

A24 Group Limited

A24 Group Ltd - Sutton

Inspection report

Group House
92-96 Lind Road
Sutton
Surrey
SM1 4PL

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Tel: 08454523344

Website: www.a24group.com

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

A24 Group - Sutton is a domiciliary care agency that provides personal care and nursing care to adults and children living in their own homes across the UK. At the time of our inspection seven people with complex needs were receiving personal care from the provider.

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

People's risks were assessed and mitigated to prevent avoidable harm. People received their medicines safely and medicines administration was audited. A robust recruitment process was in place which ensured only suitable staff were deployed to deliver care and support. Staff followed appropriate infection prevention and control practices to keep people safe.

People's needs were assessed. Staff were trained and supervised to meet people's assessed needs. People's mental capacity was assessed and their relatives actively participated in best interest decision making.

People received the support they required for their nutritional needs to be met.

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.

The registered manager oversaw quality audits of the service people were receiving. Relatives felt there was good communication with the provider. The provider worked in partnership with statutory agencies to plan, deliver and review people's care and support.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was Requires improvement (published 07 September 2021). 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 and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

We carried out an announced comprehensive inspection of this service on 10 October 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, the need for consent, staffing and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now

met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those Key Questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for A24 Group Ltd – Sutton on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service. 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 well-led?

Good ●

The service was well-led.

Details are in our Well-led findings below.

A24 Group Ltd - Sutton

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 was carried out by one inspector 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 and nursing care to 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 unannounced.

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 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 five relatives of people who used the service. We spoke with one member of staff, the registered manager and the nominated individual. The nominated individual is responsible for supervising

the management of the service on behalf of the provider. We reviewed a range of records. These included five people's care records and five staff files. A variety of records relating to the management of the service were reviewed, including quality audits and team meeting minutes.

After the inspection

We continued to seek clarification from the provider to validate evidence found. For example, we reviewed additional quality assurance records.

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.

Assessing risk, safety monitoring and management

At our last inspection we found the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had made improvements and was no longer in breach of Regulation 12.

- People's risk of experiencing avoidable harm was reduced by the risk assessments and risk management plans in place.
- The registered manager and nursing staff assessed people's risks prior to providing a service. These were regularly reviewed and updated as people's needs changed.
- Where people presented with risks associated with their health or behaviour staff had guidance in care records to support people safely.
- Staff supported people with referrals to ensure specific risks were assessed by specialist healthcare professionals.

Using medicines safely

At our last inspection we found the provider did not audit people's medicines records regularly. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had made improvements and was no longer in breach of Regulation 17.

- The registered manager audited people's medicines administration records (MAR). These checks included confirming people received the right medicines at the right time and that MAR charts were completed correctly.
- People received their medicines safely and in line with the prescriber's instructions.
- People's medicines were administered by staff who had received medicines training.
- Senior staff undertook periodic observations of staff administering and recording medicines to confirm their ongoing competency.
- Where people were prescribed 'when required' medicines the details for administering them were clearly stated for staff.

Systems and processes to safeguard people from the risk of abuse

- Staff received training to protect people from abuse.
- Staff understood the provider's safeguarding processes and the actions to be taken should they suspect

abuse.

- The registered manager understood their responsibility to notify the local authority safeguarding team and CQC of any allegations of abuse.

Staffing and recruitment

- People were supported by staff who the provider had assessed to be safe and suitable to deliver care and support.
- The provider's recruitment team checked applications, employment histories, criminal records, eligibility to work in the UK and confirmed the identities of applicants.
- Relatives told us they felt safe with the staff supporting their family members.

Preventing and controlling infection

- To protect people from the risk and spread of infection staff wore personal protective equipment (PPE). One relative told us, "Staff wear PPE correctly."
- PPE items included face masks, visors, gloves and aprons. Staff were also issued with hand sanitising gels.

Learning lessons when things go wrong

- The registered manager and leadership team reviewed information in relation to incidents when things had gone wrong to prevent them happening again.

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.

Staff support: induction, training, skills and experience

At our last inspection we found people were supported by staff who were not appropriately supervised and did not receive appraisals. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had made improvements and was no longer in breach of Regulation 18.

- Since the last inspection the registered manager had introduced a supervision programme for staff and kept supervision records. The registered manager confirmed they intended to improve supervision beyond a tick-box exercise to more accurately capture what was discussed and planned in these important one-to-one meetings. We will be checking supervision records at our next inspection.
- People received their care and support from staff who received yearly appraisals.
- Staff received ongoing training to meet people's needs effectively. Where people presented with specific health needs staff received specialist training. For example, nurses received training to support people who needed to use ventilators.
- Relatives told us they were confident staff were trained, skilled and knowledgeable. One relative told us staff were, "Very well trained, very reliable." Another said they were, "Happy with the level of skill."
- New staff received an induction. This included reviewing the provider's handbook and meeting the people they would support. In some instances, new staff shadowed their experienced colleagues as they provided care and support.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection we found the provider could not be sure they cared for people in line with the Mental Capacity Act 2005 (MCA). This was because the provider had not carried out mental capacity assessments for people. This was a breach of Regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was no longer in breach of Regulation 11.

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.

- People's mental capacity was assessed and they were supported in line with legislation.
- Relatives told us they were involved in making decisions in their family members' best interests along with staff and healthcare professionals.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed and care plans were in place detailing how people's needs should be met.
- People and their relatives participated in assessments, care planning and reviews of the care being delivered. One relative told us, "I have been involved in all the assessments."
- The registered manager and nursing staff undertook assessments and developed plans to meet assessed needs in line with published good practice guidance.

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

- People were supported to eat and drink enough.
- Where people required specialist support to eat and drink, staff were trained to meet these needs. For example, where people received nasal feeding or nutrients directly into their stomach, care plans and risk assessments were in place and nurses had specialist training.

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

- Staff worked with other agencies to provide care and support. For example, the registered manager and leadership team worked with people, relatives and healthcare commissioners to meet people's assessed needs.
- The registered manager and staff worked effectively with other providers to ensure consistent and timely care when care packages were transferred between providers. services.

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

At our last inspection we found the provider had failed to carry out effective audits of the service being provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had made improvements and was no longer in breach of Regulation 17.

- The quality of care and support people received was audited. A compliance officer oversaw quality assurance checks which the registered manager reviewed. These checks included the care people received, care records and staff support. The provider planned to improve their quality assurance processes further to include more qualitative information and analysis. We will review these changes at our next inspection.
- The management team were clear about their roles and responsibilities. Staff and people receiving the service understood the management structure, which included care coordinators supporting the registered manager.
- The provider ensured that nursing staff complied with the conditions of their registrations with professional bodies.

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

- Relatives spoke favourably about the openness of the service. One relative told us the leadership team were, "Always approachable, they sort out problems, good communication." Another relative described the registered manager and their team of care coordinators as "Professional and friendly."
- The registered manager matched staff skills to people's needs to plan for positive outcomes. People's needs were regularly reviewed, and frequent contact was maintained. One relative said there was, "Very good regular catch-ups."

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 registered manager understood their duty of candour.
- When required, the registered manager ensured timely notifications were sent to CQC.
- The provider followed their action plan following our last inspection to make improvements.

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

characteristics; Continuous learning and improving care;

- The provider undertook regular surveys of people's views and those of their relatives. This feedback was used to develop the service.
- Staff shared their experiences, which were also considered by management in the development of the service.
- The provider supported the wellbeing of staff. A helpline was available to staff to call should they require confidential emotional support.

Working in partnership with others

- The provider worked in partnership with health and social care professionals to meet people's needs.
- The registered manager and staff worked with other services when care packages changed between providers.