

A1 Medical & General Ltd

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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

We undertook an inspection of A1 Medical and General Ltd on 1 September 2016. The inspection was announced, meaning we gave the provider notice of our visit. This is in line with our current methodology for inspecting this type of service. At our last inspection in May 2013, the service was meeting the regulations we inspected.

A1 Medical and General is a nurse agency providing nursing and care services to private and NHS hospitals, prisons, nursing and care homes. The service is also registered to provide domiciliary care services and supported living services. The office is based in Doncaster and is close to public transport links.

At the time of our inspection five people were receiving a service which included or was likely to include personal care. This was part of a 'short break' scheme provided to young people and their families. Staff from the agency were booked for sessions of around three hours, spending time with a young person in their family home, or more often accompanying them out for activities in the local community. These sessions usually took place once or twice a week, and sometimes more often during school holidays.

There was 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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were kept safe and free from harm. There were appropriate numbers of staff employed to meet the young people's needs and provide a flexible service.

Staff received regular training relevant to their roles and responsibilities. They had the skills, knowledge and experience required to support the young people with their care and support needs.

Staff knew the young people they were supporting well and provided a personalised service. Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care. People told us they liked the staff and looked forward to them coming to their homes.

The young people were provided with appropriate support to eat and drink. Staff supported people to have access to healthcare services, when required.

Members of the management team were accessible and approachable. Staff, the young people who used the service and their relatives felt able to speak with them and provide feedback on the service.

## 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.

There were processes in place to help make sure the young people were protected from the risk of abuse and staff were aware of the procedures for safeguarding children and vulnerable adults.

Assessments were undertaken of risks to the young people and staff. Written plans were in place to manage these risks.

There were appropriate staffing levels to meet the needs of the young people who used the service.

### Is the service effective?

Good ●

The service was effective.

People were supported to eat and drink according to their plan of care and staff supported the young people to have access healthcare services if required.

Staff had the skills and knowledge to meet the young people's needs and received regular training to ensure they had up to date information to undertake their roles and responsibilities.

Staff were also aware of the requirements of the Mental Capacity Act 2005.

### Is the service caring?

Good ●

The service was caring.

The young people were involved in making decisions about the care and support they received.

The young people and their families told us they liked the staff and looked forward to them coming to support them.

Staff were respectful of people's privacy.

### Is the service responsive?

Good ●

The service was responsive.

Plans were in place outlining the young people's care and support needs. Staff were knowledgeable about their needs, interests and preferences and provided a personalised service.

Staff supported the young people to access the community and this helped reduced the risk of them becoming socially isolated, especially during school holidays.

There was a clear complaints procedure to help the young people who used the service and their families to make a complaint if they needed to.

### **Is the service well-led?**

The service was well-led.

The young people who used the service and their families felt the staff and manager were approachable and there were opportunities to provide feedback about the service.

The manager regularly checked the quality of the service provided and made sure the young people and their families, as well as the commissioners of the service were happy with the service provided.

Staff were supported by their manager. There was open communication within the staff team and staff felt comfortable discussing any concerns with members of the management team.

**Good** ●

# A1 Medical & General Ltd

## 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.

The inspection took place on 1 September 2016 and was announced. The provider was given notice, in line with our methodology for inspecting domiciliary care services. This was because we needed to be sure that someone would be present in the office. The inspection was carried out by one adult social care inspector.

Before our inspection, we reviewed information we held about the service, which included any incident notifications they had sent to us by the registered manager. We looked at the information sent to us on the provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also spoke with the local authority and other professionals supporting people at the service, to gain further information about the service. We also looked at recent contracts monitoring information from Doncaster Council, who commission the staff hours for the 'short breaks' services from the provider.

None of the young people who used the service were able to speak with us due to their complex needs, so, as part of the inspection we undertook phone calls and spoke with three family members to gain their views of the service.

During our inspection we visited the agency's office and spoke with the registered manager, the deputy manager and one care coordinator. We reviewed the care records of five young people who used the short breaks service, reviewed the records for five staff who supported them and looked at records relating to the management of the service. This included the record of complaints and compliments, quality assurance and minutes of quality and review meetings with the people commissioning the service.

