

A1 Nursing & Homecare Agency Limited

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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

The inspection took place on 02 May 2018 and was announced.

The service is a domiciliary care agency. It provides personal care to people living in their own homes in the Wigan and surrounding area. It provides a service to children, younger and older adults who may have a physical or learning disability and people living with dementia.

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, seven people were receiving homecare support from A1 Nursing & Homecare Agency Limited.

A1 Nursing & Homecare Agency Limited in addition to providing homecare also provides nursing and support cover to care homes and other agencies. This was not looked at as part of this inspection.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was available throughout the inspection but it was the deputy manager who facilitated the inspection and they told us they would be applying to become the registered manager as they oversaw the homecare packages currently.

At this inspection we found comprehensive risk assessments were in place and support plans devised to mitigate the risks. We saw that people or their relative had been involved in planning the care provided.

The provider had appropriate systems and procedures in place which sought to protect people who used the service from abuse. Staff demonstrated a good understanding of local safeguarding procedures and how to raise a concern.

The recruitment procedures ensured appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service.

Medicines were managed safely and there was no omissions in signatures on the medicine administration

records (MAR) which showed medicines had been given as prescribed.

Staff received an induction, appropriate training and additional specialist training to meet the needs of the person they supported.

People's consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 were met.

People told us staff were caring and friendly and respected their privacy and dignity.

The provider had a complaints procedure in place to ensure that people and their families were able to provide feedback about their care and to help the service make improvements where required.

The provider sent a newsletter to people to maintain communication and provide updates regarding the service.

The deputy manager sought the views of people who used the service and their relatives by undertaking reviews. Following the inspection, questionnaires were being sent to ascertain people's feedback regarding the quality of the service they received.

Staff spot checks and competency checks were undertaken regularly to help ensure consistent quality of care delivery.

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 remains good.	Good ●
Is the service effective? The service remains good.	Good ●
Is the service caring? The service remains good.	Good ●
Is the service responsive? The service remains good.	Good ●
Is the service well-led? The service remains good.	Good ●

A1 Nursing & Homecare Agency Limited

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 was a comprehensive inspection and took place on 02 May 2018. The inspection team consisted of one adult social care inspector and an assistant inspector from the Care Quality Commission (CQC). There were seven people receiving support at the time of our inspection.

We gave the registered manager 48 hours' notice of the inspection visit because the location provides care to people in their own homes and we needed to be sure the registered manager would be available to facilitate our inspection.

Before commencing the inspection we looked at any information we held about the service. This included any notifications that had been received, whistleblowing or safeguarding information sent to CQC and the local authority. A notification is information about important events, which the service is required to send us by law.

We reviewed the information the provider sent us in the Provider Information Return. 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.

Whilst undertaking our inspection visit, we looked at three care records which related to people's individual care needs. We viewed five staff files and looked at recruitment process, training, competency assessments, and supervision and appraisal records. We also looked at records associated with the management of the service which included; policies and procedures, spot checks, meetings and the complaints process.

During our inspection visit, we spoke with the registered manager, provider and deputy manager. We also visited a person and their relative in their own home to ascertain their experience of the quality of the service provided. Following our site visit, we contacted one person and two relatives of people receiving support by telephone. We also spoke with three care staff and a health professional. We used this information and previous inspection findings to inform our inspection judgements.

Is the service safe?

Our findings

At the last comprehensive inspection, we found the service was safe and awarded a rating of Good. At this inspection we found the service continued to be good.

We received mixed views from people and their relatives as to whether there was enough staff to provide safe and effective care. People told us they had received care from an established staff team but had experienced unfamiliar staff being sent to support them. We were told this had improved in the last couple of months but they expressed some anxiety that this would be maintained. We asked the deputy manager about staffing and they acknowledged they had been relying on support staff from A1 Nursing & Homecare agency picking up care visits and completing homecare support. We ascertained the registered manager was recruiting to the homecare team in order to maintain an established staff team and in the meantime, the same staff from the agency who had received the required training were undertaking the homecare visits to provide consistency until this was achieved.

