

A1 Home Care Ltd

# A1 Home Care

## Inspection report

Units 16-19  
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Tel: 01245354774

Date of inspection visit:  
10 December 2019

Date of publication:  
13 February 2020

## 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 Home care is a domiciliary care service which provides personal care to people in their own homes. At the time of inspection 102 people were using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People felt safe using the service and were happy with the care and support they received. Everyone asked said they would recommend the service to others. People were usually supported by regular care staff who knew them well. Staff turned up on time and stayed for the duration of the agreed visit time.

Risks to people had been assessed and staff knew what to do to keep people safe. Recording practices around risks required strengthening.

We made a recommendation about recording information on risks to people's health and safety.

There were sufficient staff employed who had been safely recruited. Staff followed good infection control practices. Medicines were managed safely. Only staff who had been trained and assessed as competent administered medicines.

Staff received the training, supervision and support to be competent in their role. People were helped to have enough to eat and drink which met their needs and choices.

We made a recommendation about oral health care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were kind and caring and knew people well. People were treated with dignity and respect and their privacy and independence was promoted.

People received care and support the way they wanted. People were included in planning their care and regular reviews were organised to check people were happy with the service they were receiving. There were systems and processes in place to manage any complaints and improve the service.

There was a registered manager in post who was well thought of by people and staff. Both the registered

manager and provider were visible and accessible at the service. A range of safety and quality checks were in place to monitor the safety and quality of the service and identify any improvements required.

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 Good. (16 April 2017)

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?**

The service remained good.

Details are in our Safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our Effective findings below.

**Good** ●

### **Is the service caring?**

The service was caring.

Details are in our Caring findings below.

**Good** ●

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

The service remained responsive.

Details are in our Responsive findings below.

**Good** ●

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

The service was well led.

Details are in our Well led findings below.

**Good** ●

# A1 Home Care

## 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

This inspection was carried out by three inspectors and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to 102 people living in their own homes.

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

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We also 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 14 relatives about their experience of the care that had been provided to their family member. We also spoke with six members of staff, including the trainer and the registered manager. We

contacted three health professionals to obtain their views. Where information has been supplied this has been included within our report.

We reviewed a range of records. This included ten people's care records and six people's medicine records. We also 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

# 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 Good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- All the people we spoke with said they felt safe using the service. A person told us, "Yes [I feel safe] because it all works really well, and the service is very good."
- Staff had been trained in how to protect people from the risk of harm and knew how to raise concerns. One staff member said, "I am up to date with all my training. I would go to my line manager and report any concerns."
- The registered manager understood their safeguarding responsibilities and was pro-active in identifying and reporting any concerns to the appropriate authorities when needed.
- The service had a whistle-blowing policy in place which provided guidance for staff on how to report safety concerns within the workplace. A staff member said, "Yes there is a Whistleblowing policy in place, I have raised a concern before and they [management] took the action that was needed."

Assessing risk, safety monitoring and management

- Risks to people were assessed with information and guidance provided for staff on how to manage those risks. However, we saw some inconsistencies about the quality of written guidance for staff. On some care plans it was very detailed whilst on others the guidance was minimal. This meant staff might not always have the necessary information to protect people from harm.
- Whilst risk recording practices required strengthening, in practice, risks to people were being safely managed. Staff had regular rounds and knew the people they supported well including any risks associated with their care and how to keep people safe. This was evidenced in people's care notes completed by staff which were detailed in relation to the care provided. For example, in one person's care plan whilst there was minimal detail in relation to the risks related to a person having a catheter, the daily notes completed by staff showed staff were aware of the risks and were taking the appropriate action such as encouraging fluids and checking the colour of urine.

We recommend the provider review their systems and processes for risk recording to ensure sufficient written guidance is easily accessible to staff in people's care plans.

Staffing and recruitment

- The registered manager told us recruitment of staff was a continuous process to ensure they always had enough staff employed to be able to safely meet people's needs.
- At the time of inspection there were sufficient numbers of staff employed who had been safely recruited. The appropriate safety checks had completed, including taking up references, exploring gaps in employment history and carrying out disclosure and barring checks (DBS) to make sure staff were suitable to work with vulnerable adults.

- Staff rotas were organised in a way to provide consistent support to people. An electronic monitoring systems was in place to ensure people were receiving their visits on time and these were not being cut short. One staff member said, "I get a 15 -minute gap so I can travel where I need to be. We are not pushed for time." Another staff member said, "We get a rota every Thursday, everything is done on the handset. We can look up now and see if there is problem. This is much better. We sign in and out on our handsets."
- People told us they had not experienced late or missed visits and staff time-keeping was generally good. If there was a delay, people received a telephone call to advise them. A person told us, "It's very good." Another said, "We've had no problems."

