

Atlas Care Services Ltd

Atlas Care Services Ltd

Lincolnshire

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Atlas Care Services Ltd Lincolnshire is a domiciliary care agency registered to provide personal care to people living independently in their own homes. This includes people living in extra care housing. Extra care housing is purpose built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupants own home. People's care and housing are provided under separate contractual agreements. Care Quality Commission (CQC) does not regulate premises used for extra care housing. This inspection looked at people's personal care and support.

Atlas Care Services Ltd Lincolnshire currently provides personal care to older people, people living with dementia and people with a physical disability. Not everyone using Atlas Care Services Ltd Lincolnshire receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

We carried out a focused inspection of the service in June 2017. At this inspection we found the registered provider had not addressed areas of non-compliance identified at a previous inspection and continued to be in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (HSCA). This was because the registered provider had taken insufficient action to improve the organisation of staffing resources and the scheduling of people's care calls. Shortfalls in organisational governance meant the registered provider was also still failing to effectively monitor the quality of service delivery and to fully assess and mitigate risks to people's safety. We rated the service as requires improvement and issued two warning notices requiring the registered provider to address the breaches of the regulations.

We inspected Atlas Care Services Ltd Lincolnshire between 10 December 2018 and 4 January 2019. The inspection was announced. On the first day of our inspection 240 people were receiving a personal care service from the registered provider.

At this inspection we found the registered provider had taken sufficient action to meet the requirements of the Warning Notices and were no longer in breach of regulations. This was because they had made improvements to the scheduling of care visits, the organisation of staffing resources and monitoring the quality and effectiveness of service delivery. However, further work was required to fully embed new processes and ensure sustainability. The registered provider acknowledged this and confirmed to us that they would continue to work closely with partner agencies such as service commissioners to achieve this.

A system to manage complaints and concerns was in place and people who used the service were generally satisfied with the way in which their concerns were handled. However, there were on-going concerns regarding the responses from office based staff. The registered provider had identified this and taken action to address the issue.

People had care plans in place which clearly set out their needs and preferences. However, not everyone

who had recently transferred from another care provider had their care plans fully reviewed and updated. This meant that staff may not always have up to date information available to provide people's support. The registered provider had a development plan in place to address this issue.

At the time of this inspection there was a new manager in post. We were aware that they had commenced their application to register with us. People who used the service and staff were positive in their feedback about how the new manager had quickly established themselves into the role. 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.

Staff were provided with training and supervision appropriate to their needs. Staff knew how to recognise and report any concerns to keep people safe from harm and risks assessment were in place to minimise the risks of accidents or incidents occurring.

People were supported to meet their nutritional needs and staff worked alongside healthcare services where necessary when issues were identified. Medicines were managed in line with good practice guidance and there was evidence of organisational learning from significant events.

People were supported to have maximum choice and control of their lives and care staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Care staff supported people in a kind and caring manner and respected their privacy and dignity.

CQC is required law to monitor how a provider applies the Mental Capacity Act 2005 (MCA) and to report on what we find. Staff understood the principles of the MCA and reflected this in their practice.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

Further work was needed to embed and sustain the improvements made to the organisation of staffing resources and scheduling of care visits.

Staff knew how to recognise and report concerns for people's safety.

Risks to people's safety had been assessed and measures were in place to minimise those risks.

Medicines were managed in line with good practice guidance and took action to address any concerns identified.

Is the service effective?

Good ●

The service was effective.

Staff were provided with training and support appropriate to their needs.

Staff understood the principles of the Mental Capacity Act 2005 and reflected this in their practice.

People were supported appropriately with their nutritional and healthcare needs.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind and caring.

People were supported to have choice and control of their lives.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

People's concerns and complaints were listed to and responded

to. However, further work was needed to embed and sustain the improvements made to the management of office responses to calls received.

People received personalised care, including the need to have information presented to them in an accessible way. However, further work was needed to ensure all care plans were up to date.

Is the service well-led?

The service was not consistently well-led.

Further work was required to embed and sustain the improvements made to the systems for monitoring the quality and effectiveness of the service provision. In addition, the registered provider acknowledged the need to further improve the team working culture.

To this end, the registered provider worked in partnership with external bodies to embed a culture of continuous improvement.

Systems were in place to enable people to express their views about the service.

Requires Improvement 

Atlas Care Services Ltd Lincolnshire

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 registered provider was 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.

This inspection took place between 10 December 2018 and 4 January 2019 and was announced.

