

A1 Medical & General Ltd

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Inspection report

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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

About the service

A1 Medical & General Ltd is a domiciliary care agency providing support for people in their own homes. Not everyone using 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. At the time of our inspection there were 2 people using the service.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

Right Support:

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. We made a recommendation to the provider about recording mental capacity decisions. People were supported by staff to pursue their interests. Staff supported people to make decisions following best practice in decision making. Staff communicated with people in ways that met their needs. Staff supported people to play an active role in maintaining their own health and wellbeing.

Right Care:

Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided appropriate care to meet people's needs. People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. People could take part in activities and pursue interests that were tailored to them. The service gave people opportunities to try new activities that enhanced and enriched their lives. We made a recommendation to the provider on strengthening the system they use to check the delivery of the service.

Right Culture:

People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. Staff could recognise signs when people experienced emotional distress and knew how to support them to minimise the need to restrict their freedom to keep them safe.

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 the service at the previous premises was good, published on 31 August 2019.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

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 safe.

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 was 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 Medical & General Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

This inspection was carried out by 1 inspector.

Service and service type

This service provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. The nominated individual had been working as the manager and had been in post for several months and had submitted an application to register. We are currently assessing this application. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Notice of inspection

We gave a short period notice of the inspection in line with our new methodology. Inspection activity started on 1 June 2023 and ended on 6 June 2023.

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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as telephone calls to enable us to engage with people using the service, and electronic file sharing to enable us to review documentation. The inspection took place on 1 June and 6 June 2023.

We reviewed a range of records related to 1 person's care and support. This included care plans and risk assessments. We reviewed staff files which included recruitment and training. We reviewed records in relation to the management of the service which included quality assurance, and a range of policies and procedures. We spoke to the manager and gathered feedback from 4 care workers.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The manager had ensured systems were in place to safeguard people from the risk of abuse.
- Care workers had completed training in safeguarding and had a good awareness of safeguarding and said they would report anything of concern and follow the providers guidelines.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people were identified and managed appropriately to keep people safe.
- People's care plans were person centred and identified risks to people, including the actions staff had to take to mitigate the potential risks to people.
- The provider was keen to learn when things went wrong. The registered manager analysed accidents and incidents, identified trends and patterns, and looked at changes that could be made to mitigate future events.

Staffing and recruitment

- The provider had enough staff deployed to keep people safe.
- There was an 'out of hours' manager available to support staff if they needed to speak with the manager. This helped to ensure the provider had systems to respond to incidents or emergencies.
- There were safe recruitment processes. These included Disclosure and Barring Service (DBS) checks, which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medicines as prescribed. Medicine administration records (MAR) were fully completed and accurate. Medicine records were regularly audited by the management team and action was taken to prevent future occurrences where an error was identified.
- When staff administered 'as required' medicine, staff signed after they administered it. However, there wasn't a protocol in place to indicate the dose and what the 'as required' medicines should be given for, to the person. We discussed this with the provider who took immediate action to address this concern. Protocols for the 'as required' medicine were completed shortly after our visit.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider's infection prevention and control policy was up to date.

- We were assured that the provider was supporting people living at the service to minimise the spread of infection.

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was not fully working within the requirements of the MCA. Records did not always demonstrate people, or their legal representatives had consented to their care. Records relating to consent, and capacity needed improvement.
- Despite the issues with records, we saw no indication people's rights were restricted. Staff understood the importance of supporting people to make their own decisions.

We recommend the provider reviews and updates consent and capacity decisions to ensure they are current and in line with the MCA.

Staff support: induction, training, skills and experience

- People were supported by staff who were skilled and received training relevant to their role. One person told us, "The staff are very well trained."
- Staff received spot checks and regular supervisions. Staff told us they were able to contact the manager to request further training if required. One staff member said, "We have a supervision once every 3 months and appraisal once every year."
- Staff received an induction and had completed 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. It is made up of the 15 minimum standards that should form part of a robust induction programme. Newly recruited staff shadowed an experienced staff member until they were competent to work alone.

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

- The provider worked in partnership with the health and social care organisations such as GPs and community nurses to support people using the service.
- The service worked closely with the healthcare professionals who supported staff to understand people who had specialist needs. Staff received specialised training in relation to people's health conditions.
- Care plans included information in relation to people's nutrition and where they required support with eating and drinking.
- People told us they were supported with their diet and health needs. One person said, "I tell them [staff] what I want to eat, and they cook OK food. I do get involved with the cooking and I like baking flapjacks".

