

Atwell Care Limited

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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

Atwell Care Limited is a small domiciliary care agency providing personal care to 17 people at the time of the inspection in their own homes and/or flats. Not everyone who used 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.

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

People were supported to have their medicines as prescribed. Systems were in place to help people to manage their medicines. Risks to people's safety were assessed and risk assessments put in place where needed. People and their relatives told us they felt safe with staff from the service and there was enough staff to meet their needs.

There had been staffing challenges, but the provider had put in place measures to mitigate risks. Any gaps in staffing rotas were covered by office staff who had received required training and competency checks that enabled them to deliver care. Staff were recruited safely, and the registered manager was trying different recruitment initiatives to attract new staff.

New Staff received an induction and ongoing training when needed. Training covered a variety of areas to make sure staff were effective in their roles. Staff had supervision regularly and told us they were supported.

People told us there was a continuity of care with staff they knew well. They told us staff were reliable and caring.

People had a care plan recording all their needs, wishes and preferences. There was a range of information recorded which staff had access to. Staff recorded daily notes following all visits, outlining what care and support had been provided. We observed recording entries were respectful and legible.

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.

Systems for quality monitoring were in place. Checks were being regularly completed to make sure procedures were being followed. Where any actions were identified the registered manager monitored them until completed. Regular spot check were carried out to monitor the delivery of care. The registered manager was hands on delivering care and support which enabled them to talk to people regularly for their views and feedback.

Staff had been trained in infection prevention and control and had safe systems of work in place. Personal protective equipment was made available for staff and systems were in place for staff to regularly test for

COVID-19.

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

Rating at last inspection

This service was registered with us on 29 July 2020 and this is the first inspection. The last rating for the service under the previous provider was good, published on 31 July 2019.

Why we inspected

This was a planned inspection based on our inspection schedule.

Follow up

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

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 ●

Atwell Care Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 9 March 2022 and ended on 16 March 2022. We visited the location's office on 9 March 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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

We spoke with two people and three relatives about their experiences of care and support received from this service. We spoke with four members of staff and the registered manager.

We reviewed care and support records for four people including medication records. We reviewed recruitment files for two members of staff. We reviewed management records such as quality audits, complaints, incident and accident monitoring and staffing rotas.

After the inspection

We continued to validate evidence found. We reviewed a range of policies and procedures for the service.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives we spoke with told us the service was safe. Comments included, "I feel safe" and, "Atwell Care is absolutely brilliant, I have every confidence in them."
- Systems were in place to keep people safe. Staff received safeguarding training annually and had opportunities to discuss concerns with the registered manager.
- Any safeguarding concerns were reported to the local authority safeguarding team and notified to CQC. The registered manager understood what their responsibilities were to keep people safe.

Assessing risk, safety monitoring and management

- Risks to people's safety had been identified, assessed and measures put in place to reduce risks where possible.
- We observed risk management plans in place for a range of risks identified such as moving and handling, eating and drinking and the environment. The registered manager told us they reviewed plans regularly or when people's needs changed.
- Systems were in place to manage risks of staff working in the community on their own. Lone working risk management plans were in place and office staff could track staff whereabouts on electronic systems.

Staffing and recruitment

- People were cared for by staff who had been checked prior to employment starting.
- We observed the provider had obtained references from previous employers and a DBS check. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The service had experienced staffing challenges over the COVID-19 pandemic. The registered manager told us they had given notice on some packages in a local area they could not cover.
- The registered manager told us by scaling back on numbers of care packages it meant they could provide a more reliable service to the people they were supporting. People and relatives we spoke with did not have any concerns about staffing availability and timekeeping. One person said, "I have been pleased, timekeeping is really good."

Using medicines safely

- Systems were in place to make sure people had their medicines as prescribed. An electronic medicines administration system alerted office staff if medicines were not given when needed.
- Staff had been trained to administer medicines and had their competence checked. Comments from people and relatives about how the service managed people's medicines were positive. Comments

included, "They [staff] are really on the ball when it comes to medication" and, "I have no concerns regarding medication."

