

Care service inspection report

A24 Group Limited trading as Ambition 24 Hours Direct. The British Nursing Association (BNA). Mayfair Specialist Nursing

Support Service Care at Home

92-96 Lind Road

Sutton

SM1 4PL

Inspected by: Christine Tweddle

Type of inspection: Announced (Short Notice)

Inspection completed on: 17 December 2012



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Service provided by:

A24 Group Limited

Service provider number:

SP2010010980

Care service number:

CS2010251498

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Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

We gave the service these grades

Quality of Care and Support	5	Very Good
Quality of Staffing	5	Very Good
Quality of Management and Leadership	5	Very Good

What the service does well

- The service used a range of methods to ensure that the people using the service had the opportunity to comment on the overall service
- Service users and their relatives were involved in planning their care so that it suited their needs
- There were regular reviews of the care and support needs of service users
- Staff had access to regular and ongoing training and the service also ensured that specific training was given to those staff who supported service users with more complex needs

What the service could do better

The service was to continue to develop the ways in which service users and their relatives were involved in the service. They were to look toward simplifying the participation statement for service users and their families.

What the service has done since the last inspection

The service had addressed the recommendations that were made as a result of the last inspection. Please refer to the body of the report for further information.

Conclusion

At the time of the inspection the service was providing care and support for a very small number of people. The people using the service said that they were happy and that there was a continuity of staff to provide the care and support.

Who did this inspection

Christine Tweddle

1 About the service we inspected

Social Care and Social Work Improvement Scotland (SCSWIS) regulates care services in Scotland. It awards grades for services based on the findings of inspections. These grades, including any that services were previously awarded by the Care Commission, are available on www.scswis.com.

The Care Inspectorate regulates care services in Scotland. Prior to 1 April 2011, this function was carried out by the Care Commission. Information in relation to all care services is available on our website at www.scswis.com.

The Care Inspectorate will award grades for services based on findings of inspections. Grades for this service may change after this inspection if we have to take enforcement action to make the service improve, or if we uphold or partially uphold a complaint that we investigate.

Requirements and recommendations

If we are concerned about some aspect of a service, or think it could do more to improve its service, we may make a recommendation or requirement.

- A recommendation is a statement that sets out actions the care service provider should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

- A requirement is a statement which sets out what is required of a care service to comply with the Public Services Reforms (Scotland) Act 2010 and Regulations or Orders made under the Act, or a condition of registration. Where there are breaches of the Regulations, Orders or conditions, a requirement must be made. Requirements are legally enforceable at the discretion of the Inspectorate.

A24 Group Limited trading as Ambition 24 Hours Direct, The British Nursing Association (BNA), Mayfair Specialist Nursing provides care at home to people living in their own homes throughout Scotland. The level and type of care provided is agreed with the person and, where relevant, their family based on their individual needs. At the time of inspection four people were using the service.

The service is part of the A24 Group of companies which recruits and supplies locum doctors, allied health professionals, registered nurses and care at home staff across the UK and South Africa.

The service aims to provide a first class service to the service user group and to ensure that all care staff are appropriately placed to the satisfaction of the users.

Based on the findings of this inspection this service has been awarded the following grades:

Quality of Care and Support - Grade 5 - Very Good

Quality of Staffing - Grade 5 - Very Good

Quality of Management and Leadership - Grade 5 - Very Good

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.careinspectorate.com or by calling us on 0845 600 9527 or visiting one of our offices.

2 How we inspected this service

The level of inspection we carried out

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

What we did during the inspection

Before the inspection the Care Inspectorate sent out a letter to the service manager, asking them to complete and submit the service's self assessment.

We also asked them to issue some care standards questionnaires to service users, relatives/carers and staff.

This report was written following an short, unannounced inspection and took place on 17 December 2012. The inspector provided feedback to the registered manager and operations manager on 17 December 2012.

The inspector considered evidence from a range of sources, including:

- Review of the service's policies and procedures relevant to the Quality Statements being considered
- The service's brochure
- Support plans which included risk assessments
- A range of questionnaires developed by the service
- Care standards questionnaires returned to the Care Inspectorate by staff
- Evidence of staff training
- Discussions with the registered manager and the operations manager
- Email contact with staff
- Staff handbook
- Samples of staff supervision records
- Telephone conversation with a relative
- The most recent self assessment.

Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

Inspection Focus Areas (IFAs)

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

Fire safety issues

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at www.firelawscotland.org

What the service has done to meet any recommendations we made at our last inspection

All of the recommendations made as a result of the last inspection have been addressed and reference to these have been included in the body of the report.

