

A24 Group Limited

# A24 Group Ltd - Sutton

## Inspection report

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Date of inspection visit:  
09 February 2016

Date of publication:  
26 February 2016

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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

This inspection took place on 9 February 2016 and was announced. The provider was given 48 hours' notice because the location provides domiciliary nursing care and we needed to be sure that someone would be available in the office. The last Care Quality Commission (CQC) inspection of the agency was carried out on 3 December 2013, where we found the service was meeting all the regulations we looked at.

A24 Group Ltd - Sutton is a domiciliary care agency that provides nursing and personal care to people in their own homes. Some people are privately funded, although the vast majority are funded by their local Clinical Commissioning Group (CCG). The service specialises in providing nursing and/or personal care to children, younger adults and older people with complex health care needs. The support people receive varies greatly and the time staff can spend providing nursing and/or personal care in a person's home ranges from four to 24 hours a day. There were 6 children and 14 adults living in various parts of the country receiving nursing and/or personal care and support from the service when we inspected A24 Group in Sutton.

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

The relatives of people using the service told us they were happy with the standard of the nursing and/or personal care their family members received from staff working for A24. They said the nurses and/or care workers always turned up on time and delivered the care package they had planned and agreed with the agency. People also said staff looked after them in a way which was kind and caring. If people were nearing the end of their life they received compassionate and supportive care.

People and their relatives told us they felt safe when staff from the agency visited them in their home. The manager knew how and when to report abuse or neglect if they suspected people were at risk. Risks to people's health, safety and wellbeing had been assessed and staff had been provided with guidance about how to manage these in order to keep people safe. The agency also ensured each person's home environment was risk assessed to identify any potential hazards people living there might face.

People were supported to keep healthy and well. Staff ensured people were able to access community health and social care services whenever they needed them. People were encouraged to drink and eat sufficient amounts to reduce the risk to them of malnutrition and dehydration. People received their medicines as prescribed and staff knew how to manage medicines safely.

People and their relatives (where appropriate) were involved in making decisions about their care and had care plans that focused on their needs and preferences. People and their relatives had agreed to the level of support they needed and how they wished to be supported. Care plans provided staff with guidance about

how people's needs and preferences should be met. When people's needs changed, senior nurse coordinators responded by immediately reviewing the person's care plan.

The registered manager and staff demonstrated a good understanding of the Mental Capacity Act 2005 and acted according to this legislation.

There were enough suitably competent staff to care for people using the agency. The registered manager matched people with nurses and care workers who had the right mix of knowledge, skills and experience to meet their specific nursing and/or care needs. Staff were suitably trained and knowledgeable about the individual needs of the people they cared for. They were also well supported by the registered manager and the nurse coordinators. The provider carried out appropriate checks to ensure staff were suitable and fit to work with people receiving services from the agency.

The views and ideas of people using the service, their relatives, professional representatives and staff were routinely sought by the provider and used to improve the service they provided. Most relatives felt comfortable raising any issues they might have about the service with staff. The service had arrangements in place to deal with people's concerns and complaints appropriately.

The provider recognised the importance of monitoring the quality of the service provided to people. They took into account the views of people using the service through telephone monitoring calls and satisfaction surveys. The provider carried out regular spot checks on staff to make sure people were supported in line with their care plans. There was an out of hours on call system in operation that ensured management support and advice was available when they needed it.

The agency had a clear management structure in place. The registered manager demonstrated a good understanding of their role and responsibilities.

## 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.

People told us they felt safe receiving care and support from A24. There were robust safeguarding and whistleblowing procedures which staff were aware of.

There were enough competent staff available who could be matched with people using the service to ensure their needs were met. . The provider had checked the suitability and fitness of staff to work for the agency.

Risks were identified and appropriate steps taken by staff to keep people safe and minimise the risks they might face. The manager and senior nurses monitored incidents and accidents to make sure people received safe care. People were given their prescribed medicines at times they needed them.

### Is the service effective?

Good ●

The service was effective.

Staff were suitably trained and were knowledgeable about the support people required and how they wanted their care to be provided.

The provider acted in accordance with the Mental Capacity Act (2005) to help protect people's rights. The manager understood their responsibilities in relation to mental capacity.

People received the support they needed to maintain good health and wellbeing. Staff worked well with various community health and social care professionals to identify and meet people's needs, including local CCG's. People were supported to eat healthily, which took account of their preferences and nutritional needs.

### Is the service caring?

Good ●

The service was caring.

People told us that staff were always caring and supportive, and

usually punctual.

