

A1 Medical & General Ltd

# A1 Medical & General Ltd

## Inspection report

Lansdowne House  
63 Balby Road  
Doncaster  
South Yorkshire  
DN4 0RE

Tel: 01302323957

Date of inspection visit:  
12 August 2019  
13 August 2019

Date of publication:  
30 August 2019

### 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 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.

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. At the time of our inspection the service was supporting two adults who lived together in their own house and one adult and one child who lived at home with their family. These four people were assisted with their personal care needs.

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

People supported told us they felt safe with the staff that supported them. Staff had undertaken safeguarding training which was regularly refreshed. Staff understood their role and responsibility to keep people safe from harm. Recruitment procedures were thorough and robust, with clear evidence of pre-employment checks being carried out. The service managed people's medicines safely and checked people's equipment regularly to ensure it was safe for them to use.

The provider ensured staff completed the training needed to support people well. Staff felt well supported by the management team. Regular supervision, appraisal and team meetings were provided. Staff supported people to eat and drink enough and ensured they received appropriate support with their healthcare needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People supported spoke with the highest praise and regard of the staff that provided support and the office team including the registered manager. People told us staff treated them with dignity and respect and were kind, caring and considerate to them. People received personalised support from staff who knew them well. Staff had built positive relationships with the people they cared for and supported. Staff supported people to retain their independence and to remain involved in planning and reviewing their care. This helped to ensure care was provided in accordance with people's preferences.

Staff supported people to follow their interests and avoid social isolation. They offered people choices and encouraged them to make decisions about their care. No formal complaints had been received by the service.

The registered manager provided staff with leadership and was approachable. Audits and checks continued to be used to drive improvements to the service people received. People's feedback was used to make changes to the service. People, relatives and staff were happy with how the service was being managed.

Staff felt well supported by the registered manager and senior staff.

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: The last rating for this service was requires improvement (published 31 August 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made.

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# A1 Medical & General 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 Care Act 2014.

#### Inspection team

The inspection team consisted of one inspector.

#### Service and service type

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. The service also provides personal care to people living in their own houses.

The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection

We gave a short period notice of the inspection because we wanted to visit people in their homes and we needed support from the registered manager to arrange this. Inspection activity started on 12 August 2019, when we visited people living at home and met with their relatives and staff. We also visited the office location on 13 August 2019.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, professionals who work with the service and Healthwatch (Doncaster). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what

they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service and two relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, the senior operations coordinator, two operations coordinators, and four support workers. We also received feedback from two healthcare professionals.

We reviewed a range of records. This included four people's care records and two people's medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Policies and procedures in place were in line with the safeguarding protocols set by the local authority. Staff had completed training in safeguarding both adults and children.
- There were no current safeguarding concerns about people using the service. People and relatives spoken with had no concerns about their or their family members safety or well-being.
- People and staff were informed and supported to keep safe and to report any concerns they may have about their own or others safety.

Assessing risk, safety monitoring and management

- The provider had processes to manage risks to people's safety and wellbeing. Since the last inspection copies of risk assessments were in each persons home, so they could be checked and followed by staff. Assessments of people's risks, included those relating to such things as food poisoning, fire and burglaries, scalds, trips/slips/falls, and moving and handling. These provided information for staff about how best to support the person to reduce the risk. They were reviewed regularly.
- There was an accident/incident assessment and investigation form to be completed in the event of an accident, ill health, near miss or undesired circumstance. There were no records reported. Information in support plans and from speaking to people did not raise any issues or concerns that incidents had taken place but not acted upon.

Staffing and recruitment

- Staff were recruited safely. We reviewed three staff files and found all relevant checks had been completed before they started working at the service, to ensure they were suitable to support adults and children at risk.
- There were enough staff employed to ensure people received care and support at the agreed times. People were supported by regular staff that they knew well.
- A process was in place for other staff to cover for any annual leave or sickness. These staff had been introduced to people and worked with them, so people were never cared for by staff they did not know. This was very important to people.

Using medicines safely ☐

- Staff managed people's medicines safely and administered people's medicines as and when prescribed.
- Staff who administered medicines had completed relevant training and senior staff observed them regularly to ensure they were competent to administer medicines safely.
- People confirmed they received the level of support agreed with them, to enable them to take their

medicines safely and at the times they should.