The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

Annual Return Received: Yes - Electronic

Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

Various managers and the provider had been involved in the completion of the self assessment, as requested by the Care Inspectorate, over all the quality statements in each of the 4 quality themes. They had identified many strengths of the service as well as some areas they intended to improve.

Taking the views of people using the care service into account

We were unable to speak with any service users during this inspection.

Taking carers' views into account

We spoke with one relative and they told us that although they had only been using the service for a short period of time they were happy with the service. They said that there was a continuity of staff and that training was being arranged for staff to meet the needs of their child.

3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 5 - Very Good

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

Service strengths

There were several ways in which the service made sure that service users and their families were able to participate in the development of their care and support.

Regular reviews were held with service users and their families. Those staff who visited and provided their care were involved in this process either through attending the meetings or being asked for their feedback. Minutes from the reviews were produced and where changes to care plans were identified this was carried out. We spoke with a relative who said that they had attended a review after the first 6 weeks of using the service. Training needs had been highlighted and they were aware that this was in the process of being arranged. Where reviews were being held by other agencies such as social work or NHS the operations manager made sure that they were able to attend these and the information was then transferred to the services own plan of care.

The service had further developed the use of their questionnaires and this was in relation to asking for views on the overall management and leadership. This questionnaire also asked if service users and their relatives had any suggestions for improving the service. There were separate questionnaires sent out in relation to trained and care staff as their roles were very different. Once these were received they were then sent off for evaluation. The service received information about this evaluation and the service manager had provided a summary from these that was then sent to service users and their families.

The service had further developed another service user guide. This summarised what was contained within the main guide and therefore was easier to understand. It

contained information about how to make a complaint and the rights of people to contact the Care Inspectorate directly. In line with the recommendation made at the last inspection the service had reviewed their complaints processes.

We spoke with a relative and although they had only been using the service for a short time, said that they knew how to make a complaint. They were happy with the staff and said that there was continuity. Overall they strongly agreed that they were happy with the quality of care that was offered.

Areas for improvement

Although there was some reference in the new guide as to how the service users and their relatives were to be involved in the service, this could be further developed as it did not specifically highlight the whole participation process. This was in terms of the methods they used to gain the views of service users and then what they did with this information.

Within the self assessment the service highlighted the following as areas of development:

We currently operate a candidate portal called A24 connect, via A24 connect, candidates are able to update their availability, download time sheets and view their compliance status. We want to extend this during 2012 to enable candidates to undertake self assessments of each assignment they undertake with us immediately post assignment, and we hope to have our client/service user module available to enable service users to view the compliance documents etc., of their carer and to provide instant feedback and scoring on each worker and our service.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 3

We ensure that service users' health and wellbeing needs are met.

Service strengths

When service users were referred to the service they were visited by the operations manager. This was so that they could ensure that they were able to provide appropriate care and support. A more detailed care and nursing plan for service users was then drawn up. The plan covered all aspects of daily living and also included a medication administration record sheet if it was needed. This information was then communicated to staff so that they were then able to deliver their care effectively. Where care needs were more complex the service had developed a comprehensive and detailed weekly plan for staff so that they knew what their role entailed. The service also used detailed risk assessments alongside the care plan. Where the service

users were supported by other healthcare professionals, the information was cascaded to staff through the care plan. In some instances only trained staff supported service users with their healthcare needs. We spoke with a relative and they said that there was a care plan in place and that it detailed needs, choices and preferences.

The service had a comprehensive medication policy in place which was in line with best practice. Only trained nurses were responsible for the administration of medication and records were maintained.

Adult support and protection policies were in place and all staff were required to attend training in this area on a regular basis.

All staff were required to attend mandatory training sessions in relation to the health and wellbeing of service users. We contacted some staff by email and they said that they had attended training and that they felt the training was pertinent to their roles and responsibilities.

Areas for improvement

The service was to continue with the already very good practice in relation to this statement.

Within the self assessment the service highlighted the following as areas of development:

The agencies need to manage expectations and we are seeking to introduce a better communication strategy with service users and candidates to manage their expectations. During 2012, we have improved our communication with PCTs and other organisations involved in care provision, we ensure that when our carers report issues to us, ie. changes in circumstances or if risks/changes are identified during risk assessments that these are escalated to our clients until resolution is reached.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 5 - Very Good

Statement 3

We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

Service strengths

The service had policies and procedures in place with regard to staff recruitment, whistle-blowing and service user protection. We contacted some staff by email and they told us that they knew of the policies within the service and how they were kept informed of any changes. Staff had access to a web portal so that they could look at policies at any time.

