A1 Quality Home Care Limited

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

A1 Quality Homecare Limited is a domiciliary care agency. At the time of our inspection they provided personal care to 75 people living in their own homes. It provided a service to older adults and some younger adults with a physical or learning disability.

Not everyone using A1 Quality Homecare Limited received the regulated activity. 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 our last inspection in April 2017, the service was rated 'Requires Improvement' in risk assessment, medicines management, care plans and quality assurance. At this inspection, we found the provider had made most of the required improvements. However, we also found different areas of practice that required improvement. This is the second inspection where the service has been rated Requires Improvement.

The service was not always well-led. Quality assurance processes had not identified the concerns people had raised around call times, lack of communication from office staff and staffing rotas. People had access to a complaints process, and said they would be happy to raise a complaint if they ever needed to. There had been some recent complaints about call times, and the registered manager had resolved these on an individual basis. However, other people continued to raise concerns regarding call times and rotas, as the registered manager had not taken action to resolve this issue for everyone who used the service. People's views were sought but not always acted on to improve the service.

People were safe and had the support they needed. As far as possible, people were protected from harm and abuse. Staff knew how to recognise the signs of abuse and what they should do if they thought someone was a risk. People had risks to their safety properly assessed and managed. Medicines were safely managed. People were supported to eat and drink enough, and were supported to access the healthcare they needed to remain well.

People experienced care that met their needs, and were supported by kind and caring staff. People had their privacy and dignity respected, and staff knew what to do to make sure people's independence was promoted. People experienced person centred care and were able to make their choices and preferences known.

Staff were supported with training, supervision and appraisals to make sure they had the skills they needed to provide good quality care. There were enough staff to support people to stay safe and meet their needs. Recruitment checks had been completed before staff began work, including disclosure and barring service (DBS) checks. Staff knew how to report incidents and accidents, and these were properly investigated.

People had their care needs assessed, and all of the relevant people were involved in care reviews. People experienced care and support that was in line with current guidance and standards.

People were asked for their consent before any care was given, and staff made sure they always acted in people's best interests. The registered manager and staff understood their responsibilities under the Mental Capacity Act 2005 (MCA).

The registered manager had notified the CQC of events that were reportable. The rating of 'requires improvement' was displayed at the service and on the provider's website. However, the service has not met all the fundamental standards and we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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. Staff knew what they should do, to keep people as far as possible, safe from abuse. Risk assessment and risk management practices supported people to remain safe.

There were enough staff to meet people's needs and recruitment checks were completed before staff began work.

People's medicines were managed safely and incidents and accidents were reported and investigated.

Is the service effective?

Good

The service was effective. Staff understood the mental capacity act, and asked for people's consent before providing any care.

Staff had suitable induction, training and supervision to ensure they had the skills and knowledge required to support people.

people were supported to maintain good health and maintain close links to health professionals.

Is the service caring?

Good

The service was caring. People were treated with dignity and respect by kind staff.

People were able to make their choices and preferences known and these were respected by staff.

Is the service responsive?

Requires Improvement

The service was not always responsive. The provider did not always act on feedback from people, particularly around care visit call times.

Individual complaints were investigated and responded to.

People were involved in their care plans and were able to make their choices and preferences known.

Is the service well-led?

Requires Improvement

The service was not always well led. Quality assurance processes did not identify the areas for improvement highlighted at this inspection.

Staff gave positive feedback about the support they received from the registered manager.

A1 Quality Homecare 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 inspection took place on 9, 15 and 16 August 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure the right people would be available to complete the inspection.

Before the inspection, we checked the information we held about the service and provider. This included previous inspection reports and any statutory notifications sent to us by the registered manager. A notification is information about important events, which the service is required to send to us by law. We also reviewed the Provider Information report. This is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make.