- People's needs for support with medicines was recorded in their care plans so staff knew what level of support was required on each visit.

Preventing and controlling infection

- Staff had received training on infection prevention and control and how to work safely during COVID-19. Staff were kept updated with any changes to government guidance throughout the pandemic.

- We observed and the registered manager told us they had added additional prompts to people's visit summaries to remind staff of good practice. For example, a prompt to wash hands was added to visits which had to be ticked as completed by staff.

- Staff had access to personal protective equipment (PPE), and the registered manager told us they had plenty of stock available. One person told us, "I have nothing but praise for Atwell they are very strict on PPE."

- Staff were testing for COVID-19 before their shifts to make sure they were safe to work. The registered manager knew where to go for advice and guidance if any staff or people tested positive.

Learning lessons when things go wrong

- Systems were in place to make sure any accidents and incidents were recorded. The registered manager told us they reviewed incidents to identify any actions to prevent recurrence. If there were any learning opportunities, this would be shared with staff.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 needs had been assessed and there was a regular ongoing assessment carried out. This made sure staff had the information they needed to provide effective care. One person told us, "I know them [staff] so well; you get to know them, and they get to know your needs."
- The registered manager told us if people went into hospital they were assessed again once they were discharged. This was to check if there were any changes to needs or people's medicines. One person said, "They [staff] are always talking to me about my health care needs."
- Assessments covered a range of needs including oral hygiene. Support needed to maintain oral hygiene was recorded in people's care plans.

Staff support: induction, training, skills and experience

- People and relatives told us they thought staff were well trained. Comments included, "As far as I am concerned staff are well trained" and, "They [staff] do an amazing job."
- Staff received an induction when they started work and had opportunity to complete 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.
- Once induction was completed, staff received a variety of training updates and had regular supervision. Staff also had an annual appraisal where they could identify any further training needs. One member of staff told us, "I would say I have enough training; it is always offered."
- One member of staff told us they did not have access to the provider's policies. We shared this with the registered manager who told us they would remind staff of how to access all the policies. This could be done on their phones at any time.

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

- Some people had support with their meals and drinks. People's needs in relation to eating and drinking were recorded in their care plans.
- Support included making sure drinks were left out for people or helping to prepare meals. One person told us, "Yes they [staff] make me a drink and prepare my food, no complaints at all they are wonderful."

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

- Staff had access to people's notes from previous visits so they could read what support had been provided. Systems were also in place to alert staff to any changes in needs or incidents.

- Staff we spoke with had good knowledge of people's needs and common healthcare issues such as urine infections. They knew what to do if they were concerned about people's health.
- The provider had details of people's GP's. If people needed any medical support staff would ring for them if appropriate. Staff would also inform family members of any concerns with regards to health.

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.

- The provider had an MCA policy in place and staff had been trained on the principles of the MCA.
- People had consented to the service; systems were in place to record people's consent, so a copy was kept on file.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives told us the staff were caring and they were happy with the staff they saw. Comments included, "They are very pleasant", "I have a lot of laughs with them" and, "The staff are special."
- In the provider information return (PIR) the provider told us they had made improvements with regards to equality and diversity. They told us, "We have looked at our equality policy and made some amendments to make it a simpler document to read and therefore implement".
- People's wishes with respect to the gender of care staff they wanted was recorded. For example, if people wanted a female care worker this was documented in their care plan.
- People's religious needs were recorded with any information on how people wanted to practice their faith.
- Staff knew people's needs and had time to get to know people. People and relatives told us that timekeeping was good. We observed in people's plans staff were encouraged to sit with people and talk with them. One person told us, "They [staff] stay as long as they need to, the timekeeping is very good considering the job that they've got."
- People were being cared for by staff who enjoyed their jobs and wanted to make a difference to people's lives. Comments from staff included, "I enjoy the individuals, being able to talk to different people. There is something I am doing that is a benefit to them. I have met some really great people" and, "I absolutely love it; I love helping people in general. It is really rewarding job."