People's views about their preferences for care and support had been sought and they were fully involved in making decisions about the care and support they received. Staff supported people to do as much as they could and wanted to do for themselves.

People also received compassionate and supportive care from staff when they were nearing the end of their life.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People's needs were assessed and care plans set out how these needs should be met by staff.

Care plans reflected people's individual choices and preferences and were regularly reviewed and updated to ensure they remained current.

The service dealt with people's concerns and complaints in an appropriate way. Most relatives felt able to raise their concerns with staff and were confident they would be listened to.

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

**Good** ●

The service was well-led.

The manager was proactive in making changes and improvements that were needed. People receiving services, their relatives, staff and community professionals spoke positively about the manager and the way they ran A24.

The views of people receiving services, their relatives, staff and community professionals were welcomed and valued by the provider.

There were systems in place to monitor the quality of the service provided by the agency and to make improvements where needed.

# A24 Group Ltd - Sutton

## **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 checked 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 February 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary nursing care service and we needed to be sure that someone would be available during the inspection. It was carried out by a single inspector.

Prior to the inspection we reviewed the information we held about the service. This included the provider information return (PIR). The PIR 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 reviewed statutory notifications. These notifications informed us about key events that occurred at the service.

We also reviewed all the written feedback we received from people who had participated in the CQC's stakeholder satisfaction survey about A24. Most people using the service, their relatives and professional representatives completed and returned our questionnaire, along with the staff who worked for the agency.

We visited the offices of A24 Group Ltd - Sutton and spoke with the registered manager. We also looked at various records that related to people's care, staff and the overall management of the service. This included five people's care plans held electronically on the agency's IT system and five staff files.

After we visited the offices of the agency we spoke on the telephone with the relatives of four people who received nursing and/or personal care services from A24.

# Is the service safe?

## Our findings

The provider took appropriate steps to protect people from abuse and neglect. Relatives told us they felt their family member was safe when staff from the agency visited them at home. Staff had received training in safeguarding children and adults at risk and knew how to protect people from abuse. There were safeguarding and staff whistle blowing procedures available to staff in their handbook, which the manager told us each new member of staff was given when they first starting working for the agency. These procedures gave staff detailed guidance to follow if they had any concerns about a child or adult, which included reporting their concerns to their nurse coordinator, the manager or to another appropriate body such as the local authority. The staff handbook also included the agency's policies and procedures in relation to the wearing of identity badges when working in people's homes. Where safeguarding concerns had been raised about the agency the manager had worked closely with other agencies, including the local Clinical Commissioning Group (CCG), to investigate these matters and take appropriate action when necessary to minimise the risk of similar incidents reoccurring.

Action was taken to assess any risks to people using the service. Records showed staff had assessed how people's circumstances and needs might put them at potential risk of injury and harm in the home and the wider community. Information from these assessments was then used to develop risk management plans which instructed staff how to minimise these risks. For example, if staff needed to use a mobile hoist when supporting a person transfer from one place to another detailed moving and handling guidance on how to do this in a safe way was included in their care plan. We also saw risk assessments had been carried out in people's homes relating to health and safety and the environment

Staff were suitable to support people using the service because the provider operated effective recruitment procedures. Staff records showed employment checks had been carried out on all new staff before they started working for the agency. These included obtaining evidence of their identity, Nursing Midwifery Council (NMC) registration status for all nurses, the right to work in the UK, relevant training and qualifications, character and work references from former employers and criminal records checks. Staff were also expected to complete a health questionnaire which the provider used to assess their fitness to work. The manager told us that any breaks in employment were discussed with staff during the recruitment process. The manager also said they worked with the United Kingdom Border Agency to ensure that right to work and identity documents obtained from staff during the recruitment process were valid. We saw the agency used a scanning device to verify the authenticity of people's passports.

The agency employed sufficient numbers of staff to keep people safe. The manager told us staffing was arranged with the local CCG according to the needs of the people receiving the service. Based on these assessed needs the manager matched them with nurses and care workers with the right qualifications and experience to meet those needs. The manager also told us if extra support was required because people's needs had changed additional staff cover was arranged. The staffing rota for each person was planned a week in advance and copies were always sent to the people using the service or their relatives, and the staff who were scheduled to provide the care. This ensured people receiving services from the agency knew which members of staff would be providing their care and when they would be coming.

People were supported by staff to take their prescribed medicines when they needed them. We saw people had their own medicines administration record (MAR) sheet which included a list of their known allergies and information about how the person preferred to take their medicines. Staff signed these MAR sheets each time medicines had been given and we saw the MAR sheets we looked at had been completed correctly. Staff had been trained to manage medicines safely. Training records showed staff had received training in safe handling and administration of medicines and their competency to continue doing this safely was assessed regularly.



