Work Experience Limited

A1 Care

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

About the service
A1 Care is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of this inspection 73 people were receiving the regulated activity of personal care from the service. 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.

People's experience of using this service and what we found
We have made a recommendation regarding, staff rotas and travel times between visits.

People and relatives spoke positively about the service they received. People received personalised care which was responsive to their individual needs. Staff had a good understanding of the care and support people needed and provided this with care, kindness and compassion.

Staff had completed safeguarding training and understood their role in identifying and reporting any concerns of potential abuse or poor practice. Risks to people were assessed and regularly reviewed. Staff understood the actions needed to minimise the risk of avoidable harm including the prevention of avoidable infection.

Staff supported people to take medicines safely. Staff were trained in medicines management and knew how to ensure that people received their medicines on time and as they had been prescribed.

There were sufficient numbers of experienced staff to meet people's needs. Safe recruitment practices were followed and appropriate checks completed to ensure that only suitable staff were employed.

Staff received induction and on-going training and support that enabled them to carry out their roles effectively.

People had access to healthcare services and were involved in decisions about their care and wellbeing. Working partnerships with other agencies and health professionals had been formed which enabled effective outcomes for people.

People were encouraged and supported to eat and drink well. People told us they felt listened to and their views were respected when planning and agreeing what care and support they needed. People told us they received their care from a small, consistent team of staff who knew them and their care needs well.

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.

People and relatives knew how to raise any concerns and felt they would be addressed appropriately.

There was a system of ongoing monitoring through audits and spot checks to review the quality of the service provided.

People, staff and relatives felt the service had made improvements over previous months and expressed confidence in the management team. People felt the service was well led and specifically praised the service given by the welfare manager.

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

Rating at last inspection
The last rating for this service was good (published November 2018).

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 was not always safe. Details are in our safe findings below.	**Requires Improvement**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service well-led? The service was well-led. Details are in our well-led findings below.	**Good**

A1 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team
The inspection team consisted of one inspector, two assistant inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who use this type of care service.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means they and the nominated individual are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave the service 48 hours' notice of the inspection visit. This was because we wanted to ensure the registered manager would be available to speak with us.

Inspection activity started on 8 April 2021 and ended on 14 April 2021. We visited the office location on 8 April 2021.

What we did before the inspection
We reviewed information we had received about the service since it was registered. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and

improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection
We spoke with 11 people and their relatives about their experience of the care provided. We spoke with 13 members of staff including the provider, registered manager, welfare manager, HR manager and care workers.

We reviewed a range of records. This included four peoples care records and multiple medication records. We looked at three staff files in relation to recruitment, induction and supervision and six staff training records. 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. We looked at training data and quality assurance records. We sought written feedback from two health and social care professionals who regularly liaised with the service. We considered their feedback when making our judgements in this report.

Requires Improvement

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 deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- We identified shortfalls in the rota and scheduling system the service provided. People told us they received a weekly or monthly schedule but many of these people told us the schedules were not always accurate due to staff holidays and sickness. One relative told us, "Yes we get a schedule, but it's rarely accurate. There's staff sickness and holidays, so it's understandable." Another relative said, "Yes, but they don't often keep to it."
- Some staff expressed concerns with the rotas. One member of staff said, "I would say improve the rotas."
- We identified weaknesses in the travelling times between visits. Some rotas did not give any travelling time from one visit to another. Staff gave varying views on the travel time given. We asked staff if there was enough travel time between visits. One member of staff told us, "Yeah, depending where you are… we do have that little extra time we can spend with people and we can let the office know we are running late."
- Another member of staff said, "Sometimes we're not allowed that much travelling time but it doesn't affect me too much. I still get to spend the allocated time." A third member of staff commented, "Travel time is often not enough… we all just want to do the best for the clients. They need to improve on their coordination role and travel time. Rotas are sometimes changed at last minute and we are not advised."
- We discussed our findings with the registered manager. They told us the scheduling system had been under review and recent changes were in the process of being made which would lead to an improved service. They explained they had highlighted concerns regarding travel times and were working closely with their co-ordinator member of staff to make improvements.

We recommend the provider reviews their systems for managing the rotas people and staff receive, and continue to investigate the levels of travel time between visits to ensure people receive their visit at the allocated time.

- Recruitment practices were safe with the relevant checks being completed before staff worked with people in their homes. However, two of the three staff recruitment files we reviewed appeared to have some gaps in their employment histories. We discussed our findings with the registered manager and HR manager and immediate corrective action was taken.
- Where possible, support was provided by a consistent, team of staff who knew people well and knew how they preferred their care and support to be given. One relative told us, "For the last two months we have had the same two carers and are used to them. This is good for [person] as he has dementia." Another relative said, "Sometimes you did get new staff and I mentioned it to the co-ordinator, they did what they could." A further relative said, "Over the last month they have got their act together and we've had the same team."
- We asked people if their care visits were punctual. Three people told us that staff were sometimes late.