We also spoke by telephone with three of the health care assistants who provided support to the young people.

# Is the service safe?

## Our findings

The family members we spoke with told us they felt care and support was delivered in a safe way by the staff. For instance, when asked if they felt the staff safeguarded people one parent said, "Definitely." Family members also said they felt the young people were treated fairly and were included as much as possible in day to day decisions, as the staff supported them in a way that enabled them to make choices.

Safeguarding policies and procedures were available and staff were required to read them as part of their induction. They were also part of the written staff handbook provided to staff when they started work with the agency. There was also a supplementary information pack for staff who were supporting the young people as part of the 'short breaks' scheme. This also included the policies regarding safeguarding both, children and vulnerable adults.

Staff we spoke with were able to demonstrate that they recognised signs of potential abuse and knew their responsibilities and the relevant reporting procedures. From discussions with the manager and the deputy manager and from the records we saw it was clear that, when safeguarding concerns had arisen, they responded and reported these appropriately. We saw that there was clear guidance in the staff handbook about safeguarding people and whistle blowing.

The registered manager told us that safeguarding training was carried out to make sure staff were aware of the correct process to follow. This ensured staff reported any incidents or safeguarding concerns. The staff training records we saw showed that staff had received training about keeping children and adults safe from abuse. The staff we spoke with had undertaken safeguarding training and knew the procedure for reporting any allegations of abuse. They were aware of the whistle blowing policy.

The provider responded appropriately to any allegation of abuse. We discussed safeguarding issues with the registered manager and this showed that they had been dealt with appropriately by staff in the service. There were management processes in place to make sure that any learning from safeguarding incidents was shared, so as to benefit all staff in the service.

Training had been provided to staff and assessments were provided by the commissioners of the service that included the specific risks relevant to each young person. The registered manager informed us that any concerns staff highlighted regarding the safety of a young person were also discussed with their social worker.

The assessments we read included some information about action to be taken to minimise the likelihood of harm occurring. However, there was room to expand on this information to provide staff with clearer guidance about how to support people in relation to risk. This included the management of any behaviour that challenged the service. A format for this was included in the agency's policies and procedures and the registered manager told us they would ensure this was completed for all relevant risks.

It is worth noting that the young people had made progress in their social skills since they started receiving

the service. For instance, two young people's understanding of how to behave in the community had developed particularly well and it was clear from their records that we saw that their behaviour had improved as a result.

As the young people lived with their parents and guardians, it was unusual for staff from the agency to have involvement with any medicines the young people were prescribed. However, we saw that clear guidance about the safe handling of medicines was included in the staff handbook and staff were provided with appropriate training, where necessary.

Family members told us staff managed risks appropriately and provided what they considered to be safe care. To illustrate this one family member said, "They take good care of [my relative]."

There were sufficient numbers of staff available to keep the young people safe. The staffing arrangements were determined on an individual basis for each young person by the commissioners of the service. This took into account their needs and the activities they were likely to be undertaking. We saw that the number of staff supporting a young person could be increased, if necessary.

There were suitable recruitment procedures and required checks were undertaken before staff started work with the agency. We looked at six staff files. These were for the health care assistants who provided support to the young people who used the short break service. Each file included evidence that appropriate checks were undertaken before staff began work with the agency. There was also specific health screening and applicants' eligibility to work in this country was checked. References were sought, the provider had carried out checks of staff's identity and there was evidence that a Disclosure and Barring Service (DBS) enhanced check had been carried out. DBS checks help employers make safer recruitment decisions and help prevent unsuitable people from working with vulnerable people. We saw that the recruitment and selection process made sure staff recruited had the right skills and experience to support people who used the service. One staff member told us they thought the registered manager "set 'the bar very high" when recruiting staff.

Once employed staff were provided with an identity badge. This included a photograph of the staff member and an expiry date. The expiry date coincided with the expiry date of their DBS check and badges were updated on an annual basis. The identity badges also included details of their training.