The registered provider was given notice of our inspection because the manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure they would be available to contribute to the inspection.

The inspection team consisted of two inspectors and two assistant inspectors. We visited the administration office on 10, 11 and 20 December 2018. We visited people in their own home on 11 December 2018. We also made telephone calls to speak with people on 11, 13 and 14 December 2018.

Before the inspection, we asked the registered provider to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. The registered provider returned the PIR and we took this into account when we made our judgements in this report.

We looked at the information we held about the service such as notifications, which are events that happened in the service that the registered provider is required to tell us about, and information that had been sent to us by other agencies such as service commissioners.

We spoke with 34 people who used the service and we looked at 11 people's care records.

We spoke with 13 staff members, including the registered providers and the manager. We looked at a range of records including those relating to the recruitment of 13 staff members, arrangements for staff deployment and staff training and support. We also looked at records and arrangements for managing complaints and monitoring and assessing the quality of the service provided.

Is the service safe?

Our findings

At our last inspection of the service in June 2017 we found the registered provider had failed to take sufficient action to improve the organisation of staffing resources and scheduling of people's care visits. As a result, for the second inspection in succession, the registered provider was in breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a Warning Notice requiring the registered provider to be compliant with this regulation. At this inspection we found the registered provider had taken sufficient actions in relation to the Warning Notice.

We saw that the registered provider had introduced a system which enabled them to schedule and monitor visit timings more efficiently. The feedback we received from people who used the service indicated that in the geographical areas where the new scheduling system had been established, visit times and staff allocation were more consistently maintained. However, there were still geographical areas in which the new system had yet to be fully established. In those geographical areas people continued to report some late calls and inconsistency of staff members who provided their care. For example, in relation to visit timing one person said, "The timings can be a bit hit and miss." Another person commented that, "They try and come around the same time each day but not always. They are sometimes early and sometimes late."

In relation to consistency of staff members providing their care, people who used the service had mixed views. The majority of people told us that they had regular staff members who they knew and only changed when they took leave such as holidays or sickness. Other people said they were not always aware of which staff were coming to provide their care. No-one we spoke with told us that this compromised the quality of care they received but they would prefer regular members of staff so that they could get to know them better. The registered provider acknowledged this and said that once the new scheduling system was fully established this would resolve those remaining issues.

We saw that the registered provider had an on-going staff recruitment and retention process in place. This was aimed at meeting the service's growth and development targets as well as aiding increased consistency for people who used the service. During this inspection we noted that a number of newly recruited staff were undertaking their induction to the service.

The registered provider analysed visit timings as part of their quality assurance process. We saw, for example, that between August and December 2018 of almost 60,000 visits, 15 were recorded as missed as they were over 2 hours late. For the same time period 3,576 visits were recorded as late within a 20 to 45 minute time bracket set out in commissioning contracts and the registered provider's policy. This equated to 6.1% of visits recorded as late. Set against earlier visit timing analysis, these figures indicated a substantial reduction in late and missed calls. This reduction was reflected in the feedback we received from people who use the service and staff members.

Some staff told us that their work rotas were subject to frequent short notice changes at times of high staff sickness. They said this meant that planned visit routes were disrupted incurring extra travel times and thus visits would be late as a result. In response to their own analysis of visit timings the registered provider had

already identified the specific causes of this and had taken action to address the problem. For example, the registered provider had restructured their care co-ordination processes, increasing the numbers of customer care service staff and information available to effectively reschedule visits at short notice. They had extended customer care service staff working hours to cover the full scope of care visit times and they had a rapid response team in place to cover visits at short notice. These actions were detailed in the registered provider's development plan and had been achieved by the dates they had set themselves.

In addition to the issues noted above, the evidence we collected as part of the inspection indicated that communication between the service, the commissioners and people who used the service was not wholly effective in confirming with people that preferred times for visits could not always be met at the implementation of their care package. This indication was in part due to the minority of people who remained dissatisfied with the timing of their visits. The registered provider's system of visit scheduling allowed for people's preferred visit times to be met as soon as those visit times became available within staff rotas. The registered provider had identified this issue and were working with commissioners to improve communication.

We reviewed the registered provider's recruitment systems and saw that they had carried out a range of pre-employment checks to ensure new staff were suitable to work with people who used the service.

People who used the service told us they felt safe with staff who provided their care. One person said, "Yes I feel quite safe; they are nice; I have not had a problem with them." Other people told us about the arrangements in place for staff to enter their home such as the use of a key safe or staff routines for knocking and announcing their arrival so as not to surprise the person. The feedback we received from people who used the service indicated to us that they knew how to raise any concerns they may have about their safety.

