

A24 Group Limited

# A24 Group Ltd - Sutton

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This inspection took place on 23 August 2018 and was announced. We gave the provider 24 hours' notice to ensure they were available to facilitate our inspection. We last inspected the service on 9 February 2016 we found the service was meeting the fundamental standards and we rated the service Good.

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. The agency has been in operation for around 22 years and provided personal and nursing care to people in healthcare settings as well as in people's own homes. We only regulate personal care and nursing people receive in their own homes so did not look at the other part of the business. The agency provides domiciliary care as several distinct brands: Ambition 24 Nurses, British Nursing Association, Grosvenor Nursing and Mayfair Nurses. People had a wide range of complex nursing needs. The registered manager told us there were five people receiving care at the time of our inspection. However, our inspection findings showed this number was inaccurate. We again asked the registered manager to clarify the number of people and they gave us a list of seven people using the service. This list did not include everyone staff told us they provided personal care to. This meant the registered manager lacked robust oversight of the service.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection we found standards had deteriorated and the service was rated requires improvement overall. The registered manager and provider lacked good oversight of the service which meant they had not identified and resolved the issues we found. For example, the provider had not established systems to regularly and consistently audit medicines records to check people received medicines safely. The provider's record keeping could also be improved, such as records of the care people received.

The provider did not always assess risks relating to people's care and did not always ensure comprehensive, reliable care plans were in place for staff to follow. Instead for some people the provider relied on documentation from other services which was several years out of date.

The provider did not always supervise staff in a way which supported them to do their jobs and some staff had not had any supervision for several years. The provider had not established systems to assess the competency of staff to check they provided care in the best ways.

People may not have received care in line with the Mental Capacity Act 2005 (MCA) as the provider had not established systems to assess people's capacity in relation to their care when they suspected people lacked this.

People were safeguarded from abuse by the provider as staff understood their responsibilities in relation to this. Staff received training in safeguarding adults to help keep their knowledge current.

People were supported by sufficient numbers of staff to meet their needs. The provider followed suitable recruitment processes so that only suitable staff worked with people.

Staff received a programme of training to help them understand their roles, including clinical training for nurses which helped them maintain their registration with their regulatory body.

People received the support they needed in relation to eating and drinking. People also received support in relation to their day to day health.

People and relatives were positive about the staff who supported them and developed good relationships. Staff treated people with kindness, dignity and respect. Staff understood the people they were working with and the people received consistency of care from regular staff. People were supported to maintain their independence.

The provider had systems to communicate openly with people and their relatives, staff and professionals.

The provider responded to and investigated concerns and complaints as a complaints handling system was in place.

During this inspection we found breaches relating to good governance, safe care and treatment, consent and staff support. You can see the action we told the provider to take at the back of the full version of this report.

## 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. People's medicines and risks relating to people's care were not always managed safely.

People were safeguarded from abuse as staff understood their responsibilities in relation to this.

There were enough staff deployed to support people and staff were recruited through recruitment procedures to check they were safe to work with people.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective. Staff did not always receive regular supervision to support them in their roles. The provider had not established systems to assess staff competencies.

The service did not ensure people always received care in line with the Mental Capacity Act 2005.

People received the support they needed in relation to their healthcare needs and eating and drinking.

**Requires Improvement** ●

### Is the service caring?

The service was caring. Staff knew the people they were supporting and understood their needs and preferences.

Staff treated people with dignity and respect, gave them the privacy they needed. People were supported to be as independent as they wanted to be.

People received information at the right times.

**Good** ●

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive. People were not always involved in developing their care plans and care plans did not always reflect their preferences or guide staff appropriately in caring for them.

Care plans were not regularly reviewed to ensure they remained current.

People were offered activities they were interested in when this was part of their care package.

There was a complaints system in place and the provider responded to concerns raised.

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

The service was not always well-led. The registered manager and provider lacked good oversight of the service and had not audited the service sufficiently to identify the issues we found.

A clear organisational structure was in place with visible leadership.

The registered manager encouraged open communication with people, relatives, staff and professionals.