## Is the service effective?

### Our findings

People received care and support from staff who were appropriately trained. Relatives told us in their opinion nurses and/or care workers had the right skills needed to meet their family member's health care needs. One relative said, "All the nurses that come to our house are spot on. They are all professionals and seem to know what they are doing." Staff also told us they felt the agency's induction had prepared them well for their role. Other records showed staff were expected to complete all the training the provider considered mandatory. This included fire safety, food hygiene, basic life support, manual handling, safeguarding children and adults, health and safety, infection control and equality and diversity. Staff told us they received all the training they needed to enable them to meet the needs, choices and preferences of the people they supported.

Staff had sufficient opportunities to review and develop their working practices. Records indicated staff had individual supervision meetings with their nurse coordinator at least once a quarter, which included an annual appraisal of their overall work performance for the previous 12 months. Staff told us senior nurses regularly carried out unannounced spot checks to observe their working practices. The registered manager told us there was an out of hours on call system in operation that ensured management support and advice was always available to staff when they needed it.

There were arrangements in place for the provider to comply with the Mental Capacity Act 2005 (MCA). 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. This provides protection for people who do not have capacity to make decisions for themselves.

We checked whether the service was working within the principles of the MCA. People told us staff would involve the relatives they wanted to help them make important decisions. Relatives also said with their family member's consent, they would be consulted as part of the process regarding making decisions relating to their relatives care and support. The manager told us that all of the people using the service had capacity to make decisions about their own care and treatment. However, if they had any concerns regarding a person's ability to make a decision they would work with the person and their relatives, if appropriate, and any relevant health and social care professionals to ensure appropriate capacity assessments were undertaken. They said if a child or adult did not have the capacity to make decisions about their care, their family members and health and social care professionals would be involved in making decisions on their behalf and in their 'best interests' in line with the MCA. The manager and staff had training in and understood their responsibilities in relation to the MCA of children and adults.

Staff supported people to eat and drink sufficient amounts. People's nutritional needs were assessed by staff as part of the initial planning of their care and support. Care plans indicated their likes, dislikes and preferences for their food and drink as well as the level of support they required for eating and drinking. For example, it was clear from information contained in care plans we looked at who was having Percutaneous

Endoscopic Gastrostomy (PEG- this is a tube which goes into people's stomach so they can receive food and/or medicines) feed. Where people were assessed as being at risk of malnutrition or weight loss, appropriate action had been taken by staff to refer them to specialist health care professionals, such as a dietitian. Staff also closely monitored and recorded the dietary intake of people identified at risk of malnutrition on a daily basis, which ensured they had all the information they needed to determine whether or not they were eating and drinking sufficient amounts to remain well-nourished and hydrated and well.

People were supported by staff to maintain their health. The health care support people needed was initially assessed by the local CCG, which the agency used to help them plan the nursing and care package people would need to stay healthy and well. Care plans contained important information about the support people required to manage their health conditions and the access they needed to health care services such as the GP and district nurses. People's health care and medical appointments were noted in their records and staff ensured people were supported to attend these. Outcomes from these appointments were documented and shared with all staff so that they were aware of any changes or updates in the level of support people required.

## Is the service caring?

### Our findings

Relatives told us they would rate the care their family members received from the agency as 'excellent'. One relative said, "I would recommend this agency to anyone", while another relative told us, "I'm very satisfied with the service my family have received from A24". People's relatives were equally complimentary about the staff that provided their family members' nursing and/or personal care and typically described them as "kind" and "compassionate". One said, "We've had the same nurses coming here for years and years so they're like family to us." Relatives also told us staff always treated their family with respect and usually arrived on time. Another relative commented, "The staff are generally very punctual and the agency always lets us know if staff are running late."

People were involved in making decisions about the care they received. Relatives told us staff were "good listeners" and that they were able to share their views about the nursing or personal care provided by the agency through regular telephone and face to face contact with staff representing the agency. People were provided with appropriate information about the agency in the form of a guide to the service. The manager told us this was given to people when they started using the service. This included information about the services provided by the agency and ensured people were aware of the standard of care they should expect.

People were supported to be as independent as they wanted to be. Although most people were highly dependent on the care and support they received from staff with daily activities and tasks, relatives told us staff still encouraged their [family member] to be as independent as they could be. Care plans contained detailed prompts and guidance for staff, where this was appropriate on how to encourage people to maintain or develop their independent living skills. The manager gave us good examples of how staff supported people who were willing and capable of managing their own finances to continue doing this.