Systems and processes designed to keep people safe from the risk of abuse were in place. Records showed that staff had received training about how to keep safe from the risk of abuse. They demonstrated their understanding of how to raise concerns with the provider and external agencies such as the local authority and CQC. One staff member described an incident in which they had arrived at a person's home and was unable to gain access as the key-safe had been broken into. They told us, "Care staff couldn't get in so we called the office and next of kin. We worked together and doubled up, we met the safeguarding lead at the property, the police were informed and they were following up." We saw that these prompt actions had ensured the person was safe and no-one had entered their home without permission.

The registered provider employed a member of staff to take a lead role in managing any concerns about people's safety and ensuring all identified issues were addressed. We saw that they maintained joint working with external agencies such as local authority safeguarding teams and with the people the issues concerned. During the course of our inspection the service received three reports of safety concerns from the local authority safeguarding team and had raised two safety concerns themselves. We spoke with the registered provider's safeguarding lead who informed us of the actions they were taking in response to the concerns raised. We noted that they were working with external agencies such as the local authority and local police as part of the process.

A staff member we spoke with told us how they were supported by the registered provider when they needed to undertake care calls on their own. They described how all staff were issued with a telephone as part of their induction, which included an SOS call button. If staff felt unsafe they used the button and a call and email was generated which alerted senior staff to the need to respond immediately.

As part of their quality assurance systems the registered provider maintained a 'lessons learned' log which

showed how they had responded to safety incidents that had occurred within the service and what action they had taken to minimise the risk of incidents happening again. We saw that the lessons learned from incidents were shared with staff through a regular newsletter.

People's individual care plans recorded identified risks and the measures that were in place to minimise those risks. For example, we saw that some people were assessed as being at risk of their skin condition deteriorating. Plans showed that a nationally recognised assessment tool was used to monitor their skin condition and management plans clearly set out the care required to prevent any deterioration. Records showed that risk assessments and management plans were regularly reviewed and staff worked with external agencies such as specialist healthcare professionals to ensure people had the right equipment in place and management plans were in line with good practice guidance.

Staff demonstrated a good understanding of how to prevent the risk of infection and they told us they had received training about the subject. All of the staff we spoke with told us they had access to aprons and gloves and most people who used the service said that staff used them when providing personal care. A minority of people told us that some staff did not always wear aprons when necessary. We also found that some staff were not aware that the registered provider issued overshoes for their use. The registered provider told us they would address these issues through their supervision and communication processes.

Some of the people we spoke with said that staff supported them with their medicines. The support included verbal reminders as well as full administration processes. Some people also told us staff supported them to apply prescribed creams to help keep their skin in good condition. Those people who were supported with their medicines told us that they were satisfied with the way staff provided the support. They told us staff filled out medicines administration records (MAR's) when they had completed the medicines tasks.

Records showed, and staff told us, they had received training about how to support people safely with their medicines. Staff demonstrated a clear understanding of good practice guidance for supporting people with their medicines. The registered provider told us they had introduced a system of risk rating for people who required their medicines at specific times of the day. This meant that when care co-ordinators needed to review or change visit times they were aware of visits that were time critical and needed to remain unchanged. Following our inspection we were made aware of concerns raised regarding one person's medicines arrangements. We saw the manager had worked with external professionals to address the issues in an appropriate way.

In summary, we found the registered provider had taken sufficient actions in relation to the Warning Notice to improve the scheduling of care visits and organisation of staffing resources. However, further work was required to fully embed the new processes and ensure sustainability of visit scheduling and consistent allocation of staff for people who used the service. The registered provider acknowledged this and confirmed to us that they would continue to work closely with partner agencies such as service commissioners to achieve this.

Is the service effective?

Our findings

At our inspection in September 2016 we told the registered provider that improvement was required to ensure all staff had sufficient training to meet people's needs safely and effectively. At this inspection we found they had taken the necessary action.

Staff told us they received a package of induction and on-going training that supported them to deliver care for people who used the service. We found that the training package included the national Care Certificate which sets out common induction standards for social care staff. A member of staff told us, "Training is given for the areas needed. I have done safeguarding, moving and handling, dementia and others." Another staff member said, "I got a full induction and a good e-learning dementia pack." Staff also told us they were provided with a copy of the staff handbook and other information about how the registered provider operated the services. Staff told us they found the information easy to access and to understand and this approach supported them to keep developing in their roles.

