal protective equipment (PPE).
- Staff were observed in their usual work practice to ensure they were practicing good infection control processes, including hand washing.

#### Learning lessons when things go wrong

- There were systems in place to learn from incidents and accidents, including debriefs completed for every incident to aid learning and reduce future risks.

# 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

- Prior to people using the service, needs assessments were undertaken by the registered manager with the input of the person and their representatives, where required. A relative told us, "I was consulted when they did the assessment with the owner."
- The needs assessments were used to inform people's care plans and risk assessments, which were regularly reviewed and if people's needs and preferences changed.
- Policies and procedures and associated documents referred to legislation and good practice guidance.

Staff support: induction, training, skills and experience

- Staff confirmed they were provided with the training they needed to meet people's needs. One staff member said, "I have enough training, the support is ongoing, and I am given every opportunity to learn new skills."
- Records showed training was delivered in subjects including moving and handling, pressure area care, medicines and safeguarding. In addition, staff received training in people's diverse needs, including dementia, epilepsy awareness, end of life and dignity in care. Competency checks were undertaken to ensure the training received was effective.
- Staff received an induction when they first started working for the service, this included training, shadowing more experienced colleagues and the completion of the Care Certificate. This is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff received the opportunity to discuss their work practice, receive feedback and identify any training needs through regular one to one supervision meetings.

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

- Where people required support with their dietary needs, this was included in their care records. A family member told us how the staff member who cared for their family member, "Cooks lovely meals, fresh fruit and vegetables. We can see the difference in [family member]."
- Staff were guided how to support people with their fluids in care records, such as ensuring people were encouraged to drink and had access to drinks during their visits.

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

- People's care records included information about their health care needs and the professionals involved

in their care.

- Where there were concerns about people's wellbeing, referrals were made, with the person's consent to health care professionals, or were reported to their family members, where appropriate. A person told us how the staff had supported them with their health care needs, which they were happy with.
- The registered manager told us how they had taken swift action to respond when a staff member had identified concerns with a person's skin integrity. This included contacting health professionals and supporting with obtaining pressure relief equipment. This was confirmed in records.
- People's needs relating to their oral health were recorded and daily records demonstrated support where required was provided.

#### 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 MCA 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.

- Care records identified people's capacity to make decisions. Care plans guided staff to ensure they asked for people's consent before providing care.
- People using the service, or where required their representative, had signed their care documents to show they consented to their planned care.
- Where individuals had been appointed to support people in decisions relating to health and welfare and/or finances, the registered manager checked this to ensure any decisions made in people's best interests were appropriate.

# 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

- We received positive comments about the approach of staff and how people were treated with respect and care. One person who used the service said that the staff who visited them, "Cheer me up," which they felt was important and said, "They are respectful." One relative commented, "[Family member] knows all the carers by name... [Family member] is happy and loves them all."
- People's care records included information about their diverse needs and how they were respected and met.

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

- We received feedback from a person using the service and relatives about how they felt included in how care was delivered.
- Care reviews were undertaken with people using the service and their representatives, where appropriate. Where changes in people's care needs and preferences were identified the care plans were reviewed.

Respecting and promoting people's privacy, dignity and independence

- People's care records guided staff in how to ensure people's privacy and dignity. The care plans identified what areas of their care people could attend to independently and how this should be respected and promoted.
- A person told us how they felt their independence was respected and encouraged which made a positive impact, "With their help, I can now walk from the bed to the chair." A relative said, "They have got [family member] walking, they encourage independence. [Family member] can walk to the bathroom with confidence. Great improvements."
- We received comments from relatives which demonstrated their family member's privacy and dignity was respected. One relative said, "[Staff] definitely respect privacy... All [personal] care is provided in a dignified way away from [other relatives]."

# 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; 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

- People's care plans included guidance for staff how people's specific needs and preferences were to be met. These were kept under review and updated where required.
- People's care plans included information about their specific health conditions and how they impacted on their daily life. The records included warning signs that staff should be aware of which indicated a person may be becoming unwell, for example, associated with diabetes. This supported the staff to respond to concerns about people's wellbeing.
- People's care records included their interests and background, this provided staff with information of what to speak with people about.
- Daily notes included information about the care provided on each visit and how the person presented. This enabled the staff to identify any changes in the person's wellbeing.
- People's relatives told us how they felt the service was responsive to their family member's needs. A person's relative said, "If there are any concerns [about family member's wellbeing], we speak to each other, touch base, and they act straight away." Another relative commented, "[Family member] is doing really well and lot of it is down to the care. Any changes we always get a phone call, ask how we are getting on. What they have done for [family member] we are really pleased with, can't ask for anymore."

### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's care plans included how people communicated and guided staff on how to communicate effectively with them.
- The registered manager told us documents were available in accessible formats, such as larger print and other languages, if required.

### Improving care quality in response to complaints or concerns

- There was a complaints procedure in place, which explained the process when complaints and concerns were received. A person told us they had not raised a complaint, but if there were any concerns they reported to the office and it was addressed, "They do a good job." A relative said, "Never raised a complaint, we have no concerns whatsoever."

- Records showed concerns and complaints were investigated and responded to in line with the provider's complaints procedure.
- Records demonstrated that any concerns were used to drive improvement in the service. This including debriefing and anonymising concerns and discussing them in staff meetings. For example, we saw the minutes from a recent meeting where staff discussed a recent concern and how they ensured people's dignity.

#### End of life care and support

- People's end of life decisions were recorded in people's records when they had chosen to discuss it.
- Where people had made the decision not to be resuscitated, their care plans identified where the documents were kept in their home to show they had made this decision. This ensured that, they were available if needed, for example, emergency services, could be made aware of the person's decisions where required.
- There were no people currently using the service who required end of life care. However, we saw compliments received from relatives who thanked the service for the compassionate care provided to their family members at the end of their life.

# 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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff told us they felt the service was well-led. A staff member said, "I feel that the service has a strong leadership, the manager and office staff are always listening to our concerns and are providing us with skills and tools that we need to perform in our day to day activity." Another staff member commented that the registered manager, "Demands high standards of care, [registered manager] leads by example."
- A person who used the service and most relatives told us they were satisfied with the service they received. A relative said, "Carers who visit [family member] do a phenomenal job... They always turn up and sometimes stay longer."
- A relative explained how the service had responded to their comments which indicated the service was well led. The relative said, "Went to the owner, there was no problem they dealt with it straight away, they listen and act, very approachable. They ring weekly to check everything is alright and if they can do anything different, all going well."

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

- There was a duty of candour policy and procedure in place, which was understood.
- The registered manager explained the policy and when it would be used. Records demonstrated an apology and explanation of what had gone wrong was provided, where required.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood their roles and responsibilities. We received information of notifiable incidents, as required.
- The registered manager undertook a range of audits and monitoring which assisted them to identify any shortfalls and address them. For example, visits times were monitored to ensure staff stayed the correct amount of time at visits. The registered manager gave us an example where recent disciplinary action had been taken as a result of feedback received and their own monitoring.
- Feedback received from staff demonstrated a commitment to providing good quality care. One staff member said, "I am very proud that I have the opportunity to work for A1 Care. Our office is friendly and helpful, and my colleagues are always friendly and happy. In our company, transparency comes first, we talk to each other for any concern and we work together to meet people's needs."

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

- People using the service and relatives were asked for their views about the service in satisfaction surveys. The results for these were analysed and actions taken where required.
- People and relatives were also asked for their views in telephone monitoring, care review meetings and when staff were being observed in their work practice. A relative said, "They call ask how we are getting on, they talk to each other, so they know what is needed."
- Staff received the opportunity to discuss their work and receive feedback in group and one to one meetings.
- The registered manager told us when they received compliments about specific staff, a bonus was provided to show the staff they and their work was valued and appreciated.
- Staff told us they felt they could approach registered manager with concerns, and they would be listened to.

Continuous learning and improving care

- There was an improvement plan in place which demonstrated a commitment to continuous improvement. The registered manager told us they were always looking at how they could improve.
- The electronic systems used for staff to record the care and support provided were monitored. This enabled the registered manager to identify if people had not received a particular task set out in the person's care plan, and action could be taken.
- Staff were observed in their usual work practice by the registered manager and/or senior staff. This was to ensure they were working to the provider's required standards.

Working in partnership with others

- The registered manager told us they had positive working relationships with other professionals. This included making referrals to other professionals and working in partnership to improve people's wellbeing, for example working with a team who specialised in dementia care.
- This was confirmed in feedback received from a health and social care professional, who stated their working relationship with the service was, "One of openness, transparency and willingness to learn, take advice and guidance."
- The registered manager told us how they had attempted to work in partnership with another care provider. They had initial telephone discussions, but this had not developed.