**Requires Improvement** 

# A24 Group Ltd - Sutton

## **Detailed findings**

### **Background to this inspection**

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place 24 August 2018 and was announced. We gave the provider 24 hours' notice to ensure they would be available to facilitate the inspection. The inspection was carried out by an inspector and an expert by experience who made phone calls to people and their relatives after the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before our inspection we reviewed information we held about the service. This included statutory notifications received from the provider and the Provider Information Return (PIR). The PIR is a form we asked the provider to complete prior to our visit which gives us some key information about the service, including what the service does well, what the service could do better and improvements they plan to make.

During the inspection we spoke with the registered manager. We looked at two people's care records, three staff recruitment files, medicines records and records relating to the management of the service.

After the inspection our expert by experience spoke with three relatives of people using the service. One person preferred communication via email so our inspector contacted them to gather their feedback. Our inspector also spoke with two nurses. Our inspector contacted four professionals to gather their feedback on the service although we did not receive a response from any.

# Is the service safe?

## Our findings

Although we received positive feedback about medicines management from relatives we identified some areas for improvement. The provider did not audit people's medicines records on a regular basis to check they received their medicines as prescribed and that staff recorded administration appropriately. The registered manager told us 'accounts directors' audited medicines records when they visited people's homes but these audits were not recorded. This meant the provider was unable to evidence audits were carried out in a thorough and consistent way to check people received their medicines safely. We asked to view medicines records for people and the registered manager told us they not able to show us any as they were either in storage or in people's homes. This provider showed us records to show staff kept track of stocks of medicines for one person using the service and we saw staff made these records appropriately. However, the lack of regular, consistent audits showed the provider lacked good oversight of medicines management and they could not be sure people received their medicines safely. The registered manager told us they would look to introduce regular audits of medicines management for each person using the service.

Although staff received training in medicines management the provider did not assess the competency of staff to administer medicines. When we raised our concern about this with the registered manager they told us they would review our feedback.

These issues formed part of the breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risks relating to people's care were not always risk assessed with clear management plans in place for staff to follow on reducing the risks. The registered manager told us when people used additional care providers they did not always carry out their own risk assessments. We found the provider had no risk assessments on file for two people with complex risks who used the service for 12 hours most days, including no assessments from other providers. The third person's file we checked had suitable risk assessments carried out by the provider in place. When we queried the lack of any risk assessments for the two people with the registered manager they told us they were guided by social services documentation. However, we found the social services care plans did not assess the risks relating to people's care and did not provide guidance to staff on managing all risks. In addition, the social service's care plans on file were over three years old and therefore could not be relied upon to provide up to date information for staff to follow when providing care. The provider had not assessed risks including those relating to choking, weight loss and a health condition for both people. The provider's poor risk assessment processes meant they could not be sure they were managing risks to people's care suitably.

These issues were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were safeguarded from abuse and neglect as the provider had systems in place. Relatives had confidence in the staff who supported their family members and felt they provided care in a safe way. The

registered manager told us there had been no safeguarding allegations relating to part of the service we regulate, domiciliary care. However, the registered manager and staff understood their responsibilities in relation to safeguarding including the action to take if concerns were raised. The accounts directors were based around the country and could attend local safeguarding meetings if necessary. Staff received training in safeguarding adults at risk to keep their knowledge up to date.

There were enough staff deployed to support people safely. People and relatives told us there were enough staff and staff were in agreement. The registered manager told us staffing numbers were sufficient to provide people with the care they needed although they recruited continually to increase the numbers of people they could provide care to.

People were supported by staff who the provider checked were suitable to work with them. The provider checked for any staff criminal records, obtained references from former employees, checked for health conditions which may require reasonable adjustments to the role and checked proof of address. The provider was registered with a system which allowed them to check whether passports were legitimate and that people had the right to work in the UK. The registered manager told us they had an agreement with the Nursing and Midwifery Council (NMC) to check nurses' pins were valid each day. This registered manager told us they were required to check nurses had the appropriate registration with the NMC before each shift under the terms of a particular contract. The provider obtained references for some staff each year from the people they supported and any additional employers as part of an agreement of a particular contract under which they supplied staff.

People were supported by staff who followed suitable infection control processes. People did not raise any concerns about staff infection control practices. Staff received training in infection control each year to keep their knowledge current. The registered manager confirmed staff received regular supplies of personal protective equipment (PPE) to reduce the risk of infection.