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

- People and relatives told us they felt listened to and involved in their care. Comments included, "They [staff] always do what I ask them to do and if I forget anything they remind me", "They [staff] always listen to me" and, "My [relative] and I feel involved."
- People were involved in reviews of their care so that they could make changes to how their care was delivered. The registered manager told us they often did care visits so saw people very regularly. This enabled her to check people were happy with the service.

Respecting and promoting people's privacy, dignity and independence

- People's independence was promoted as much as possible. People were encouraged and enabled to do as much for themselves as they could.
- People and relatives told us staff promoted people's dignity and were respectful. Comments included, "They [staff] always give my [relative] options" and, "They [staff] don't take me for granted."
- Staff told us how they promoted dignity on all visits. One member of staff said, "I always ask for consent before I start, always cover people's body, and make sure curtains are closed."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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's likes and dislikes were recorded, and staff were aware of their preferences. People had their own care plan which they had access to. One person told us, "I know who is coming and everything is on the app."
- Staff recorded their visits in daily notes which were electronic. Management told us they checked the daily notes regularly to monitor people's needs.
- People's care plans were updated and reviewed regularly. If staff phoned the office and informed the management of any changes in needs, records were updated in a timely way.
- All visits were planned on an electronic system which enabled the management to track what time visits started and finished. If a member of staff was running late people were called to keep them updated with their visits.

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.

- People's communication needs were identified and recorded. Any equipment needed such as hearing aids or glasses was also recorded so staff knew what people used.
- The provider made sure any information or service documentation was available in a larger font or other formats if needed.

Improving care quality in response to complaints or concerns

- People were given information on how to complain once they started with the service. People and relatives told us they knew how to make a complaint if needed. One person said, "I have never complained, but I know how to do it."
- Systems were in place to make sure complaints were managed thoroughly. The provider had a policy in place with timescales for responding to and managing all complaints.

End of life care and support

- Staff were provided with end of life care training. One member of staff told us, "We do the end of life training course, and all staff would have an experienced carer with them. We always make sure staff are comfortable going into people who are end of life and if they don't want to do it, they don't have to."

- Where people had made decisions about end of life care this was recorded in people's care plans. Copies of any required documents were also scanned and added to records.
- End of life care was being provided at the time of the inspection. The registered manager told us they also provided a 'sitting service' for people at end of life. This enabled relatives to have some respite whilst knowing someone was with their family member.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Atwell Care Limited is a small family run agency. The registered manager is the owner and works alongside care staff on a daily basis.
- People, relatives and staff told us the service was well managed. Comments included, "[registered manager] has her finger on the pulse, very professional. She is genuine", "The managers are absolutely wonderful human beings" and, "The manager is really helpful and approachable." One member of staff said, "They [registered manager] are very supportive, any problems, I only have to ring or email them. They are always there for any of us."
- During our visit to the office we heard the registered manager interacting with people on the telephone and it was evident they knew people well.
- People and relatives were happy with the service and the care they received. They told us they would recommend it to others. Comments included, "You never have to ask them twice for anything", "They are very good at responding" and, "I would recommend this service, everyone is kind."

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 was aware of their responsibilities of the duty of candour regulation.

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

- A staffing structure was in place and staff understood their roles and responsibilities.
- Quality and safety monitoring systems were in place. Quality checks covered a range of areas such as checking daily notes, auditing personnel records and checking care plans.
- The service was paperless as much as possible which meant all systems were electronic. This enabled the provider to regularly check visit times and durations to monitor for safety.
- Staff had regular spot checks from the management to monitor how care was being delivered in people's homes.

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

- Systems were in place to gather feedback from people and relatives and to hear their views. Regular surveys were sent out with a stamped addressed envelope to encourage responses.

- Staff were also encouraged to share their views and discuss concerns. Staff had supervisions, annual reviews and the opportunity to go to staff meetings. One member of staff told us, "Atwell Care show so much care and compassion to their staff and their customers. It is nice to have management go out and do the job as well. They get involved; they see what we are dealing with on a daily basis."

Working in partnership with others

- The service worked with various local authorities due to their location. The registered manager knew who to go to for advice and guidance and what systems were in place for which authority.