One relative said, "They can be delayed for up to 30 minutes". People told us most of the time they were informed by the office if staff were running late. One person told us, "I understand they can get held up, some phone us to let us know, some don't." Every person we spoke with told us that care staff did not rush their visits.

Systems and processes to safeguard people from the risk of abuse

● Staff understood their role in protecting people from abuse and had received appropriate training on safeguarding adults.

● The registered manager and care staff had a good knowledge of safeguarding processes and understood how to raise concerns with the local authority.

● We asked staff what they would do if they needed to report potential abuse. One member of staff told us, "First you have to inform the welfare officer or manager, write a statement about what happened, what you saw and chase up what happened." Another member of staff said, "I would report straight away to my line manager. I would get as much information as the client wanted to give me, and then report straight to the line manager, respecting confidentiality."

Assessing risk, safety monitoring and management

● Assessments were carried out to identify any risks to people and to the staff supporting them. This included environmental risks in people's homes and any risks in relation to people's care and support needs such as falls, skin integrity, medicines and nutrition and hydration.

● Risks for people were individually assessed and managed. Individual risk assessments detailed the action staff should take to minimise the chance of harm occurring to people or staff. Staff understood the actions they needed to take to minimise the risk of avoidable harm.

● Every person we spoke with told us they felt safe with the care provided. One person said, "I know them very well and I feel safe and comfortable with them. They are all very nice. I don't have any doubts about any of them. Another person told us, "They are absolutely wonderful. They are so helpful and attentive."

Using medicines safely

● People received their medicines when they were needed and in ways they preferred. There were systems in place to ensure this was done safely.

● People had their medicines administered by staff who had completed safe management of medicines training and had their competencies checked regularly.

● Where people were prescribed medicines they only needed to take occasionally, there was guidance for staff to follow to ensure those medicines were administered safely.

●A member of staff told us, "I have medicine training and I give medicines. We have a medicine administration record (MAR) chart in the system, to ensure we don't make mistakes in giving tablets. We get training every six months. We have a MAR chart for creams, tablets and instruction on how to do it, where to keep it and we have a book in the house of the client which has all the information again."

Preventing and controlling infection

● Everyone we spoke with told us the care staff wore personal protective equipment (PPE) which included masks, gloves and aprons and staff regularly washed their hands. One relative commented, "The carers wear it all the time. Occasionally I have to remind them. I have stock of my own too."

● People were protected from the risk of infection because staff were trained in infection control and were supplied with personal protective equipment (PPE). PPE was used to prevent the spread of infections and staff were clear on their responsibilities with regards to infection prevention and control. Staff were able to collect PPE from a stock held at the office.

● One staff member told us, "When I arrive at the house, I wash my hands and disinfect (sanitise). Put on my

apron and gloves. (When finished) I put my PPE in a plastic bag and put in the bin outside the clients house." Another member of staff told us, "I've had infection control training, and the PPE has been good, supplying when we need it."

Learning lessons when things go wrong

- There was a system in place for recording, reviewing and analysing accidents and incidents. This meant any emerging themes or trends could be identified and lessons learned.
- Learning was shared through communication updates, team meetings and supervision sessions.

Good

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

- People's care needs, and choices were assessed before the service started to provide any care or support and were then regularly reviewed. A relative said, "The welfare officer came out with two carers and she had notes with her. She was here three hours explaining what they can do and was very thorough."
- Assessments had been completed in line with current legislation, standards and good practice guidance and the information was used to create person centred care and support plans.

Staff support: induction, training, skills and experience

- People told us the staff knew them well and understood their individual health needs. People named individual care staff who they said were very good. One person told us, "I think of them as part of my family now."
- People had their needs met by staff that were experienced and had the correct levels of skills to support them effectively. One relative told us, "They do everything I want them to and I can't fault them."
- An ongoing programme of refresher and development training was in place. People told us the care staff were well trained and good at their jobs. One relative said, "They are very well trained. They use the hoist and they are very good." Another relative told us, "Mum has two very intelligent, excellent carers. Occasionally you might get the odd one, (usually at weekends) who doesn't understand what needs to be done but I can't fault 99.9% of them."
- Staff completed an induction period and spoke positively about the training they had received. One member of staff told us, "I completed three lots of shadowing shifts with different carers and completed my mandatory training. It's been great, any concerns there's always someone on the phone. There are changes due to staff sickness but yeah it's a happy environment."
- Another member of staff said, "I've had infection control training. If there are any specialist areas that come up you can be asked to be put on them…There was a piece of equipment I wasn't aware of, but the occupational therapist was out with us and I had training on how to use it."
- Staff told us they felt supported by their management team. They told us, and records showed they had regular supervision meetings which allowed them to discuss their performance, concerns or training and development needs. One member of staff told us, "I've had weekly one to one meetings… I feel supported, anything I've said has been sorted out."