People, who were nearing the end of their life, received compassionate and supportive care. We saw what people had decided about how they wanted to be supported with regards to their end of life care was reflected in their care plan. Records indicated the agency employed a number of palliative care trained nurses. The manager told us these nurses with specialist palliative care qualifications and experience would always be matched with people requiring end of life care.

## Is the service responsive?

### Our findings

People were supported by staff to contribute to the planning and delivery of their care. People told us they were involved in helping plan their own care and support package. Records showed us people using the service, their relatives (where applicable) and professional representatives such as those from the local CCG were all involved in helping the agency discuss and plan how an individual's nursing and/or personal care package should be provided. Information from these discussions informed people's care plans, which set how an individual's needs would be met by the agency.

We saw people's existing care plans were personalised and informative. They took account of people's needs and wishes, abilities and likes and dislikes. They also included detailed information about the level of support each person required to stay safe and have their needs met, as well as how they preferred staff to deliver their nursing and/or personal care. All the care plans we looked at included additional information about people's life history and the names of people who were important in their lives. Staff said they were told about the needs, choices and preferences of the people they provided care and support to.

People's needs were regularly reviewed to identify any changes that may be needed to the nursing and/or personal care they received. Senior nurse coordinators were responsible for ensuring people's care plans were reviewed at least once a quarter with people using the service, their relatives (where applicable), their professional representatives and the staff who delivered the package of care. This ensured care plans remained accurate and current.

The provider had arrangements in place to respond appropriately to people's concerns and complaints. Most relatives told us they knew what to do if they were unhappy with the service their family member received from the agency. They also said that on the whole they had been satisfied with the action taken by the agency to resolve concerns they had raised in the past. Community professionals also told us the registered manager and the agency's senior nurse coordinators always dealt effectively with any concerns they had raised. We saw a copy of the provider's complaints procedure was included in the agency's statement of purpose which was given to people using the service and their representatives. The procedure detailed how people's concerns and complaints would be dealt with. We saw a process was in place for the manager to log and investigate any complaints received which included recording any actions taken in response to resolve them.

## Is the service well-led?

### Our findings

People were supported to express their views about the agency. Relatives talked positively about how accessible and approachable the registered manager and her staff team were. They said someone from the agency regularly contacted them by telephone or visited them at home to find out how they were and if they were satisfied with the standard of care they were receiving from the agency. One relative said, "The nurse in charge often comes to visit us at home to ask how we're getting on and to speak to the nurses who work with us", while another relative told us, "Someone senior from the agency has always been available to speak to every time I've telephoned them". We saw the agency used a range of methods to ascertain the views of people using the service and their representatives, which included weekly telephone contact, quarterly home visits by senior nurse coordinators and the regular use of the providers own stakeholder satisfaction questionnaire. It was clear from feedback the agency had received from people who had participated in the providers latest satisfaction survey that most people were on the whole happy with the standard of nursing and/or personal care provided by A24.

The provider encouraged staff to express their views about the agency. Staff felt they worked well together as a team and that there were good communication systems in place that enabled them to keep up to date with any changes in the needs of the people they supported. For example, staff made detailed notes at each visit documenting the care and support they provided that were read by other visiting nurses and care workers. It was also clear from discussions with staff that they attended regular individual and/or group meetings with their nurse coordinator where they were able to discuss issues openly and were kept informed about matters that had affected the agency and the people using the service. Staff said they felt able to raise any concerns about the agency with their nurse coordinator or the manager.

The provider had established effective governance systems to routinely monitor and improve the quality and safety of the service people received from the agency. The manager told us they used feedback obtained through stakeholder satisfaction surveys, telephone calls and spot checks to constantly evaluate and make improvements to the service they provided. They showed us an analysis report and action plan from the last survey. We saw records of weekly telephone monitoring calls made by the agency's dedicated quality monitoring team to find out if people receiving services or their relatives had any problems with the care and support they were provided by the agency.

We also saw records of unannounced quarterly spot checks carried out by the nurse coordinators to observe the working practices of staff. This was done to make sure staff turned up on time, wore their uniforms and identification cards and supported people in line with their care plans. Care records and risk assessments, medicines management, equipment use and maintenance, and the health and safety of people's home environment were also audited during these spot checks.

Staff training records were closely monitored by the provider. This helped the registered manager identify when staff were due to refresh their existing training in order to keep their existing skills and qualifications up to date. The registered manager gave us a good example of how the providers IT system immediately notified them when nurses with specialist knowledge and skills, such as those supporting people with PEG

feeding tubes, needed to have their PEG training refreshed.