#### Using medicines safely

- Staff involved in handling medicines had received relevant training and were assessed as competent to support people with their medicines.
- Medicines were recorded on an electronic system and records showed people had received their medicines as prescribed. We did note on occasion, staff were recording giving medicines in two different places which made auditing people's medicine administration records (MAR) difficult. Following a discussion with the registered manager they assured us that they would add a prompt to the system for staff to ensure medicines administered were recorded consistently in one place using people's electronic MAR.

#### Preventing and controlling infection

- People told us staff followed good infection control practices. Staff had received training in infection control and were provided with personal protective equipment (PPE) to use. For example, disposable gloves and aprons. One staff member said, "Yes there is always plenty of gloves and aprons. There is information in the care plan that says when to change your gloves and wash your hands."

#### Learning lessons when things go wrong

- Information from safeguarding alerts as well as concerns or complaints raised by people and staff were used constructively to learn from and improve practice. For example, where staff had raised concerns about information sharing, improved communication practices had been introduced.



# 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 Good. At this inspection this key question has remained the same. 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

- The registered manager carried out an initial assessment of people's support needs, so they could support people how they wanted. People using the service were involved in the initial assessment.
- Care was planned, reviewed and delivered in line with people's individual requirements. For example, care calls happened at the time and for the period identified at the assessment.
- People's protected characteristics were identified and recorded if this was people's choice. If people had a preference of gender of care worker, this was known and respected.

Staff support: induction, training, skills and experience

- People told us they received effective care and support from competent staff. Comments included; "The staff all seem to know what they are doing," and, "They [staff] are very good, I have no complaints."
- Staff had been given a company induction, which included shadowing more experienced staff to learn about people and the job role. When this had been completed they were supported to complete the care certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- The registered manager ensured the competence of staff in their roles was continually assessed and where issues were identified, appropriate action was taken.
- Staff received regular supervision and appraisals to support their developmental needs. This gave staff an opportunity to discuss how they felt they were getting on and any learning and development needs they may have.
- Staff told us that they felt very well supported and had regular communication with the registered manager. One staff member said, "We are supported well. [Named registered manager] is always smiling and pleasant. As long as you are doing your job properly."
- An excellent feature of the service was the commitment shown by the provider to ensuring staff had the knowledge and skills to be competent in their job roles. The provider had recently recruited a new 'in-house trainer' who was in the process of redesigning the current training programme to ensure the training provided to staff was of a high standard and met the individual needs of people who used the service.

Supporting people to eat and drink enough with choice in a balanced diet

- Where it was part of an assessed need, people received support from staff to have enough to eat and drink that met their needs and preferences.
- People's nutritional needs and any risks related to their eating and drinking had been assessed. For example, one person's care plan recorded the person required a thickening agent added to all of their drinks.

- If required, food and fluid charts were kept to monitor people's food and fluid intake. This information was shared with appropriate health professionals such as speech and language therapists and the district nurse to help people maintain their health and wellbeing.
- Staff were aware of the risks to people around food and drink and knew how to manage them. One staff member said, "I am fully aware [Named person] could choke. I always cut their food up small. There is lots of information in the care plan and I have been trained."

Staff providing consistent, effective, timely care within and across organisations; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with relatives to keep them informed of any changes in people's health needs.
- Staff monitored people's well-being and supported people to access the relevant healthcare support when needed. For example, referrals to the GP and district nursing service.
- Information on how to support people to meet their oral health care needs was recorded in people's care plans. Staff confirmed they helped people manage their oral health care.
- Whilst staff were not currently receiving specific training in oral health care, there were plans to introduce this to the new training programme which was under development.

We recommend the registered provider refer to CQC guidance 'smiling matters' for best practice guidance in this area.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- The registered manager understood their responsibilities under the MCA.. Staff had been trained in the MCA and understood how to support people with decision-making.
- Feedback from people's relatives showed that staff helped people to make their own choices. A relative told us, "Staff talk to [person] and ask them what they want."
- Most people who used the service were able to make decisions for themselves without support. The registered manager told us if people required additional support with specific decisions they would refer this immediately to the relevant professional such as the person's social worker.

# 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

- Staff told us they had time to spend with people and had developed trusting, positive relationships with them. This was confirmed by feedback we received. A relative told us, "Staff talk to [person] in a nice way and really chat to them as a person."
- People and relatives told us staff were kind and caring. This was reflected in the feedback we received. Comments included; "Staff are extremely caring and always begin by asking [person] how they are and shaking hands," and, "I do think staff are caring. For example, one of the staff will change the flowers if they notice they are dead as they know [person] likes flowers."
- Staff demonstrated positive values and a caring attitude. One staff member said, "It is nice to know that you have helped someone out. When people's faces light up, it is such a rewarding job. It is nice knowing you have helped someone, even if it is just sitting and talking to them."

