

A50 Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

A50 is a domiciliary care agency providing personal and nursing care people in their own homes. The service provides support to children and older people, some of which have a physical disability. At the time of our inspection there were five people using the service.

Not everyone who used the service received personal care. 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.

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

People did not receive support from a safe service. People's identified risks were not always recorded with clear guidance for staff to follow to mitigate the risks. People's medicines were not always recorded in line with good practice. The registered manager failed to ensure robust pre-employment checks were undertaken prior to staff working at the service. The registered manager failed to ensure lessons were learned when things went wrong.

People did not receive support from a service that was always effective. Staff members were not supported to have one-to-one supervisions with the registered manager to reflect on their working practices. People's nutritional and hydration needs were not always recorded and guidance for staff on how to support them was not clearly documented. The registered manager failed to comprehensively record people's assessed needs prior to them using the service.

People did not have their personalised needs and preferences recorded in their care plans. People's communication needs were not always documented.

There were no systems in place to ensure the governance and monitoring of the service were robustly carried out to drive improvements. People did not always receive a service that had an embedded culture that learned and improved the service delivery. The registered manager failed to ensure records were kept in line with legislation.

Staff had a clear understanding of identifying, reporting and escalating suspected abuse. People told us staff arrived on time for their visit and always stayed the duration of the call. People were protected against the risk of cross contamination as the registered manager had effective COVID-19 protocols in place.

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 support this practice.

People received care and support from staff that demonstrated compassion and empathy. People's privacy

and dignity were maintained and where possible people were encouraged to maintain their independence.

People's relatives and staff spoke positively about the service, stating the registered manager was approachable and supportive. People's views were sought to drive improvements. The registered manager worked in partnership with healthcare professionals to enhance people's lives.

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 23 December 2020 and this is the first inspection.

Why we inspected

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

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to medicines and good governance at this inspection. We have made a recommendation in relation to preadmission assessments.

Please see the action we have told the provider to take at the end of this report.

Follow up

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

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate ●

A50 Ltd

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by two inspectors.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

Notice of inspection

We gave the service 24 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 2 August 2022 and ended on 10 August 2022. We visited the location's office on 2 August 2022.

What we did before the inspection

We reviewed information we had received about the service. 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 were unable to speak to people who used the service, as some of the people were unable to give their consent to speak with us due to their age and medical conditions. We contacted five and spoke with two relatives to gather their views of the service. We reviewed four care plans, four staff personnel files and two medicines records. We spoke with seven staff members, including care staff, the registered manager and the consultant.

Is the service safe?

Our findings

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

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

Using medicines safely and Staffing and recruitment

- People's medicines were not always administered and documented in line with good practice.
- The registered manager failed to ensure medicines were administered accurately and in accordance with any prescriber instructions. For example, medicines administration records (MAR) for one person showed they were being administered PRN [as and when required] pain relief. However, this was not detailed on the list of prescribed medicines on the person's MAR. Nor did the MAR detail how many PRN tablets they had received and what time they were to be administered.
- This meant there was no clear indication of what medicine, dose, route and frequency the medicines should be administered and in what circumstance. This placed people at risk of potential overdose.
- We shared our concerns with the registered manager who told us they were unaware of this and would take action to address our concerns.
- People did not always receive support from staff members who had up to date required employment information on their files.
- During the inspection we identified the provider's employment processes required improvement. For example, records were not easily accessible and those relating to registered nurses did not always contain an up-to-date record of their registration with the Nursing and Midwifery Council.
- Staff records did not always include a full employment history. We raised this with the provider who told us they would update this following the inspection, however the registered manager failed to submit these.
- Staff personnel files contained satisfactory references, photographic identification and a Disclosure and Barring Services (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The registered manager failed to ensure effective call monitoring was in place. During the inspection we identified although there were staff rotas in place, we were not assured the registered manager monitored staff arrival and departure times. This meant we were not confident people received care and support on time or for the full duration of the visit.

The provider failed to deliver a safe service, these issues were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- After the inspection the registered manager sent us an updated PRN form which detailed the dose and frequency of the medicines to be administered.

- Relatives spoke highly about staff time keeping. Comments received included, "Staff absolutely come on time and if there is a delay in public transport, they will give me advance notice but that is rare that they are late. They are exceptionally punctual" and, "We are very happy with the staff, they are always on time. They never leave early, and they will even stay a little bit longer than they're supposed to, to make sure everything is done."
- We shared our concerns with the registered manager who told us people's relatives would contact them should staff be late for their visit. However, they were undertaking a thorough assessment of the systems within the service to drive improvements.

Assessing risk, safety monitoring and management

- People did not always receive care and support from a service that robustly assessed and identified risks.
- During the inspection we identified one person's risk assessment did not contain clear guidance for staff to support them to mobilise safely.
- Whilst staff were able to give us examples of how they supported people safely, this was not clearly recorded within people's risk management plans.
- We shared our concerns with the registered manager who after the inspection submitted updated risk assessments. The risk assessments detailed the identified risks, however, could benefit from more clarity in what action staff would take to mitigate the risk.