The provider had systems to respond to and record accidents and incidents. Staff recorded details of accidents and incidents which were forwarded to the registered manager who checked people received the right support. The registered manager then informed others involved in people's care such as service commissioners.

# Is the service effective?

## Our findings

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.

The provider could not be sure they cared for people in line with the MCA. The registered manager told us they suspected several people using the service lacked capacity in relation to the care they received from the provider, including three people whose care records we checked. We identified the provider had not carried out MCA assessments for these three people and therefore did not ensure decisions were made in their best interests. The registered manager was unable to show us any MCA assessments carried out for any people suspected to lack capacity in relation to their care. Staff did not always receive training in the MCA although staff we spoke with understood why the MCA was important in their role.

These issues were a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were not always supported by staff who received suitable supervision from the provider. Although staff felt supported they told us their line manager supervised them once a year. This was in contrast to the provider's policy which stated the aim was for staff to receive supervision three monthly. We checked supervision records for eight staff at random and found staff rarely received formal supervision. For three nurses their last recorded supervisions were January 2014, May 2012 and November 2012 respectively. Two care workers who had worked for the provider since March 2013 and April 2017 had no recorded supervision on file. For a care worker who worked for the provider since December 2010 their last recorded supervision was April 2013. The registered manager confirmed all eight staff worked consistently for the provider and was unable to explain the lack of supervision. A nurse had received no annual appraisals since they began working with the company in 2013 and one care worker had not received an appraisal in the past year. These findings meant people received care from staff who the provider did not supervise sufficiently to help them develop in their roles.

These issues were a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People may not always have received care from staff who had the required competencies. This was because the provider lacked robust systems to assess whether staff had the competencies to care for people with complex needs. The registered manager told us they identified staff with suitable experience and qualification to meet people's needs during recruitment. The provider also offered training to staff to refresh their skills in a range of areas, including specialist clinical skills for nurses which helped them maintain their NMC registration. Records showed staff received training at the frequencies determined as suitable by the provider and a system was in place to ensure staff received training promptly. However, the provider did not

carry out assessments to check staff cared for people according to best practice, in line with the provider's own policy. The registered manager told us account managers carried out some observations of staff but was unable to show us records of any such observations when we requested these. The registered manager told us they obtained feedback from people on staff skills and also obtained references from any additional employers each year for existing staff. However, we found the provider's systems to check staff competencies through direct observation were lacking.

This formed part of the breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported in relation to their dietary needs and preferences. Relatives were positive about the support staff provided. The registered manager showed us food and fluid charts staff recorded for one person to check their intake and we saw these were completed satisfactorily. The provider recorded people's needs and preferences in their care plans for staff to refer to. However, the provider had not carried out assessments and developed care plans for all people so for some people this information was lacking.

People were supported with their day to day healthcare needs. Relatives told us staff provided all the assistance people required with their day to day health. Nurses supported people with their clinical needs and liaised with other healthcare professionals as part of helping people to maintain their health. Staff were available to support people to attend healthcare appointments if this was part of the agreed package of care. Information about people's healthcare needs was documented in their care plans for staff to refer to.

## Is the service caring?

### Our findings

Relatives were positive about the staff who provided care. One relative told us, "I am happy with the staff. They are prompt, reliable and I feel they are competent to do the job. If they weren't I would not want them." A person told us, "I have a great team of staff and would recommend them to others." Staff we spoke with enjoyed their roles and spoke about people in a caring manner.

Relatives told us staff were respectful and caring and respected their family member's privacy and dignity. A relative said, "They look after [my family member] with absolute respect. The things they do for her, you couldn't ask for anything more. They have been fantastic." A second relative told us, "They normally tell him what is going to happen next, as he can't communicate." A third relative said, "They always tell her what they are going to do to her before they do it." Another relative told us, "[My family member] likes his own space and they know not to linger if he wants his own space." People received care over several hours at a time and relatives told us staff were allocated sufficient time so they did not have to rush. Relatives also told us staff timekeeping was not a concern and staff would let them know if they were running late.

People were supported by staff who knew them well. Relatives told us they were supported by teams of consistent staff which helped them build good relationships. Relatives also told us staff had sufficient time to provide care in an unhurried manner and to spend time interacting with them in meaningful ways. Our discussions with staff showed they had a good understanding of people's needs, their preferences and backgrounds. Staff told us the provider gave them sufficient information about people before they began providing care which included reading their care plans.