#### Preventing and controlling infection

- Infection control measures were in place to stop the spread of infection. Staff were aware of and following the infection control policy and procedure.
- We observed staff using personal protective equipment, such as, gloves and aprons, when providing personal care to people and during meal preparation.

#### Learning lessons when things go wrong

- Lessons were learnt following incidents or events affecting the well-being and safety of people who used the service.
- There was regular management monitoring and analysis of any health or safety incidents involving people. This was used to check for any trends or patterns that may help to inform or improve people's care when needed.
- One example of this was staff had found a person was saying they had stomach ache when they were upset about something. So rather than give the PRN (to be given when required) medicine they firstly offered them a telephone call to the senior staff member on call to talk through their worry and this had resulted in the person not needing the PRN medicine as much.



# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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

- People were assessed prior to the service being agreed. This ensured the service could meet the person's needs.
- Staff used these initial assessments to create care plans, which contained detailed information about people's support needs, what they were able to do for themselves and how staff should support them.
- People and their relatives were happy with the support provided by the service. Their comments included, "We don't want anything to change, we're more than happy with things as they are," and "The staff are fabulous and look after me very well."

Staff support: induction, training, skills and experience

- Systems were in place to monitor staff's training needs and staff were up to date with their training.
- Staff received regular supervisions and appraisals. Unannounced spot checks were also carried out to observe staff member's work practice. People who used the service told us this also gave them the opportunity to say what they thought about their support workers.
- Staff told us they felt well supported and comfortable approaching management. Their comments included, "I feel very well supported by the manager and other senior staff. I can phone them or pop into office at any time for help and advice," and "I'm finding the manager much better at listening to any concerns and taking action. Some recent issues we talked about have been resolved quickly."

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

- Staff spoken with were aware of people's specific dietary needs. One person was on a specialised diet. Advice from the SALT (speech and language therapist) team was being provided for. Staff told us how they were preparing and fortifying the persons diet to make sure it was suitable for them and that they were receiving adequate nutrition.
- Where necessary staff were recording how much a person ate and drank and this information was used to assess if adequate nutrition was being taken. Any concerns about a person's nutritional intake was referred to the relevant healthcare professionals.

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

- People had access to health professionals as required. If staff were concerned about a person's health and wellbeing they would relay these concerns to senior staff for escalation and action.
- The service used a hospital passport scheme, where staff shared important information, such as a person's medical history, medicines record and any communication needs, with paramedics and hospital

staff when people attended hospital.

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 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.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had received Mental Capacity Act 2005 (MCA) training and were able to demonstrate an understanding of the requirements of the Mental Capacity Act 2005 and what this meant for people using the service.
- People's capacity to make decisions was recorded and confirmed staff always sought their consent prior to providing support and enabled people to make their own decisions and choices.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People's equality and rights were respected and promoted by staff who knew people well.
- Staff spoken with and observed interacting with people in their care; demonstrated kindness, empathy and understanding of people and their specific needs.
- Through talking to staff and reviewing people's care records, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

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

- Staff regularly met with people to ask their views of the service and if they wanted any changes made. We saw discussions were recorded in support plans and saw where changes were made to care and support when people had made suggestions.
- There was a 'Voice of the Child' form that used pictures to help people explain how they were feeling on that day and if they were happy with their support worker.
- The PIR said, "A system of 'Get to know' new staff is in place for people to meet and have the opportunity of chatting and getting to know a potential new staff member. Should the person not be comfortable or simply not like the new staff member, then the meeting is stopped, and the person is not utilised on the scheme. Should the person be accepted by the service user, a period of at least two weeks full time hours are booked as shadow shifts before the person goes 'live'." One person told us, "There was one staff I didn't like and couldn't get on with them, so they didn't come again."

Respecting and promoting people's privacy, dignity and independence

- People's independence was promoted and encouraged according to their capabilities and abilities. For example, some people were able to undertake some tasks relating to their personal care and preparation of food.
- Staff spoke positively about the people they supported and referred to people with respect and warmth.
- People confirmed they were treated with dignity and respect when receiving personal care. Care plans contained guidance for staff in respect of maintaining people's dignity for example when they were being assisted to wash.
- Staff respected people's right to privacy and confidentiality. The provider ensured people's care records and staff members' personal information were stored securely and were only accessible to authorised staff. Confidentiality was included in staff members' contract of employment and addressed during their