Learning lessons when things go wrong

- People did not always receive care from a service that learned lessons when things went wrong. For example, the provider had identified some of the issues found during this inspection however failed to act in a timely manner.
- The registered manager had already identified that the service provision needed improving and had enlisted a consultant to support them with the oversight and management of the service.

Systems and processes to safeguard people from the risk of abuse

- People were protected against the risk of abuse.
- Staff were aware of the provider's safeguarding policy and knew how to identify, respond to and escalate suspected abuse. Staff spoken with told us they would be confident in reporting poor practice.
- At the time of the inspection there was one safeguarding concern being investigated by the local authority.

Preventing and controlling infection

- The registered manager had arrangements in place for preventing and controlling infection.
- Staff confirmed they had access to personal protective equipment (PPE), namely masks, gloves, aprons and shoe protectors. Staff told us they could access additional PPE as and when needed.
- Staff frequently undertook lateral flow tests to ensure they hadn't contracted COVID-19 and as per government guidance to help prevent the spread of infection.

Is the service effective?

Our findings

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

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

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

- People's needs were not always recorded prior to the commencement of the service.
- We reviewed people's care plans and found these did not contain any preadmission assessments. Despite this, care plans extensively detailed people's clinical needs.
- We shared our concerns with the registered manager who told us pre-admission assessments were carried out in conjunction with information shared with them from the Clinical Commissioning Group.

We recommend the service review their pre-admission assessment processes and update this accordingly.

Staff support: induction, training, skills and experience

- Systems in place did not assure us staff received effective training to enhance their skills and knowledge.
- We requested a copy of the training matrix, which was not provided. After the inspection the registered manager told us they could not access any records in relation to staff training as the subcontracted external agency that held records were unable to provide them with an update.
- During the inspection we identified there were no records of staff supervision or induction. The registered manager told us staff did not have formal supervisions.
- A staff member told us, "No, I haven't had a supervision, I think I would like to have one." Another staff member said, "I had an induction talking about how I should handle people and report safeguarding and things like infection control. The induction was over two days and I shadowed a more experienced staff. You always get shadowed with a new client you're not familiar with."

Failure to provide effective care and support is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- Despite the lack of training information being provided, staff told us the training provided was helpful in refreshing their knowledge.
- People's relatives told us they found staff to be knowledgeable. Comments included, "Without a doubt the staff are knowledgeable, the staff have taught me techniques for me to help my relative."
- Despite the lack of supervisions taking place, all staff spoken with told us they could contact the registered manager at any time to discuss their role and any concerns they may have.

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

- People's care records did not always include a record of people's preferences in relation to meals or beverages. This meant we were not assured people's nutrition and hydration needs were met.
- A staff member told us people's relatives informed them of their food preferences as this was not documented in their care plans. Another staff member said, "No I don't [support anyone] with a specialist diet."
- A relative told us, "I prepare all the meals but [staff members] will assist my relative with eating. The meals need to be cut up small."
- After the inspection the registered manager sent us an updated care plans for people using the service, which clearly detailed people's support needs in relation to eating and drinking, for example, how people should be seated, what pace people eat at and any medical needs that may impact on their nutritional and hydration needs. We were satisfied with the provider's response.
- Notwithstanding the above, people who required percutaneous endoscopic gastrostomy (PEG) feeding, had clear guidance for staff on the support required to meet their nutritional needs.

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

- People's health needs were recorded in their care plans however this did not always include people's diagnosis. We were not assured staff were fully aware of the conditions people had.
- We shared our concerns with the registered manager who after the inspection sent us updated care plans detailing people's medical diagnosis.
- People received care and support from staff that knew people well and how changes in their presentation could mean their health was deteriorating.
- Staff told us they would seek urgent medical intervention should they identify people were unwell.

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

- People's relatives confirmed people were supported in the least restrictive way possible and where possible, people's consent to care and treatment was sought prior to being delivered.
- Staff had an understanding of their role and responsibilities in line with legislation. One staff member told us, "The MCA is about people making decisions and deciding what they want to do at a particular time. You have to assume everyone has capacity."

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

- People received care and support from staff that treated them with compassion, kindness and respect.
- Comments received from relatives included, "The staff are extraordinarily caring towards my [relative]", "[Staff] have built up such a rapport with my [relative], it's amazing" and, "No, there is no requirement [for cultural or religious support] but I do think the staff would help with these needs if there were some."
- Care plans detailed people's cultural and faith needs where required, staff had a clear understanding of the people they supported and told us they would do all they could to meet people's needs in this area.
- People were supported wherever possible to express their views and make decisions.
- People's relatives confirmed staff would offer people choices and were respectful of their decisions. One relative said, "The staff do explain what it is they are doing and let [my relative] know what's happening next. My relative can't make decisions but the staff ensure she's aware of what's going on."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were maintained, and staff were able to give clear examples of how they ensured this took place.
- A relative told us, "I do believe staff close the door when helping [my relative] with washing and dressing."
- People using A50 services required significant levels of support, however staff told us they were aware of how to encourage people's independence wherever possible. For example, encouraging people to eat and drink themselves with minimal support.