We were told there had previously been missed visits which had required people to ring the office. At the time of our visit, this had been addressed and we were told this hadn't occurred in the several months up to the time of our inspection. People and family members received weekly rotas and consent had been given by staff for family members to be provided with staff members personal contact numbers.

We saw that there was an 'on call' service so that staff and/or people who used the service were able to contact someone at any time. This included nights and weekends.

Risk assessments and care plans were comprehensive. People and relatives of people receiving support confirmed they had been consulted and engaged with the development of risk assessments and care plans. Staff told us risk assessments and care plans were always in place before they started providing care.

There were clear records maintained when accidents or incident had occurred which included action taken at the time and control measures to prevent re-occurrence.

Staff were knowledgeable about signs of abuse and demonstrated they knew how and who to report any concerns to. The local safeguarding process was advertised in the agency office. There was information for people who used the service if they had any concerns within the service user guide.

Staff kept accurate records of when people's medicines had been given. Records confirmed that all staff had received training on the safe administration of medicines. Competency assessments were completed regularly to ensure staff maintained the necessary skills to safely administer medicines. We saw medicine administration records (MARs) were completed and there were no signature omissions on the records looked at. A body map identified where creams were to be applied and records showed creams had been applied as prescribed.

Staff were provided with personal protective equipment (PPE) to protect them against the risks associated

with infection control. Staff had an understanding of how to prevent risks of cross infection. Before someone used the service their home environment was assessed for any risks to their health and safety and these risks were minimised as far as practicably possible to safeguard the person and the staff.

Is the service effective?

Our findings

At the last comprehensive inspection, we found the service was effective and awarded a rating of Good. At this inspection we found the service continued to be good.

We looked at five staff files and saw that there was an appropriate induction programme. This consisted of mandatory training and having competencies checked prior to working alone. A copy of the policies and procedures was given to each member of staff following the induction for them to refer to when necessary.

People and their relatives told us, staff had the skills, knowledge and experience to support people effectively. We saw staff received appropriate training and refresher courses to ensure their knowledge and skills were maintained. Bespoke training was also provided to meet people's individual needs. We saw staff competencies were continually being assessed to demonstrate the training was consolidated in to practice.

Unannounced spot checks were completed to check whether staff continued to work with people safely. The staff told us the registered manager checked their knowledge, whether they supported people in the way they wanted to be supported, used protective equipment to maintain infection control standards, arrived at the correct time and whether they were suitably dressed.

The registered manager or deputy manager continued to carry out an assessment with people before care was delivered. The assessment checked the risks and the care and support needs of each person so they could make sure staff had the correct skills to care for the person appropriately. The deputy manager explained time was put in to the assessment process as people were encouraged to discuss their sexuality or lifestyle preferences in order to uphold people's rights, and determine their capacity whilst undertaking the assessment.

We looked at three care files in the office which included comprehensive care plans, risk assessments and reviews. There were duplicate care files in people's homes. Care plans consisted of a range of health and personal information to ensure people received the correct level of assistance and support. The staff we spoke with told us they had been given the care plans to read prior to delivering any care to help ensure they were fully conversant with people's needs and requirements.

People retained their independence for managing their health care and staff knew about people's health needs and how this affected their support. People told us that the staff recognised changes in their health and sought prompt care. One person told us, "The care staff I now have, knows the routine. That breaks that tension. They know what they are looking for and maintain oversight of any changes in my presentation. She's well-trained and picks it up."

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. Staff demonstrated a good knowledge of Mental capacity and best interest decisions. At the time of the inspection there was nobody using the service that was considered to not have capacity to consent to their care and treatment.

We saw that people who used the service, or their family member when the care provided was to a person under 18 years of age, had signed a contract agreeing to the care and support they would receive. They also signed reviews of care to indicate their agreement to any changes made.

Is the service caring?

Our findings

At the last comprehensive inspection, we found the service was caring and awarded a rating of Good. At this inspection we found the service continued to be good.