The registered provider maintained a record of training that each staff member had undertaken and when training updates were due. They had employed a training officer to ensure the right training opportunities were available for staff and to deliver face to face training.

Most of the staff we spoke with told us they received support through a structured supervision process and that this helped them to identify any training needs they had and to develop their skills. One staff member told us how supervision was carried out on average every three months and that they had an annual appraisal. Other staff told us that they had not received individual supervision in recent months. However, those staff said that their supervising manager was available for support when they needed it and spot checks were completed when they were visiting people so as to review the care they provided and records they kept.

During our discussions with the registered provider they confirmed they had identified that staff who had transferred from another care agency in October 2018 had not yet had individual supervision dates set out for them. However, they told us that they had a plan in place to address this issue.

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.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. Within services such as those provided by Atlas Care Services Ltd Lincolnshire applications to deprive people of their liberty must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA, whether any restrictions on

people's liberty had been authorised and whether any conditions on such authorisations were being met. Staff understood the principles of the MCA and used them to guide their practice. The registered provider told us that no restrictions on people's liberty were in place during the time of our inspection.

Through our discussions with people who used the service we found that they, and their family members where appropriate, were involved in making decisions about the care they wished to receive and how it was delivered. Staff were clear about their responsibilities when supporting people to make decisions. A staff member said, "We know about the need to listen to what people want as written in their care records. We follow what the person needs as they tell us and respect their right to change their minds." Another staff member told us, "We know about the less restrictive approach and we work to try to ensure people make all their own decisions wherever possible."

The registered providers and the manager were aware of the steps to take to ensure any decisions made on behalf of people who used the service were taken in their best interests. Care plans showed where best interests decisions had been taken and how people made decisions for themselves.

People's care records showed that their nutritional needs had been assessed and reviewed regularly. Where necessary, care plans were in place to guide staff in ensuring people received appropriate nutrition. People who used the service said they were happy with the support they received with their nutrition; one person commented, "They get my meals ready, I am gluten free so I order my meals from [food supplier] and they get them ready for me." Another person said, "They make sure I have a drink... one staff member knows I like to drink warm water and she always makes sure I have it how I want it, she understands me fine."

Care records showed that staff worked alongside a range of healthcare professionals to ensure people received the healthcare they needed. This was confirmed when we spoke with people who used the service. We saw that advice from healthcare professionals such as GP's, community nurses and occupational therapists was recorded in care records for staff to follow. When we were visiting a person we saw staff responded quickly to their request to speak with a doctor about feeling unwell. Staff organised a consultation with the person's GP so that appropriate healthcare could be provided.

Is the service caring?

Our findings

All of the people we spoke with said that the staff who provided their care were kind and caring. One person said, "I think it's all good regarding the care. Nothing is too much trouble." Other people made comments such as, "All lovely and polite", "All staff go over and above what they should do, we find the care excellent and never worry" and "The staff are the best thing, there isn't a bad thing." We saw that staff acknowledged when any part of the care process may cause anxiety for people. For example, one care plan recorded that a person may become anxious with new staff. The care plan gave clear guidance to staff about how to reassure the person if new staff visited.

People told us that staff respected their privacy and dignity and helped them to maintain their independence. They made comments such as, "The staff help me keep independent. The care staff are one of the things that keep me on track" and "Staff always knock and ask to come in." When we visited people we saw that staff knew about respecting their privacy and dignity. For example, they asked us to leave people's homes when they provided direct personal care. We also saw staff were mindful of respecting people's routines so that they could be flexible with care visit timings, including if they wished to have visitors or attend appointments. One person told us, "I have some extra floating call times set up for two hours a week. I use that time to help me go out and about or in anyway I want. It's part of my care plan and I like it."

The registered provider, the manager and staff members understood the importance of promoting people's choice about the way in which their care was provided. For example, we saw, and people told us, they had been asked about their preferences to have male or female staff. One person told us, "Yes, I won't have male staff visiting. They have sorted it so only female staff call and it's in my care plan; that's what I have chosen." Another person said, "I prefer female carers but male carers have called and they have been lovely." However, a minority of people told us that where they asked to have female staff only, male staff were sent on occasion when they needed to cover visits at short notice, for example, high staff absence. We spoke with the registered provider about this issue who said that they had identified specific causes when the issue had been raised with them. We saw that they had taken action to ensure the risk of this happening again was minimised.