People were supported to maintain their independence by staff, despite most people requiring a high level of support from staff. Staff received training to provide care in a way which encouraged people to be as independent as possible. In our discussions with staff they gave us examples of ways they supported people to maintain their independence such as guiding people to take part in their own personal care. Care plans guided staff on supporting people to maintain and develop their independent living skills where possible.

People were involved in their own care. Relatives told us staff were guided by people as to when they wanted to receive their care and how they wanted to spend their time each day. Relatives told us staff gave sufficient choice in relation to the care they provided.

People were given information at the right times by the provider. Relatives told us the provider informed them if there would be any changes to their care, such as the staff who would support them or the times care would be provided. People who began using the service were given a guide about the service which summarised the key policies and informed them of the level of care they should expect to receive.

## Is the service responsive?

### Our findings

Although relatives did not raise concerns about care plans we found the service required improvement. The provider did not always put suitable care plans in place for staff to follow, involving people and relatives in the process. The registered manager told us if people received care from additional providers they did not always develop their own care plan as they relied on the care plan from the clinical commissioning group (CCG) or social services. This was in contrast to the provider's policies regarding care plans which stated a care plan should be completed for each person receiving care in their own home when the provider carried out the initial assessment.

We checked care records for two people where the registered manager told us staff relied on the social services care plans. We found the social services care plans contained insufficient information to guide staff. Both people had complex clinical needs and the social services care plans did not guide staff on how they should meet people's needs on a day to day basis. In addition, the social services care plans were between three and four years old which meant the provider had not ensured care plans contained current and accurate information to guide staff. The social services care plans did not set out the current wishes of the people and their relatives for how they would like staff to deliver care, what they would like to achieve and what was important to them in relation to their care. The registered manager told us they reviewed people's care according to people's preferences and often this was every three to six months or at least once a year. However, we found the provider had not always ensured people's care plans were sufficient and up to date as part of the care review process. When we raised our concerns with the registered manager they told us they would review our feedback.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Where the provider was the sole care provider the provider developed suitable care plans to reflect people's needs and guide staff. Care plans covered all aspects of people's care including complex clinical needs, their backgrounds, preferences and aspirations in relation to their care. The provider kept a record of when care reviews took place and if any changes to care plans were required. The provider gathered feedback from people and their relatives during care reviews to check care continued to meet people's needs. Staff were also available to meet with external professionals as part of reviewing people's care, such as the CCG, social workers, the GP and other healthcare professionals.

People were supported to do activities they were interested in when this was part of their care package. Most people received care for many hours during the day which meant staff had time to do activities with them both in their own homes and in the community where possible. People's care plans detailed the activities people were interested in and how staff should support people to access them. However, where the provider relied on out of date social services care plan we found there was insufficient guidance for staff on people's current interests and social needs.

The provider had processes respond to concerns and complaints. A relative told us, "Over the years only

ever had one complaint and it was dealt with so I have no issues really." The registered manager told us they were temporarily overseeing all complaints as the head of complaints recently left. The provider recorded details of the nature of each complaint and the action taken in response. The provider liaised with complainants to let them know how they were investigating the issues raised as well as the final outcome. However, although the providers' complaints policy stated a quality assurance system was in place to analyse and identify patterns in complaints continuously the registered manager was unable to show us they carried out such analysis. The provider's complaint's policy incorrectly guided people to refer complains for review by the CQC. The CQC do not investigate individual complaints. If the provider is unable to resolve complaints people should next refer to the Ombudsman. The registered manager told us they would review our feedback.

There was no one receiving end of life care at the time of our inspection. The registered manager told us they occasionally cared for people at the end of their lives and usually for a few days only when they had chosen to leave the hospice and pass away at home. The registered manager told us staff who had experience and training in end of life care were selected to work with people and they worked closely with the hospice, district nurses and GPs in providing suitable care to people.

## Is the service well-led?

### Our findings

Relatives and staff found the service to be well led but our findings were in contrast to this. One relative told us, "The company has been really, really good." A second relative said, "I would say it is good. It is a complicated package that they manage for [my family member]. We are happy with the service they provide." A third relative said, "A24 Group are an absolute credit and really are very good."