There was an induction programme for all staff and this covered all aspects of service user care and support. All but one staff member told us that they had received an induction and that it was of a comprehensive nature. We were told that shadow shifts were arranged with staff when they first started and this was corroborated by staff. We were told that new staff were not allowed to work alone with service users unless they had been assessed as competent. Service users and their families were asked for their opinions of new staff and the induction process was also used to assess their competency.

There was a yearly staff development plan in place, which had a 'flagging' system to notify the manager of when staff training needed to be updated or refreshed. We were told that the manager then emailed staff to inform them of this training need. If training was not then carried out staff were not allowed to work with service users until their training had been updated.

Training was carried out on-line or arranged by the operations manager and held in the office. On-line training included such areas as:

- Adult support and protection
- Violence and aggression
- Infection control
- Food hygiene
- First aid
- Risk management

Fire awareness

Staff told us that they received training and felt that it was of a good standard. If they had any training needs they could contact the operations manager directly or wait until their supervision session. All training received was recorded.

Regular supervision sessions were held with staff and were carried out either by telephone or face to face contact and the staff we spoke with all said that they had regular contact. If staff had specific issues to discuss they said they could contact the operations manager at any time.

Yearly appraisals were carried out with staff and this was also corroborated by staff. The appraisals were used as a way of assessing on-going competency and to identify any training needs.

All trained staff were registered with the Nursing and Midwifery Council and there was a system in place to ensure that registrations were in date. Staff spoken with and where appropriate told us that they were registered with the NMC.

At present care staff were not yet registered with the Scottish Social Services Council (SSSC), however the operations manager was aware of the timescale for registration. All staff had been given copies of the SSSC codes of conduct. Copies of the National Care Standards were also made available.

Areas for improvement

The service was to continue with the already very good practice in relation to this statement.

Within the self assessment the service highlighted the following as areas of development:

The agency does not always carry out face to face exit interview and this is an area where we would like to improve as currently this is generally done over the telephone. We have continued to ensure throughout 2012 that our recruitment processes are in line with NCS legislation and best practice. The checks that we carry out are robust and are there to safeguard service users.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 5 – Very Good

Statement 4

We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide

Service strengths

The strengths that have been identified within statement 1.3 and 3.3 are also relevant here in terms of assuring a quality service. Please refer to those statements for further information.

Since the last inspection the service had in the main addressed the recommendations that were made. This was another way in which the service ensured that they were effectively managing the quality of the service.

The internal audit team had continued to monitor the service and provide feedback and actions for the service to address. The outcome of the questionnaires was included in these audits.

The service ensured that they completed their self assessment and annual return on time and used the self assessment as a way of looking toward developing the support they offered. Various people were involved in the completion of the self assessment and although the operations manager did not physically complete this, their opinions were sought.

The registered manager had made attempts to visit the service on a more regular basis. They carried out supervision of the operations manager, looked at action plans and outcomes from audits and ensured that areas were being addressed. They said they would also visit service users. They had recently provided information for service users about the provision of the support and also gave some information about the outcome from the use of the questionnaires.

The operations manager visited service users and their families on a regular basis and this was outwith the review timescales. We were told that if any issues were raised that these were addressed and care plans and risk assessments were updated accordingly. Staff were also kept informed of any changes.

Areas for improvement

The service was to continue with the already very good practice in relation to this statement.

Within the self assessment the service highlighted the following as areas of development:

The agency is constantly assessing the quality of service we provide and making changes where necessary. However we believe our quality assurance systems are comprehensive and ensure that the service we provide is of high quality, and puts the needs of each individual service user at the forefront of service delivery.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 5

4 Other information

Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

Enforcements

We have taken no enforcement action against this care service since the last inspection.

Additional Information

Action Plan

Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in SCSWIS re-grading the Quality Statement within the Management and Leadership Theme as unsatisfactory (1). This will result in the Quality Theme for Management and Leadership being re-graded as Unsatisfactory (1).

5 Summary of grades

Quality of Care and Support - 5 - Very Good	
Statement 1	5 - Very Good
Statement 3	5 - Very Good
Quality of Staffing - 5 - Very Good	
Statement 3	5 - Very Good
Quality of Management and Leadership - 5 - Very Good	
Statement 4	5 - Very Good

6 Inspection and grading history

Date	Type	Gradings
28 Mar 2012	Announced	Care and support 4 - Good Staffing 4 - Good Management and Leadership 3 - Adequate

All inspections and grades before 1 April 2011 are those reported by the former regulator of care services, the Care Commission.

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ہے بایں تہہ سہ ہونابز رگی د روا ولکش رگی د رپ شرازگ تعاشا ہی

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

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