

Atlas Care Services Ltd

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Bourne

Inspection report

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25 January 2021
28 January 2021

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

About the service

Atlas Care Services Ltd Bourne is a domiciliary care agency. It provides personal care to people living in their own homes in the community and one specialist housing scheme. The service operates in and around the town of Bourne in Lincolnshire.

Not everyone who used the service received personal care. The Care Quality Commission (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, approximately 156 people were receiving a personal care service.

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

People told us they felt safe with care staff and the support they received. Risks to people's safety had been assessed. Management plans were in place and reviewed to ensure they consistently met people's changing needs.

Recruitment processes had been followed to ensure staff were suitable to work with people who used the service. Staff had completed safeguarding training and knew how to report concerns of potential abuse or poor practice.

People told us staff wore personal protective equipment (PPE) and followed good infection prevention and control procedures when they provided care. Sufficient supplies of PPE and access to the national testing programme for COVID-19 were available for staff.

Staff were trained to manage medicines in a safe way. Any issues arising from medicines management had been reported and addressed in a timely manner.

The manager was registered with Care Quality Commission (CQC) shortly after we concluded the inspection process.

People, and the staff who supported them, told us the manager was approachable and they were confident any concerns they had would be addressed.

Systems were in place to monitor the quality of the services provided which included seeking people's views. A service improvement plan was in place to ensure the service continued to develop and improve.

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 November 2019 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received since the service was first registered with us. These included issues such as the use of PPE early in the pandemic and general practice concerns. A decision was made for us to inspect and examine those concerns.

No areas of concern were identified in the other key questions. We therefore did not inspect them.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inspected but not rated.

Inspected but not rated

Is the service well-led?

Inspected but not rated.

Inspected but not rated

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Detailed findings

Background to this 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 Care Act 2014.

Inspection team

The inspection was carried out by two inspectors and one assistant inspector.

Service and service type

Atlas Care Services Ltd Bourne is a domiciliary care agency. It provides personal care to people living in their own houses, flats and specialist housing.

The service did not have a manager registered with the Care Quality Commission at the time of the inspection. However their registration was confirmed shortly after the inspection concluded. This means 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 a short period of notice of the inspection because we needed to be sure that the manager would be in the office to support the inspection.

Inspection activity started on 22 January 2021 and ended on 28 January 2021. We visited the office location on 28 January 2021.

What we did before the inspection

In planning our inspection, we reviewed information we had received about the service. This included

information shared with us by other organisations including the local authority contract monitoring and adult safeguarding teams. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

During the inspection we spoke with the manager, the provider's Head of Operations & Business Development and the Operations Manager. We also spoke to five members of the care staff team, six service users and three relatives.

We reviewed a range of written records including 10 people's care plans, four staff recruitment files and information relating to the auditing and monitoring of service provision.

After the inspection

We reviewed further information we had requested from the provider, including data relating to call scheduling and staff training.

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 for this newly registered service. Although we have not rated this key questions we were assured people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training about how to keep people safe from abuse. During the COVID-19 pandemic training had been refreshed using computer based learning packages.
- Staff had a good understanding of when concerns should be raised and knew how to raise concerns both to their line manager and to external organisations. One member of staff told us, "If a concern was not resolved in the first instance [I] would raise it with the next manager line. I have never needed to do this as action is always taken."
- Staff were aware of the provider's safeguarding and whistleblowing policies and were confident to use them.

Assessing risk, safety monitoring and management

- The provider had systems in place to ensure risks to people's safety and welfare were assessed and managed.
- Care plans and risk assessments were updated whenever people's needs changed and accurately reflected their needs. Staff told us these records supported them to provide safe care.
- Staff used a computer system to communicate about people's needs and they were always able to review the notes from the previous care call for any concerns.
- Staff had access to the equipment needed to care for people safely. They said if there were any concerns with equipment or changes in people's health and safety needs systems were in place to address them in a timely manner.