## Is the service effective?

### Our findings

The service had established systems of training and supporting staff. A period of induction was completed by all new staff, during which they were provided with training, relevant to their role. This provided staff with a good understanding of their core tasks and responsibilities and helped make sure they were equipped to adequately support the young people who used the service. Training included manual handling, basic life support, care of substances hazardous to health (COSHH), fire safety, food hygiene, infection control, the prevention of falls, duty of care in health and social care, equality, diversity and inclusion, first aid in the workplace and information governance, including record keeping protocols, and lone working.

Other records we saw showed that staff received 'person specific' training to help them meet any specialised needs of the young people who were supported via the short breaks scheme. For example, all of the staff members whose files we saw had received training regarding the management of behaviour that challenged and in epilepsy.

We spoke with the staff who provided support to the young people. They said they received an annual appraisal, which helped to identify their training needs and they had regular training updates. The staff records we looked at showed staff received levels of supervision and support appropriate to their role. They were also consulted, as part of the quarterly review process and this provided further opportunity to raise any concerns they had about the young people they were supporting or any aspect of service delivery.

The deputy manager explained that staff were carefully matched to the young people they supported according to the needs and interests of the young person. This helped to make sure people's communication, cultural and religious needs were met.

Staff were aware of the relevance of the Mental Capacity Act 2005 (MCA) in relation to the support they provided, as they had received appropriate training. The registered manager and other members of the management team we spoke with were aware of the meaning of deprivation of liberty, and aware of what processes to follow if they felt a young person's freedom and rights were being restricted.

Some young people were supported at mealtimes to have access to food and drink of their choice. Staff had received training in food hygiene and were aware of safe food handling practices. Where staff provided assistance at mealtimes, people indicated that this worked well. One young person's relative said, "They encourage [my family member] to eat healthily."



## Is the service caring?

### Our findings

People's family members were very happy with the staff. For instance, one young person's parent said, "They [the staff] are brilliant." All parents told us that the staff who supported the young people were very caring. Family members confirmed that staff were polite and respectful. One family member added, "They [the staff] are always friendly towards me as well."

The registered manager explained that a visit was made to those wishing to use the service before care and support was provided. This ensured that the young people and their families were aware of the kind of service that they could expect to receive. This was confirmed by the family members we spoke with.

Staff we spoke with told us that the young people they supported responded to different communication methods and visual communication systems had been devised to help some of the young people to communicate. This included picture cards, Makaton and visual aids. Staff told us they used these to help people to make and communicate their decisions. The young people all lived with their parents or guardians, who confirmed that the staff from A1 Medical and General were fully conversant with, and abided by the young people's methods of communication, and their preferences and decisions.

People's diversity, values and human rights were respected. The registered manager and the staff we spoke with showed a good understanding of the principles of equality and diversity and how to meet people's individual and diverse needs. The staff we spoke with gave clear examples of how they promoted people's independence, how they treated people with respect and how they maintained people's privacy and dignity when providing care.

The staff we spoke with spoke of the young people with respect and affection. People's family members told us that staff had built very positive relationships with the young people they supported. The written records completed by staff also reflected this, and were very detailed and carefully maintained. The entries we saw showed that staff were very aware of providing opportunities for the young people to make choices and took every opportunity to do this.

## Is the service responsive?

### Our findings

The young people had assistance to attend activities in the community as part of the 'short breaks' scheme. One young person's relative told us the staff took their young person out on a weekly basis, and that this support was always provided by the same staff member. They spoke positively about this continuity of staff, and said that the service was flexible and worked very well.

The registered manager told us the young people who received the 'short break' service had support plans that were put together by the people who commissioned the service. We looked at five young people's assessments and plans. Each person's preferences were very clearly recorded in their plans.

Family members told us the same staff member consistently came from A1 Medical and General and that the care staff were 'great.' They said they were very happy with the reliability of the staff members and the relationships that had been built. One parent told us that the two staff who supported their young person were different in personality. They told us one staff member tended to focus on what the young person knew they liked and was led by the young person's choices, while the other staff member encouraged the young person to try different experiences. The parent said this worked well, and was 'the best of both worlds.'