People were at risk of poor care because the registered manager and provider lacked robust oversight of the service. The registered manager was unaware of the substantial gaps in staff supervision we identified as they had not established systems to ensure staff received supervision at appropriate frequencies and also competency assessments to check they provided care to people safely. The registered manager had not established systems to check the content of staff supervisions to check staff received the right support from their line managers. Although the senior staff reviewed people's care these review processes were insufficient as they had not identified the lack of suitable care plans and risk assessments for some people. The provider's review processes had also failed to identify the provider had not always ensured they followed the MCA in providing care to people. The registered manager was unable to provide us with a list of people using the service and staff in a timely manner. We gave the registered manager three days to prepare the list but were provided with an incomplete list. The registered manager was not able to send us a revised list until the late afternoon of the day our expert was making calls. This revised list contained one extra name but was still incomplete. This meant the registered manager lacked oversight of the service they managed.

The registered manager did not always ensure records relating to people's care were always accurate, complete and securely maintained. The registered manager was not able to show us recent records of the care people received each day as they had not established systems for these records to be collected, audited and securely stored. The registered manager told us these records were stored in people's homes until they were alerted that there were too many to be stored there anymore, then the provider put them into secure storage. These records were sometimes audited when senior staff visited people in their homes, but the frequency and content of these audits were inconsistent so did not always check the records were accurate and complete.

The provider had not carried out their own audits of the service so had not identified the way the registered manager led the service required improvement.

This formed part of the breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had a clear structure in place although the registered manager lacked oversight of her team. Relatives told us they knew the senior staff in their area to go to with any issues and in this way leadership was visible. The registered manager had led the service for around 19 years so was an experienced manager and was also a registered nurse. The registered manager completed training in leadership and management and kept their training up to date on topics related to nursing and care. The

registered manager was also had teaching qualifications and delivered some training to staff. The registered manager was supported by 'nurse recruiters' who assessed people's needs before they began receiving care and attended review meetings. Three 'accounts directors' were based across the country to carry out general visits and were available to attend any meetings such as safeguarding meetings. The registered manager told us they communicated informally on a daily basis with the nurse recruiters and accounts directors. However, our findings showed the registered manager did not always appreciate their role in having full oversight of the service and of the senior staff who supported them. Staff we spoke with had a good understanding of their roles and responsibilities.

The provider's bookings and compliance team was based in Cape Town, South Africa. The registered manager told us these teams sourced and booked staff to care for people and contacted people to check they were happy with their care. These teams had been in place in Cape Town for over ten years and the registered manager told us the system worked well. The owner divided their time between Cape Town and the UK and the registered manager told us they were always available to provide any support, as were other directors in the service.

The provider had systems to gather feedback from people and relatives and also encouraged open communication with staff and health and social care professionals. Relatives told us the provider communicated well with them. The compliance team plus nurse recruiters and accounts directors liaised with people and relatives regularly to find out their views on the service and to check their care met their needs. Records showing people's feedback were well maintained and available for us to view during our inspection. The registered manager told us sometimes meetings for all the staff who provided care to a person were held to review any pressing issues. Team meetings for all staff were not held as the registered manager told us the dispersed staff teams across the country made this difficult. The registered manager told us it was difficult to gather feedback from professionals as requests for feedback were often not responded to.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care Treatment of disease, disorder or injury	Regulation 11 HSCA RA Regulations 2014 Need for consent  The responsible person had not ensured if an adult was unable to give consent as they lacked capacity that they acted in accordance with the 2005 Act.  Regulation 11(1)(2)(3)
Personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Care was not always provided in a safe way to people. The responsible person did not always assess the risks to the health and safety of people of receiving the care or treatment and do all that is reasonably practicable to mitigate the risks. The responsible person did not always ensure that staff had the competence to provide care safely.  Regulation 12 (1)(2)(a)(b)(c)
Personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems or processes were not established and operating effectively to enable the registered person to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. The registered person did not always maintain securely an accurate, complete and

contemporaneous record in respect of each person, including a record of the care and treatment provided to them.

Regulation 17(1)(2)(a)(c)

## Regulated activity

Personal care

Treatment of disease, disorder or injury

## Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

The responsible person did not always ensure staff received appropriate supervision and appraisal as necessary to enable them to carry out their duties.

Regulation 18(1)(a)