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 requirements improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care records were not as person-centred as they could be. During the inspection we identified care records clearly identified people's clinical needs, however made no mention of people's preferences in relation to the care and support they received and lacked personalisation.
- A relative told us, "[Someone from the service] visited a few weeks ago and went through the care file to make sure everything is okay. There's an extensive folder here which has been checked."
- Care plans were regularly reviewed and shared with healthcare professionals to ensure their input was documented. A staff member told us, "The care plans talk about the individual people's needs and how to meet them and when they need to be reviewed. We need to report any changes to management."
- We raised this with the registered manager, who after the inspection sent us updated care plans. The new care plan were personalised and gave a clearer indication of the care people wished to received.

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 communication needs and guidance for staff were not always robustly recorded in their care plans. For example, in one person's care plan it stated they were unable to verbally communicate and signposted staff to refer to their communication tools. However, there was no further guidance on how these communication tools were to be used. This meant we were not assured people were supported to communicate effectively.
- After the inspection the registered manager sent us an updated care plans which clearly defined how people expressed their needs both verbally and non-verbally. Guidance for staff to interpret people's communication styles was clear.
- The provider had a communication policy in place which staff were familiar with.

Improving care quality in response to complaints or concerns

- People knew how to raise a concern or complaint and told us they were confident these would be managed appropriately and in a timely manner.
- The provider had a complaints policy that detailed who to complain to, what to expect when making a complaint and how the service would try to reach a positive outcome for those involved.

- Staff were aware of the providers policy and gave us examples of the action they would take should someone wish to make a complaint.

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 inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks; regulatory requirements; and Continuous learning and improving care and Working in partnership with others

- People did not receive a service that was well-led. The registered manager did not have an adequate understanding of the regulatory requirements and lacked oversight of the service. Monitoring systems had not been implemented to ensure effective oversight of the service.
- During the inspection we spoke with the registered manager who told us they had not undertaken any audits of the service. We were not assured that quality assurance systems were effective in promptly identifying areas for improvement across the service.
- Records were not easily accessible nor always in place for us to review. For example, there were no supervisions records, staff induction records and medicines records were not always completed in line with good practice. Risk assessments were not robust, care plans and staff training records were not always recorded and there was a risk that people's presenting need would not be met.
- The registered manager told us the subcontracted external agency who stored some of the services' records were unable to provide them with their documents in a timely manner. We were informed that the registered manager would no longer be using their services and would use in-house staff to maintain records going forward.
- People did not always receive a service that had an embedded culture that improved the service delivery.
- At the time of the inspection the registered manager had not identified all issues found during the inspection, for example records relating to risk assessments and medicines.

The provider failed to deliver a service that was well-led. These issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- The consultant who the service had recently instructed, informed us he had started an action plan to address all issues identified during the inspection and would be supporting the registered manager in ensuring these issues were actioned in a timely manner. We reviewed the action plan however found this was not as robust as it could be and failed to identify who would be responsible for each action and when this was to be completed by.
- The registered manager told us they worked in partnership with other healthcare services to ensure people received care that was based on a holistic approach.
- A healthcare professional told us, "[The registered manager] works with us and if there are any issues, she is very polite in addressing them. We then devise a plan together to deal with the issues, which she is onboard with. She has a very open approach."

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

- People's relatives and staff spoke highly about the service and told us they felt the service sought positive outcomes for them.
- The registered manager was keen to ensure people were empowered and focused heavily on providing daily care that met their needs.
- Comments received included, "I think the [registered] manager is very capable and obviously I don't speak often with her unless things go wrong but things are going smoothly so I don't need to speak to her", "[The registered manager] is really nice and I communicate with her a lot. She always tries to help and will change the package of care if needed, she's very flexible" and "The registered manager's] a woman that loves staff to be hard working. She is disciplined and has principles. I could call her at any time, and she would take my call."

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

- People's views were sought to drive improvements.
- Although the provider had not sent people surveys to gather their views, people confirmed the registered manager and other senior staff members of the service, contacted them regularly for feedback.
- One relative told us, "The [registered] manager always asks me if I'm happy with the care provided and if there's any changes that need to be made. She will tell me I can call her at any time." Another relative said, "They absolutely seek my views, they come around once every two weeks to see how things are going."
- Staff confirmed the registered manager took their views on board and welcomed discussions to improve the service.
- After the inspection the registered manager sent us a blank form which would be sent to people and their relatives in the coming months to gather their views of the service.

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 had a clear understanding of her role and responsibility under the duty of candour.
- The registered manager was aware of what notifiable incidents were to be submitted.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider failed to deliver a safe service. These issues are a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014. Regulation 12 (2)(a)(b)(c)(g)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Provider failed to deliver a service that was well-led. These issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014. Regulation 17(2)(a)(b)(c)(d)(f)