Staffing and recruitment

- Staff were recruited in line with the provider's policy and procedures. Records contained the necessary checks to ensure that the staff employed were suitable to work with the people who used the service. Checks included previous employment history and conduct, and a Disclosure and Barring Service review.
- People told us staff generally arrived on time for calls and stayed for the length of time they were supposed to. One person said, "They are usually on time, they take as much time as they need to [with me], even if it takes a bit longer." Another person said, "Sometimes they are about 5 minutes late. They always stay for the right amount of time."
- Staff told us they had enough time to provide the care people needed. They said call rounds were well organised and spread over small areas, this meant that travel time was reduced. Where travel was needed staff told us this was scheduled in to rotas allowing allowed them time to travel between calls without being rushed.
- The provider used an electronic system to organise staff rotas and monitor when staff arrived and left care calls. This meant they could make adjustments to rotas in a timely manner whenever necessary.

Using medicines safely

- Staff had received training in medicines management and senior staff conducted spot checks to ensure people's medicines were being administered safely.
- The manager was aware when staff were due to refresh their medicines management training and they had plans in place to ensure this was completed.
- Records showed any concerns or issues arising from medicines management were reported and addressed in a timely manner.

Preventing and controlling infection

- The provider's infection prevention and control policy and procedures had been updated to take account of the COVID-19 pandemic.
- The provider's COVID-19 contingency plan set out the arrangements to ensure essential care, based on individual needs and risks, could continue to be provided throughout the pandemic.
- Staff had received training about infection prevention and control which included how to put on and take off PPE. However, some staff were unsure of the correct order to put on and take off PPE. The provider took immediate action to support staff with this issue.
- Sufficient supplies of personal protective equipment (PPE) was available and staff had access to regular testing for COVID-19. People said staff washed their hands and wore PPE when providing their care. One person told us, "They come to the house in full PPE. Always wear a mask." Another person said, "They are always wearing an apron, gloves and a mask."

Learning lessons when things go wrong

- Systems were in place to monitor incidents and accidents so that action could be taken to promote people's safety.
- Staff told us the management team shared learning from any incidents and accidents and put measures in place to reduce the risks of them reoccurring.

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. Although we have not rated this key questions we were assured the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The manager was in the process of registering with Care Quality Commission (CQC) during the inspection. A short time after we visited the office their registration with us was confirmed. The manager understood their responsibility to notify CQC about events they were required to do so by law and records confirmed they had done so.
- The manager and staff understood their roles and responsibilities and felt well supported by the provider's management team. Face to face team meetings had become more sporadic since the pandemic started, however staff told us they were still kept well informed.
- Systems were in place to monitor the quality of the service. Audits were carried out, for example, on staff training and supervision, complaints and the electronic call monitoring system. Records showed this system had been effective in maintaining essential care throughout the pandemic.
- A service improvement plan was in place which was reviewed every month. The plan included any issues highlighted through audits with realistic time frames for completion. This meant the provider could monitor the progress of the improvements.

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; Working in partnership with others

- The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. The provider had systems in place to ensure compliance with duty of candour.
- The provider's management team worked closely with the local authority during the pandemic to ensure all guidance about COVID-19 was up to date and in line with best practice. They also liaised with Public Health England to ensure they were following current Government guidelines.
- Records confirmed the service worked closely with social workers and GP's to ensure people's health and safety needs were met.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider's management team demonstrated their commitment to provide compassionate, person-centred care for people. The manager had been supported to review all care plans and care calls with people to ensure the care provided met with their expectations and wishes. One person said, "Very happy, I

think I have been lucky, they are a very good team. The person who does the rota gives me a whole week so that I know when they are coming and who it will be." A relative told us, "Even though it has only been two weeks I am very happy with how things have been set up." Another relative said, "Generally [loved one] likes the carers. [Loved one] is treated with dignity."

- People, relatives and staff said communication with the service was good. One person said of their care worker, "She is very good at communication." A relative told us how care workers and office staff keep in touch with them if there are any issues, adding that the manager was very approachable and they had no problems getting in touch with them.
- Satisfaction surveys had recently been sent out to people and their relatives so they could share their views about the service. Initial feedback was generally positive and the manager had taken action to resolve individual issues where ever possible.
- Care staff told us they felt well supported in their roles. They spoke positively about working at the service and said the manager was approachable.