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

- People told us they and their relatives, where appropriate, felt included in the planning of their care and in any day to day decisions about how support was provided. A relative said, "[Person] is always asked what they would like so they can decide themselves."
- Staff understood when people needed help, and supported people in a way that was sensitive to each person's individual needs. One staff member explained, "Even if it's not part of their regular support provided, if we see anything change we will support them. For example, one person takes their own medicine, but stopped taking it. I knew this would affect their health, so I raised this with the office to liaise with their relative."
- Information about people's communication needs was recorded in their care plan to provide guidance for staff on how to help people express their views. Where people's first language was not English, staff had taken the time to learn simple phrases to help include the person in decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People told us staff were polite and their privacy and dignity was respected. A person told us, "Staff are always cheerful and polite." A relative said, "Staff are always polite and talk to [person] in a kind and respectful way."
- Staff were able to explain how they provided care in ways that promoted independence and ensured people's privacy was maintained and dignity protected.
- Feedback from people and relatives confirmed independence was promoted and encouraged. A relative said, "Yes, staff do support [person's] independence by just providing the help they need."

# 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

- People and relatives, where appropriate, were involved in care planning to ensure the support agreed met people's individual needs. Care plans included information on people's likes, dislikes, needs, wishes and preferred routines. This helped staff provide care and support the way people wanted.
- The service used a 'live' electronic care planning system which meant staff had easy access to relevant and up-to-date information regarding people's needs and preferences.
- People told us they were usually supported by regular care staff. This continuity of care meant people received their care and support from staff who knew them well. A person told us, "We have the one regular person now and this works really well as they really get on."

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.

- People's communication needs had been assessed and consideration was given on how to promote people's understanding. For example, where a person was hard of hearing staff had used a 'whiteboard' to communicate with them.
- The registered manager told us information could be provided in large print if required and senior staff would routinely take the time to talk through business documents with people such as the company's terms of business to aid people's understanding.

Improving care quality in response to complaints or concerns

- There were systems and processes in place to manage complaints. We saw complaints were logged and investigated with appropriate action taken to resolve issues such as offering to meet with people and their families and issuing letters of apology where mistakes had been made.
- Information on how to make a complaint was provided to people in a 'service user' guide given to people when they joined the service. People told us they knew how to make a complaint and if concerns had been raised, these had been dealt with to people's satisfaction.

End of life care and support

- The service was not supporting anyone at the end of their life at the time of the inspection.
- A senior staff member had completed advanced training in end of life care and was the designated 'champion' for end of life care. This meant they could provide support and guidance to care staff supporting

people at the end of their life if required.

# 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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager and provider were visible at the service and were considered by people and staff to be approachable and accessible.
- People were positive about the service and its leadership and were happy with the care and support they received. Comments included, "Yes we are happy and would happily recommend the service because of the care they provide," and, "It all works very well. They [the service] do what they say they'll do when they say they'll do it."
- Staff enjoyed working at the service and felt well supported by the management team.

How the provider understands and acts on their duty of candour responsibility

- The registered manager and provider understood their responsibility under duty of candour. When mistakes were made the service was honest and open about what had happened and offered apologies when necessary to the parties concerned.
- Throughout the inspection we found the staff and management team to be open and transparent in their communication with us and any requests for information were responded to promptly.

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

- There was a registered manager in post who understood their regulatory duties and responsibilities.
- A defined management structure was in place which provided clear lines of accountability.
- Spot checks of staff performance were carried out on a regular basis, to ensure the quality of the service people received was good.
- A range of quality and safety audits were completed including monitoring call timings and care records including medicine administration records, to ensure people were receiving a safe and effective service.

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

- Regular quality monitoring was completed including making telephone calls to people, organising regular care reviews and sending out annual surveys. All of which were used to monitor people's satisfaction levels and make any required improvements.
- An annual staff survey was also sent out. This had identified a recurring theme where staff were not happy with late changes made to the rota which were not well communicated. As a result, improved working

practices had been introduced to ensure staff were informed of any late changes by the office staff.

- Staff told us the registered manager supported them effectively. One staff member said, "The Manager respects your privacy. If you have a problem, you can go to any one of them and it will stay with them. They are very supportive. They are a very fair and flexible company."

#### Continuous learning and improving care

- The registered manager kept their skills and knowledge up to date by accessing training and professional development opportunities. Any learning acquired was shared with the staff team and used to improve practice. For example, the registered manager had recently attended an 'LGBT' workshop. As a result, changes to the assessment process had been made which recognised people's diversity and ensured people's protected characteristics were known and respected.
- Staff received regular updates via a newsletter which provided up to date information on people's needs and wishes. Compliments and complaints were also shared with staff who were recognised and praised for good practice.
- The newsletter was also used to reinforce good practice principles, for example, covering features on how to correctly fill in MAR charts.

#### Working in partnership with others

- The service worked with a range of health and social care professionals to secure good outcomes for people. For example, a recent referral had been made for a person to the sensory service for support with their hearing aids.