One inspector was present at the office on day one, and on days two and three an expert-by experience supported the inspector by speaking with people and their relatives by telephone. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During the inspection, we spoke with seven people and six relatives about their day-to-day experiences of the service. We spoke with the registered manager and four members of staff. We also spoke with a director of the provider's limited company. We reviewed four people's care plans, 10 staff recruitment files, the training records for all staff, medication administration records, and other documents relating the management of the service such as policies and procedures, complaints, compliments, accidents and incidents. Before and after the inspection we spoke with the local authority and a social worker.

Good

Is the service safe?

Our findings

The service was safe. People and their relatives told us they felt safe. One person told us, "I'm being looked after so well". Staff had regular training in safeguarding people, and knew how to report any concerns. This included reporting concerns to the registered manager or the local authority. Staff knew about the types of abuse and how people might act if they were being ill-treated. At the time of the inspection, a safeguarding concern was identified. We discussed this with the registered manager and they raised this immediately with the local authority. They continued to liaise with the local authority appropriately to investigate the concerns fully.

At the last inspection we found the provider had not completed robust risk assessments for people. At this inspection we found the provider had taken action and had revised the way they assessed each person, as well as the way they recorded information about risk. Risks to people's safety were now assessed and managed appropriately. Risk management plans were included in people's care plans for staff to refer to when they needed to. People were supported to be as independent as possible, while remaining safe, for example, using mobility aids safely, to help them move around on their own. Staff knew what they needed to do to make sure people remained safe and could identify risk and take action if needed. This included identifying risks in people's home such as furniture blocking a safe walking area, or trip hazards, as well as specific care needs such as support with continence.

At the last inspection we found the provider needed to make improvements to the way they managed people's medicines. There was not enough information available to staff about the types of medicines people were taking, and why they were taking them. We made a recommendation to the provider to complete a review of people's medicines needs, which they had done. The provider had also revised the way they recorded information about people's medicines, so staff were able to access this when they needed to. This included information about the type of medicine, what it was used to treat and what any possible adverse side effects might be. Medicines Administration Records (MAR) recorded that people were given medicines as they were prescribed. Some people took medicines on an 'as and when required' basis (PRN) and there was guidance for staff on how to support people with these. Staff were observed by managers when they administered medicine to make sure their practice was safe. People told us they were supported with their medicines when they need it. One person said, "They give me my medication….at four o'clock. It's always on time and I don't have to worry".

There were enough suitable staff to meet people's needs. Staffing rotas were updated weekly to make sure each person had the right number of staff to complete their care calls. The registered manager did not use a formal needs assessment tool to decide on staffing numbers, but matched staff to the number of hours each person had been allocated by the local authority, or had paid for privately.

All staff had completed a disclosure and barring service check before they began work. If a criminal conviction was identified, the registered manager completed a risk assessment with the prospective staff member, to make sure they were suitable to work with vulnerable adults.
Staff knew what to do make sure infection prevention and control was considered and used the relevant

personal protective equipment (PPE) such as gloves or apron when needed. They told us they washed their hands when they needed to, and used alcohol gel where appropriate. These were made available to staff so they always had a supply, when visiting people at home. Staff were also trained in food hygiene to support them with good practice if they were preparing meals for people.

Incidents and accidents continued to properly managed, and were recorded and analysed. Any themes were identified and action was taken to prevent the incident from occurring again.

Good

Is the service effective?

Our findings

People continued to experience effective care. Their needs were assessed and people's choices and care preferences were met. Staff were supported with training supervision and appraisal, and gave positive feedback about this. Staff completed the Care Certificate as part of their induction. The Care Certificate is a nationally agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is comprised of 15 minimum standards that should be covered for staff who are new to care. Staff were then supported with observed practiced and ongoing supervision. Staff were also supported with additional training such as the level 2 diploma in a health and social care which enabled them to further develop their caring skills.

Some people who used the service were supported with eating and drinking. Staff knew what they should do to help people with food preparation and to make sure they had enough food and drink during the day. People's care plans included guidance for staff to refer to, to make sure people's nutritional needs were met. Staff knew people's food preferences and could identify how people might behave if they were dehydrated, and knew they should refer people to their GP if they had any concerns.