The registered provider, the manager and staff demonstrated they had the information and knowledge to support people to access lay advocacy services if they ever needed to. This information was available in the registered provider's service user guide and staff handbook so that people could contact these services independently if they needed to. Lay advocacy services are independent of the service and the local authority and can support people in their decision making and help to communicate their decisions and wishes.

We saw that people's care records were stored securely in the agency's administration office and computers were password protected. Staff told us they had access to the registered provider's guidance about confidentiality. They demonstrated a clear understanding of the importance of not disclosing people's personal information, including in the use of their personal communication systems and social media

platforms in line with data protection laws.

Although the registered provider told us they did not provide specific care packages for people who are at the end of their life, staff did work alongside other care professionals as part of that process. Staff were clear about their approaches to this type of care. One member of staff told us, "You have to care about the person and have knowledge of them to really care. One person I cared for at the end of their life had a dry mouth and I sensitively ensured I kept it moist and promoted their dignity at all times."

Is the service responsive?

Our findings

During our inspection in June 2017 we told the registered provider that improvement was required to the way in which people's calls to the administration office were handled, particularly in relation to concerns and complaints.

During this inspection, the majority of people we spoke with told us that when they had raised a concern or complaint action had been taken to resolve the issues and they were satisfied with the outcome. One person described how a complaint they raised had been managed saying, "The office dealt with this well when I told them." Another person said, "Never had to raise a complaint but I know exactly how to do it and staff would help me. My [family member] also visits and would assist if needed but I am really happy."

Five people told us about long standing concerns they had raised that were not yet resolved. With people's permission we raised this with the manager who confirmed they were currently dealing with the concerns and that she, or the registered provider has regular calls and visits with those people to keep them informed of the progress. During this inspection two people made complaints directly to the service and we saw that the manager took action to respond to the issues in a timely manner.

In relation to the handling of calls to the administration office, a minority of people and care staff we spoke with reported continuing concerns with how office staff responded to them. The registered provider had taken action to address the issue partly as noted earlier in this report regarding the restructuring their care co-ordination processes, increasing the numbers of customer care service staff and extending customer care service staff working hours. There was also now a training, supervision and monitoring process in place to ensure that responses to calls from people who used the service were person centred and demonstrated a caring and receptive approach. We noted that calls to the administration office were recorded and this was explicitly explained to all callers through the recorded greeting message. This meant that the registered provider and the manager were able to analyse individual responses to calls and target staff training and development needs in a timely manner.

All of the people we spoke with told us they had a care plan in place and their needs had been assessed before their care package was started. We saw that care plans followed on from an initial assessment of needs, for example, about using hoists to move people around safely and maintaining good skin condition.

A person told us, "Yes, I have a care plan. They go through it with me they tell me what they are going to do before they do it." Another person said when speaking about their care plan, "The information is all about me and my needs. I know it's there." A further person commented that, "The care staff fill in my plan and my [family member] oversees things in that way."

We saw that care plans set out the details of the care each person required and their preferences regarding the way their care was delivered. Staff told us that they had access to care plans in the person's home and used them as the guide to providing person centred care.

Staff said that if they became aware of any changes in a person's needs or preferences they contacted the administration office and the care plans would be updated to reflect the changes. Most people told us that staff regularly discussed and reviewed care plans with them. One person told us how they had moved downstairs following a review of their care, which enabled them to move around more safely and maintain their independence.

However, we found that some care plans for people who had recently transferred from another care provider had not yet been updated to the registered provider's templates and fully reviewed. This meant that staff may not have all of the up to date information they needed to provide effective care for people. The registered provider and the manager were aware of this and had a process in place to complete the task. For example, they had calculated the time needed to transfer an individual plan as a basis for setting aside a block of time and resources to complete the review and transfer of all care plans.

The registered provider was aware of the new Accessible Information Standard, which applies to people who have information or communication needs relating to a disability, impairment or sensory loss. They had developed a policy detailing how they would meet its requirements. The registered provider and the manager told us they were able to present information in various formats such as large print and braille where required. We also saw, for example, that people who had hearing difficulties could communicate with the administration office through text or email facilities.

The administration office building was easy to access for people, including those who had mobility needs. There was substantial car parking and various private meeting rooms were available for people to meet with the registered provider and the manager if they needed to. A range of service and general health and social care information was available in the reception area for people who used the service and staff to access.

In summary, the registered provider had identified issues about how concerns and complaints had been managed. They had also identified the need to ensure all care plans were fully reviewed and transferred to their care planning system. Although they had taken action to address these issues they also acknowledged that the systems and processes they had introduced had yet to be fully embedded and that further work was required to ensure sustainability.