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

- People's needs were robustly assessed and regularly reviewed with the person and their relatives (if appropriate) and included information about care and support needs and individual wishes and preferences. These assessments formed the basis of people's care plans and risk assessments.

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity

- People told us they received care from staff that were kind and who knew them well. One person told us, "The staff know me well and are doing a good job."
- Staff told us they were aware of the importance of treating people with dignity and respect and ensuring people were involved in decisions about their care.

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

- There were effective systems in place to support people to make decisions about their care and express their views. The assessment and care planning process ensured people remained actively involved in decisions about how and when staff supported them.
- People found it easy to communicate with the staff. This helped to ensure people could express their views and ask for things to be done differently, when necessary. One person commented, "They [staff] have a laugh with me, they are kind."
- People told us staff were respectful of their belongings and property and supported them with dignity and kindness whilst respecting their independence.
- Staff worked in collaboration with people and their families to ensure good and consistent outcomes for people. One staff said, "People are at the forefront of everything. Their needs are fully met to enrich their life and keep them safe and emotionally well."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained good. 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 received care and support that was appropriate to their individual needs.
- Care plans contained information of people's likes and needs in relation to food, culture and social activities. Staff had good knowledge of care plans and ensured people's needs in relation to choices were met.
- Staff worked with people to help them make choices in day-to-day activities. One staff said, "I would be happy for a family member to receive support from A1 Medical & General Ltd because I have had the opportunity to see how well they care for their patients."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Information about people's specific communication needs were recorded, which assisted staff in understanding people's preferred method of communication
- Staff told us they supported people to obtain information accessible. Staff said, "We follow care plans and update people's preferences if there are any change by communication and having a person-centred approach. [Person name] was asking about having audio books and I supported [person] to local community library and arranged this. They now have regular books delivered. It is important they are fully involved and know what is happening."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in activities relevant to them and maintain relationships with those who were important to them.
- One person said, "I go out with staff every day. I go out and about for a drive out in countryside. I've been shopping today to Tesco's, and I regularly do cleaning and baking which I love."
- Staff spent time with people and understood their life stories. Where appropriate, family members were asked for their input.

Improving care quality in response to complaints or concerns

- The service supported people's right to raise a complaint as necessary.
- People felt confident to raise concerns and felt listened to.
- The provider had a complaints policy and a record in place to record any complaint that might arise.

End of life care and support

- At the time of inspection the provider had not supported people at the end of their life.

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

- Quality assurance systems were in place but required strengthening. Auditing and monitoring systems did not identify all areas that needed improving. For example, they had not picked up guidelines for 'as and when' required medicines were needed.

We recommend the provider ensures governance systems are improved to strengthen governance and oversight.

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

- Staff were passionate about supporting people to be independent and to live in their own homes. The manager said, "[Person's name] returned home from holiday yesterday. They went to an animal farm held a skunk and had a laugh about this. This is a credit to the staff, and they love working there and they are doing a grand job."
- People were positive about the support they received and how it was providing by the staff. One person said, "The staff team work well together and there is nothing I would change."
- The manager monitored staff practice to ensure the provider's approaches to providing high quality care were followed.

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

- The manager understood their responsibility to be open and honest with people and apologise if something went wrong.
- The provider met their responsibility to submit notifications to CQC and was transparent about incidents that occurred at the service.

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

- The provider involved people and their relatives in a meaningful way by having regular discussions to discuss their care and how it could be improved. This approach encouraged people to feel empowered to speak about the outcomes they wanted to achieve from their care.
- Feedback from people and their relatives was being in the process of being formally gathered to support

the service to develop and progress.

- Staff felt able to give feedback on the service to support improvements. One staff said, "The staff are a good team who support people with person centred care with best interests at the core. I enjoy working with most colleagues which contributes to mostly good staff morale. I enjoy my job and seeing [people] happy and smiling doing things they love to do and sharing their joy with them."

Working in partnership with others

- The service worked with other professionals to keep people safe and meet their needs. One staff told us, "We aim to provide a good quality of life for people to make sure they are happy. work together as a team effort."
- The manager worked with partner organisations to share information and provide people with high quality care and support for their health and care needs.