People were supported to maintain good health and staff supported them or their relatives to access the GP, or other health care professional, such as the district nurse if they needed to. Referrals were made to the occupational therapist or physiotherapist vis the GP, if people's needs changed and they needed more support, for example, with a mobility aid such as a hoist. One person told us, "I had a badly swollen leg. They got the doctor to look at it".

Staff understood how to involve people in decision making and made sure they asked people for their consent before providing care and support. Staff understood the Mental Capacity Act and how it related to the people they supported. The Mental Capacity Act 2005 (MCA) provides a legal framework for making specific 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 specific decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA.

People had their capacity to make decisions about their care and day to day life assessed and any decisions were made in a person's best interests. The provider had recorded who had appointed a lasting power of attorney to give consent on their behalf, and this was considered when decisions about care were made.

Good

Is the service caring?

Our findings

The service remained caring. People said they were treated with respect and their dignity was protected. One person told us how much they looked forward to staff coming because, "They chat away and ask me how I am". People also said they weren't rushed and staff encouraged them to do as much as possible for themselves. Comments from people and their relatives included the staff were "Wonderful, helpful and caring" and "Very pleasant likeable people". Another person said staff were, "Very good. I wouldn't be without them". A member of staff told us the best thing about their job was, "Working with the people every day".

Staff spoke about the people they provided care for in a kind and caring way. They knew people's life histories well, and what each person's individual care needs were. People were listened to and said they were supported to make choices about their day to day lives, as well as about their specific care needs. One person said the staff, "Do anything they you want them to do", and "Staff are brilliant". Another person said their regular carer, "Almost reads my mind".

Staff described how they respected people's privacy and promoted their dignity whilst supporting them with their personal care needs. This included making sure doors were closed, the person remained covered and curtains were drawn. One member of staff said, "I always introduce myself. It's important to be polite". One person said, "I can't fault staff at all. They are absolutely marvellous". A relative told us the staff were, "Splendid....each carer gives their best" and another that they were "Absolutely satisfied" with the care their family member experienced.

People were supported to be involved in decisions about the care they received and to express their views. They were supported to make their preferences known and were involved in their individual care assessment and planning. People's care plans reflected these preferences and staff knew to refer to these records if they were unfamiliar with a person they were providing care to.

Requires Improvement

Is the service responsive?

Our findings

At the last inspection we found the provider had not always completed detailed care plans for people. There were inconsistencies in documentation and staff did not always have access to the information they needed about each person. People also gave us mixed feedback about how they were involved in developing their care plan. At this inspection we found the provider had taken action.

People had their needs assessed when the service started providing care. People and their relatives confirmed they were involved in this, and told us about the 'blue book' in their home which contained their care plans for staff to refer to. A designated member of staff visited people in their homes to discuss their care needs, and to make sure the service could meet those needs. Care plans demonstrated people's choices and preferences which supported staff to provide care for people in the way they wanted. Staff asked people what their specific preferences were and used this information to make sure their care plan was person centred. People's care plans were reviewed every year, and more frequently if their care needs changed, for example, after a hospital admission.

However, at this inspection we found a different area of practice that required improvement. People gave us mixed feedback about how responsive the service was and how managers responded to concerns and complaints they raised. People confirmed they did not experience any missed calls, but some people told us that if carers were running late, they or their relative would need to call the office to find out where staff were.

When we asked how well the service responded to any concerns, people made comments such as they, "Never get a straight answer" and another person described the office as, "Chaotic" and "There are lots of mix ups. Two weeks ago, I was told staff were coming at 9.00 instead of 8.00. My usual carer was off. At 9.30 no one had arrived so I rang the office and was told that the carer was due at 9.45". Some people gave positive feedback about their visit times and said, "I have never been let down" and, "They are rarely late". Another person told us they did not have the phone number for the office and that they "never" hear from them.