Is the service well-led?

Our findings

At our inspection of the service in September 2016 we found the registered provider to be in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because they had failed to effectively monitor the quality of service delivery. At our inspection in June 2017 we found that the registered provider had failed to take sufficient action to address this issue and we issued a Warning Notice requiring them to be compliant with this regulation.

At this inspection we found the registered provider had made improvements to the ways in which they monitored the quality of service delivery. They continued to maintain a regular audit programme in relation to, for example, medicine administration and care planning. We saw that issues highlighted from the audits had been addressed as part of the quality improvement process.

The registered provider used a centralised analysis tool to look at trends and issues arising from areas such as complaints and concerns, safeguarding reports, care planning and visit timings. They had developed an action plan to address the issues they identified. These were in line with issues we found as part of this inspection, many of which related to ineffective communication and organisation within specific parts of the service. However, in relation to analysis of visit timings we noted that the registered provider was unable to identify the start and finish times of 2747 (4.6%) visits due to issues with mobile technology systems. This had an impact on the accuracy of the data used to inform their development plans. The registered provider acknowledged this and confirmed they were taking action to improve their data collection system.

Examples of the registered provider's response to these issues, as noted in other sections of this report, were the restructuring of their customer care service systems and refinement of their geographical visit scheduling system to ensure the most positive impact for people. They had also improved their approach to recruitment and retention of staff such as revising pay scales and conditions of employment to aid retention.

In order to aid monitoring of the effectiveness of service delivery the registered provider had allocated a member of staff to carry out face to face visits with all of people who used the service. This meant that people were able to give direct feedback about their views of the service and any issues they had could be addressed in a more immediate and person centred way.

The registered provider and manager told us that they attended regular meetings with service commissioners to review and monitor contract compliance and to enable the continuing development of the service delivery.

The registered provider had recently appointed a new manager. Although they were not yet registered with us they had commenced their application to do so. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

The new manager was appointed on 1 October 2018. We saw that this had been communicated clearly throughout the organisation and by way of a public social media announcement. Staff told us the new manager was supportive. One staff member told us how they previously worked for the registered provider and then left for a short period but came back to work for them as they said, "All of the managers here are approachable now." Another staff commented, "Can't fault [the new manager], she does listen and try to sort out issues."

The manager demonstrated a clear understanding of the responsibilities of being registered with CQC. We found that the manager had correctly notified us of significant events that occurred which had an impact on people who used the service. We also noted our latest CQC inspection report and rating was available for people to read. We saw the inspection report and rating was displayed on the registered provider's website. The display of the rating is a legal requirement, to inform people who use the service and those seeking information about the service of our judgments.

Other information was available for staff and people who used the service about how the service operated and how staff were supported to do their job. This was available in the reception area of the administration office they called 'Carers Corner'.

The registered provider and manager told us that informal team meetings were held with staff to further develop communications and a positive team culture. The meetings were called 'happy hour' meetings. However, we received mixed responses from staff about the effectiveness of these meetings. In some geographical areas staff made comments such as, "Heard of happy hour [meetings] but never managed to get to one due to the distance, and they are held in the middle of care calls," and "Atlas do have happy hour meetings but these are mainly in Spalding and it's not easy to get there. I have been to one." One member of staff said, "I don't think there's been one since October 2018, if there has been I don't know about it. My supervisor is very good, if I need anything they are there and I don't feel isolated." We raised this issue with the registered provider who said they would review these arrangements to strengthen team building approaches.

Staff were aware of the registered provider's whistle-blowing processes. They knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon. We saw information was readily available in the administration office for staff to refer to if they needed to do this.

We asked people who use the service, "Would you recommend the service to other people?" Out of 30 people who responded to this question, 22 said that they would definitely recommend the service. They made comments such as, "I think Atlas is setting the standard for everybody else. I have been a hotel manager and know about quality and how to maintain it," and "I would as the care staff are really nice." One person said that although they would recommend the service to others they added, "The company is better than the previous company but they could improve their communication a lot."

Of the eight people who said they would not recommend the service to others their reasons were based on their experiences of late visits and poor communication within the administration office.

In summary, we found the registered provider had taken sufficient actions in relation to the Warning Notice to effectively monitor and improve the quality of service delivery. However, further work was required to fully embed new processes and ensure sustainability, particularly in the areas related to communications, care planning and visit timings.