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support. Staff working with other agencies to provide consistent, effective, timely care.

- People were supported by staff who understood their food and drink needs and preferences. Staff had

received training in how to support people with their eating and drinking to ensure people maintained a healthy balanced diet. Staff received training in nutrition and hydration and food hygiene and food safety.
● Care plans reflected the support the person needed to eat and drink and ensured people were offered choice with their food and drinks. For example, one person's care plan stated, "If I have not already had my breakfast please offer to support me to make a breakfast of my choice. I really enjoy cereal with banana or would like croissants with toppings such as bananas, chocolate spread, honey and peanut butter or toast with butter and marmalade."
● People were supported to access healthcare services when they needed additional support. This included support from GP's, community nurses and occupational therapists.
● Staff spoke knowledgeably about people's health needs and records showed they had been proactive in seeking guidance and support from health professionals. One relative told us, "I always keep an eye on them, they are absolutely smack on. The carers are responsive. I mentioned the difficulty in swallowing a large capsule and they immediately arranged for the trial of a patch which worked successfully."

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.
● Staff knew about people's individual capacity to make decisions and understood their responsibilities for supporting people to make their own decisions.
● People told us they were encouraged to make decisions for themselves and felt involved in making choices wherever possible.
● People had signed their care records to show that they consented to the care and support they were being provided with.
● Training records showed staff had undertaken training in relation to the MCA.

Good

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

- People and their relatives spoke positively about the management team stating the service was consistently good. Three people spoke very highly of the welfare officer stating they were excellent. One relative told us, "It is definitely well-led. Three years ago, mum had a different agency and I know the difference." Another family member said, "They started with a high standard and have kept that high standard."
- People and their relatives and staff expressed confidence that the service was well run. People told us communication was highlighted as one of the strong points of the service. One person said, "You only have to ring them, and they do everything they promise to do."
- Staff told us although they did not have regular contact with the registered manager, when they did speak with them the registered manager was approachable, friendly and they felt listened to. Staff told us they felt the service was well-led.
- Comments from staff included, "It is well-led from what I've seen. They're all friendly and I feel listened to." A member of staff told us "Management are not the best but not the worst. We don't speak much with management, but we speak with the welfare officer. The management help us if we need it. Yes, they listen and try to find the best solution." A further member of staff told us, "Management is good, we've got [registered manager]. They all work quite well together to be honest, which is good and they are always on hand if we need to ring them."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 and staff were clear about their roles and responsibilities. People and staff felt there was a clear management structure in place and that action was taken when issues were raised. One relative told us, "People are well versed in what they have to do, and they get on with it. The people we have are brilliant."
- There were a variety of systems in place to ensure the quality of the service provided to people was continually monitored. The provider had invested in software packages that supported the management team to check people received good care and support from the service.
- The registered manager understood the requirement to notify CQC of significant incidents and events. Legal requirements such as displaying the rating from the last inspection were met.
- The duty of candour was understood by the registered manager and management team. The duty of

candour is a legal obligation to act in an open and transparent way in relation to care and treatment. A member of staff told us, "It has been good. A good team and good people in the office and good relations with the clients."

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

● People were encouraged to express their views and suggestions about the service via face to face meetings with staff, surveys and reviews of their care. This information was used to improve the service and to highlight good practice or care.

● People, relatives and staff felt confident their views would be listened to and acted upon. One relative told us, "I have raised concerns on occasions, and they do respond. They are very good. I had a problem with the time keeping of a carer which was unsettling, but now it's very good." Another relative said, "I give them 100%."

● Staff meetings were held to keep staff up to date with changes and development within the service. During COVID-19 the levels of staff meetings had reduced however, meetings had been run virtually over the internet or in the warmer months outside ensuring social distancing precautions were met. Meeting minutes were completed and made available for all. This ensured any person that had been unable to attend had sight of the discussions that had taken place.

● Staff used a secure message platform to effectively share information about people's health needs or changes in their wellbeing.

Continuous learning and improving care

● The registered manager supported the development of staff. There was a commitment to learning and making improvements to the service people received.

● There was a process of continual improvement and quality assurance in place. Regular spot checks and observations were conducted on staff to ensure they were following their training and meeting people's needs.

● Audits were completed on care plans, medicines, infection control, health and safety and premises checks to monitor the quality of service being provided.

Working in partnership with others

● The service had established working relationships with health and social care professionals. This enabled the service to ensure the best possible outcomes for the people they supported.

● The registered manager had established links with the local provider forums, where they were given opportunities to share best practice.