induction. The provider had a confidentiality and data protection policy for staff to refer to.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Peoples support plans were very detailed and individualised. They included information about people's needs, risks and preferences and were updated regularly or when people's needs changed. Staff were familiar with people's needs and risks and how they liked to be supported.
- People said support staff stayed long enough to provide the care they needed, and staff stayed for the required amount of time. People and relatives said support visit times were consistent and support was provided by a regular group of familiar staff.
- One healthcare professional told us, "I can provide positive feedback about this service. Right from the referral, clear communication was provided about the service and what it would offer. The assessment was thorough and care planning was very focused on the individual's wishes. The staff members identified to support have worked well with the individual and the family have also been happy with the support. There have been no issues identified throughout my involvement."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- A handbook was provided at the initial introduction of people to the service. This had written information with pictures and emoji's in an easy to understand format. Other information about such things as the complaint's procedure were also provided in formats to meet individual's needs.

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 were supported to be involved in a diverse range of activities. People told us they attended theatre groups, bowling, Zumba and Tai Chi. Trips to the seaside, visiting circus, and community events for example, summer fayres were also enjoyed. One person, who was skilful using a computer was supported to work at the local library and was completing a non-verbal computer course. People had been supported by staff to go on holiday. Staff and relatives told us this had been very successful and rewarding.
- At home people told us they enjoyed baking buns, making pizza, making Christmas and birthday cards and listening to their favourite music.
- One healthcare professional told us, "I have been working with A1 for the last couple of years and always found the staff and management to be approachable, professional and transparent in their approach to supporting my service users. Staff are always friendly and engaging in tasks/activities with [names of people

who use the service] when I visit their home. The atmosphere in the house is always vibrant and full of laughter and fun. They always make me feel welcome, even when I turn up unannounced."

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

- There was a complaints policy and procedure in place. This detailed the action that would be taken in response to any concerns raised and the timescales in which people could expect to receive a response to their concern.
- There are no current complaints, and none had been received since last inspection. People and relatives spoken with told us they had no reason to complain. They said if they had any concerns they would speak to the registered manager or staff, but they had never needed to do this.

#### End of life care and support

- At the time of our inspection, no one being supported by A1 Medical & General was living at the final stages of their life. The registered manager explained that if they were asked to support people who required end life care staff would be suitably trained in this specialist area.

# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider had a range of policies and procedures for staff to follow for people's care and safety. These were periodically checked against nationally recognised standards, to make sure they provided up to date guidance for staff to follow for people's care and safety.
- Since the last inspection, clearer lines of accountability had been established within the service and both managers and staff understood their roles and responsibilities for people's care. This included related record keeping, information handling, communication and reporting; such as for any health incidents or safety concerns. Management measures concerned with staff performance, support and supervision helped to monitor and ensure this was effectively followed by staff when needed.
- All staff spoken with were positive about the leadership and management of the service. Many referred to improved management communication, support and staff morale since our last inspection.

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

- The registered manager was keen to promote the provision of high-quality, person-centred care. We observed a positive, welcoming and inclusive culture within the service which was driven by the registered manager.
- It was clear from our observations that staff enjoyed their jobs. They were keen to achieve good outcomes for people.
- One healthcare professional told us, "The registered manager is the most approachable manager I have ever worked with. She is professional, open and honest and really cares about the service users that she provides care to. We have a good working relationship and any information that I may require or queries I have, are always dealt with in a swift and timely manner. A1's records are always legible, up to date, and very robust. The manager knows service users really well and has a good relationship with them all."

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 provider had met the regulatory obligations for their registration and in relation to their duty of candour responsibility. The duty of candour places legal responsibilities on organisations to be open and honest when things go wrong. The provider had sent us written notifications about any important events when they happened at the service to help us check the safety of people's care when needed.

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

- People who used the service were involved in day to day decisions about such things as what they wanted to eat and what social activities they wanted to take part in.
- Meetings were held to discuss what people wanted from the service and these were responded to.
- Staff meetings were held regularly. Following meetings, minutes were provided for all staff to see and take any actions required. We saw copies of meetings held and found these were held regularly and were used to pass on useful and updated information and share good practice ideas.

Continuous learning and improving care

- Effective governance and quality monitoring arrangements were in place. Areas which required improvement from the last inspection had all been actioned.

Working in partnership with others

- Record showed the service worked in partnership with a variety of health and social care professionals to ensure people received the support they needed. These included social workers, advocates, GPs, community nurses, physiotherapists and occupational therapists.