From August 2016 all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively.

People were provided with a copy of the staff rotas, which were made available on a Friday. Some people told us they did not want to receive the rota electronically because they did have access to a computer or the internet. People were either told they could only have the rota electronically, or in the post if they paid the postage. A person told us they had asked for a rota and were told they could have a rota, "If you pay for postage". One person said there was a daily record book which had the names of the carers in it and they had been offered an email schedule but they "weren't into computers", so declined. People were not always able to see in advance what staff were coming and at what time. People told us they preferred to know what

staff were coming to support them with their care preferences. The registered manager had not identified the communication needs of people and did not use technology in the right way to support people with their care.

Formal complaints were recorded and investigated. There was a complaints procedure and staff knew what to do if someone raised a complaint with them. When we reviewed the complaints on record they were about consistency of staff and timing of calls. While these complaints were dealt with on an individual basis and steps were taken to resolve the issue, the feedback detailed above demonstrates people still had concerns about timing of their calls. Other people told us they had "no complaints", "I don't ring them because I don't need to", and, "They are on to it straight away if I have got a problem".

People were supported at the end of their life, and staff sought help and advice from hospice staff when they needed to. Details of what staff should do in the event of someone's death were recorded and staff knew what to do at such times.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection we found quality assurance checks required improvement because they had not identified issues highlighted during the inspection. The registered manager and provider had taken action to address some of the issues raised at the last inspection, including risk assessments and medicines management. However, not all areas of quality assurance were good.

People continued to give mixed feedback about how the registered manager and other staff responded to their concerns, particularly around call times and communication about this. One person told us managers were, "Not so great. Generally O.K., but needs some improvement and could be better". A relative said, "Carers are splendid, but they are working under great difficulty…not enough back up" and staff are "Very good on the whole and each carer gives their best". The registered manager had not identified that people were unhappy about the late calls, and the lack of action by staff about this. The registered manager had access to and knew how to use their electronic records system which could analyse when staff arrived in people's homes, and how often they were late, but had not made use of this.

The provider told us they knew if a member of staff was running more than 15 minutes late and had not arrived, as the computer system alerted them, but agreed this was a reactive strategy, and did not pro-actively identify where they might be able to improve people's call timing experience.

People had also given mixed feedback about how they were given staff rotas, which the registered manager was not aware of. When we asked the registered manager how they were identifying areas for quality improvement they said by "Listening to people". The provider also said they supported the registered manager with quality assurance visits "five to six" times a year, but did not record these, so was unable to use this information to identify any themes or trends. The provider had not identified the concerns raised by people surrounding call timings and the way staff rotas were provided. Other quality monitoring was completed, including spot checks of staff when they were providing care, and medicines audits.

These were breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance.

We asked people if they would recommend the service to other people. Reponses were mixed. One person said they would not, another, "That's a hard question to answer. Fifty fifty" and another "Hesitatively, yes." Another person said they were "More than happy with the service" and another yes because the service was, "Very good".

The registered manager said they had an 'open door' policy, and that staff were happy to report any concerns. Staff gave us positive feedback about the support they received from the registered manager and other office staff. One member of staff said the registered manager was, "Brilliant. I can go to them. I wouldn't hesitate". Another one said, "I don't have any worries. If I have been concerned, I've always had support". The registered manager had acted on most of the feedback given to them from the last inspection, and was open when discussing the areas of improvement identified at this inspection.

Staff were motivated and described working together as a team. They could give feedback at team meetings and said this was acted on. One member of staff told us how they needed to contact the emergency on call staff and "They were helpful straight away", and gave the support the member of staff needed urgently. Staff mentioned the team often went the "extra mile" for people, and other staff.

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 17 HSCA RA Regulations 2014 Good governance The provider did not monitor and improve the quality of the service provided. They did not always act on feedback.