People and their relatives were positive and spoke highly of the staff team they now had in place to support them. Comments included; "I can't say enough about them. They are like family. Actually, I've rang them when I'm in need before I've rang family." "The current staff I've got, I really like. I trust them and they trust me."

We were told of incidences in which staff had stayed with families overnight when people had been taken to hospital. We also established that care visits continued when a person was in hospital if this is what the person wanted.

Staff identified how they maintained people's privacy and dignity, offered choice and made sure people were covered up appropriately when providing personal care.

We saw evidence that people who used the service, and their families when appropriate, were fully involved in the care delivery from the start. A full assessment was undertaken prior to the start of the service and care delivery was reviewed on a regular basis, with clear contributions from the person who used the service, to ensure it remained appropriate.

We looked at the agencies approach to equality and diversity and how the rights of people who shared a protected characteristic were promoted and respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination; for example, discrimination on the basis of age, disability, race, religion or belief and sexuality. We found people's backgrounds and cultural needs were considered as part of the care planning process. Staff demonstrated a good understanding of how this was considered and people's rights were protected.

A service user guide was given to people who used the service. This included the service's statement of purpose, explanation of care delivery, financial information and complaints procedure.

Is the service responsive?

Our findings

At the last comprehensive inspection, we found the service was responsive and awarded a rating of Good. At this inspection we found the service continued to be good.

Each of the care records we reviewed provided comprehensive information to enable staff to provide safe, effective, person centred care to people. We saw within the care files we looked at that there was a significant amount of personal information. This included; people's hobbies and interests, childhood memories, family, work history, likes and dislikes, people's preferences, for example preferred bedtime routine or how many sugars a person had in their tea were captured. There was reference within the care plans to people's spiritual and emotional needs as well as physical requirements.

We saw regular reviews were carried out to ensure the records matched how people wanted to be supported. The staff completed records of each visit which provided a brief overview of the care provided and any changes to people's presentation.

The service continued to ensure information was accessible; the people that were currently using the service were able to communicate their needs effectively and could understand information in the current written format provided to them, for example their care plans and service user guide.

We saw the agency had been responsive when a complex care package was required at short notice. We received positive feedback regarding this when support was required at short notice.

People voiced being confident regarding the procedure to follow to make a complaint. The complaints process was comprehensive when we viewed records at the office regarding the action taken following receipt of a complaint.

At the time of the inspection there was no one using the service that required support with end of life care. However, we were told if this position changed the deputy manager would liaise with health care professionals in order to provide people with care and support if this was required.

Is the service well-led?

Our findings

At the last comprehensive inspection, we found the service was well-led and awarded a rating of Good. At this inspection we found the service continued to be good.

There was a registered manager in place at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We saw there were internal audit systems in place which continued to successfully identify any gaps in service delivery. The deputy manager told us further audits were being developed to ensure continual improvement in this area was sustained.

We saw within staff files we looked at that staff competencies were checked regularly. Spot checks were carried out frequently to help ensure people who used the service and their families remained satisfied with the care delivery.

Staff told us they felt supported and provided examples of when they had been required to contact the office for support. An example of an extreme circumstance a member of staff found themselves in was given and they told us the deputy manager left the office straight away to be with them so they were not dealing with the situation on their own.

Meetings were conducted regularly with staff. Records showed the service reviewed feedback from people and their relatives through reviews of care and where required appropriate action was taken to respond to concerns and improve the quality of care provided. Following the inspection, the deputy manager was sending satisfaction surveys to ascertain further feedback regarding the quality of the service received.

The provider had a wide range of policies and procedures which provided staff with clear and relevant information that was kept under review and updated timely as changes in legislation occurred.

The provider sent a newsletter to maintain communication with people receiving support to keep them up to date with news, changes in legislation and best practice.

Providers of health and social care services are required by law to inform the Care Quality Commission of significant events which affect the service or people who use it. The registered manager had sent us the required notifications promptly. This meant we could check that appropriate action had been taken.