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. For instance, one staff member told us that when they started working with the young person they had access to the assessment and planning information about the young person and had an introductory meeting with the young person, their family member and their social worker.

The staff member told us that staff shared information appropriately to help maintain a consistency of approach. We were told that staff also worked in partnership with the young person's parents and guardians and this helped the staff to deliver the best support possible. The family members we spoke with said the staff listened and were easy to ask things of. This meant they were able to influence staff to make sure the young people got appropriate and safe care and support.

However, some aspects of the written assessments and plans lacked detail about some support tasks and how to manage the associated risks. We discussed this with the registered manager who told us they would address this as a matter of priority.

People's care and treatment was delivered in a way that protected them from unlawful discrimination. We saw that guidance about equality of opportunity and diversity were included in the staff handbook. The staff we spoke with were clear about people's needs and preferences. They demonstrated a good knowledge and understanding of the people's rights.

The young people were encouraged to maintain their independence and where appropriate, staff prompted people to undertake certain tasks rather than doing things for them. For example, one young person's

relative said, "They encourage [my family member] to do as much as they can." There was a complaints policy and this was provided as part of the information pack given to the young people's parents and guardians when the service commenced. The registered manager responded in a positive way to complaints, using them to improve the service. They told us they made sure any complaints or concerns raised were acted on and people were listened to.

Staff told us they were aware of the complaints procedure and knew how to respond to complaints. Discussion with all members of the management and staff team showed that complaints were taken very seriously and investigated thoroughly and promptly. The relatives we spoke with said they knew how to complain if they needed to and felt sure that any concerns they raised would be dealt with appropriately.

# Is the service well-led?

## Our findings

There was a registered manager in post at the time of our inspection. Everyone we spoke with, including parents and guardians, and staff said they were confident to tell the registered manager what they thought. They told us that the registered manager and their team responded in a positive and constructive way to people's comments and requests.

We saw records of a number of audits that were in place to monitor the quality and safety of the service. These systems were appropriate for the scope and the nature of the service provided. For instance the care coordinator read all the written records kept by staff of each session the undertook with the young people, any care they provided, the general welfare of the young people and activities they chose to be involved in. This helped to ensure that people's plans were followed and care and support delivered appropriately.

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. We saw evidence that incidents and concerns were dealt with effectively. For instance,

Family members confirmed that they were asked for their views about the care and support their young person received and their comments were acted on. For instance, one parent told us they received regular telephone calls from the agency to ask their views about the service. They said they were happy with how the service was run. Another parent said they had recently attended a review and had asked for an adjustment to the way the service was provided during school and college holidays. They told us the staff from the agency had listened and was trying to organise this.

A commissioner from the local authority told us the short breaks service provided by A1 Medical and General was very good. They said that communication was very good as members of the management team from the agency met regularly with members of the local authority commissioning team. This made sure that there was clarity about the service required. There was a very successful 'matching process' that matched staff with the correct skills and training to the young people using the scheme. They added that staff from the agency were provided with additional, bespoke training to ensure the young people's specialist needs were met.

Staff told us they received regular support and advice from their line managers, face to face and via phone calls e-mails and texts. Staff felt the registered manager was accessible, approachable and they were comfortable to tell them if they had any concerns. They said the managers kept them informed of any changes to the service provided or the needs of the young people they were supporting.

The management team monitored the quality of the service by regularly speaking with the young people's parents and guardians to ensure they were happy with the service they received. Most parents recalled providing quality assurance feedback; by telephone calls, or by filling in a questionnaire. Parents also said that the service was usually aware of how their young person felt about things anyway, due to the positive relationships they had with their staff.

We asked if the young people's family members if they would recommend the service based on their experience. Everyone said they would. Comments included, "Yes, I would recommend the service to other people. They are very good with [my relative]," "The staff are very responsive and helpful," "Yes. It's very good, I'm happy with the service."