

Attention2Care Ltd

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Inspection report

134 Bispham Road
Southport
PR9 7BJ

Tel: 01704 807786

Website: www.attention2care.co.uk

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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



Overall summary

The inspection took place on 3 December 2015 and was announced. This was in line with CQC's guidance for domiciliary care agencies.

Attention2Care Limited provides personal care and support to people in their own homes in the Sefton area of Merseyside. The service had a registered manager in post. 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 the time of the inspection the agency was supporting approximately 65 people in the Sefton area.

People who used the services of the agency told us they felt safe when receiving care and support. This included support with personal care, help with meals and also with medication.

Staff understood how to recognise abuse and how to report concerns or allegations. There were processes in place to help make sure people were protected from the risk of abuse.

Summary of findings

Risk assessments and support plans had been completed to protect people from the risk of harm. Assessments had been completed for everyone who was receiving a service to help ensure people's needs were met. Risk management plans were implemented and followed by staff to help ensure people received safe and effective care.

People told us care staff supported them with their medication at a time when they needed to take it. They said this was in accordance with their wishes and needs. Medication was recorded correctly. The medication administration records we viewed were clearly presented to show the treatment people had received. Medicines were safely administered by suitably trained staff.

Staff had been recruited safely to ensure they were suitable to work with vulnerable people. We found Disclosure and Barring Service (DBS) checks had been carried out prior to new members of staff working. DBS checks consist of background checks on people's criminal record and a check to see if they have been placed on a list for people who are barred from working with vulnerable adults. This assists employers to make safer decisions about the recruitment of staff.

Care staff had training and support through induction, a programme of training, supervision and appraisal.

Staffing levels were determined by the number of people using the service and their individual needs. Most people told us that they received care from a regular team which they felt was very important.

People's care needs were assessed. The care records we looked at showed that a range of assessments had been

completed depending on people's individual needs. Records were regularly reviewed which helped to ensure the information written in them was current. Support plans had been completed to guide staff as to what people required and what they could do for themselves. People's care needs were recorded in a plan of care in an individual care file. The care plans recorded details around people's routines, preferences and level of care and support they required. This helped to enable staff to support people to meet their individual needs. With regards to people making their own decisions, people we spoke with informed us they were able to do so and were involved as much as possible regarding decisions about their welfare.

Most of the people who used the services of the agency were complimentary regarding staff; they told us all staff were kind and considerate and that they were treated with dignity.

Staff understood what people's care needs were. Staff supported people's independence in their home.

A complaints procedure was in place and details of how to make a complaint had been provided to people who used the service. People we spoke with knew how to raise a complaint.

People who used the services of the agency were able to provide feedback about the quality of the service.

Systems were in place to monitor the quality of the service provided. This included audits (checks) on areas such as, care documents, medicine administration and also meetings with people to ensure they were happy with the care provided.

Summary of findings

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.

Good



Staff had been recruited safely to ensure they were suitable to work with vulnerable people. Disclosure and Barring Services (DBS) checks had been carried out prior to new members of staff working.

Staff understood how to recognise abuse and how to report concerns or allegations. There were processes in place to help make sure people were protected from the risk of abuse.

Risk assessments and support plans had been completed to protect people from the risk of harm.

People told us care staff supported them with their medication at a time when they needed to take it. Medicines were safely administered and recorded correctly by suitably trained staff.

There were appropriate staffing levels to meet the needs of people who received a service from the agency.

Is the service effective?

The service was effective.

Good



Care staff had training and support through induction, a programme of training, supervision and appraisal.

Care staff supported people who used the service with their meals as required and in accordance with their plan of care.

Is the service caring?

The service was caring.

Good



People who used the services of the agency were complimentary regarding staff; they told us all staff were kind and considerate and that they were treated with dignity.

Staff understood what people's care needs were. Staff supported people's independence in their home and the community.

Is the service responsive?

The service was responsive.

Good



People's care needs were assessed. We saw that information recorded in people's person centred plans and risk assessments was regularly reviewed.

Summary of findings

A complaints procedure was in place and details of how to make a complaint had been provided to people who used the service. People we spoke with knew how to raise a complaint.

Is the service well-led?

The service was well led.

Systems were in place to monitor and develop the quality of the service. These included audits of care records and medicines.

Staff we spoke with were positive in respect of the overall management of the agency and the supportive leadership provided by the managers.

People who used the services of the agency were able to provide feedback about the quality of the service.

Good



Attention2Care Ltd

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 on 3 December 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. This was in line with CQC guidance.

The inspection team consisted of an adult social care 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.

We reviewed the information we held about the service before we carried out the visit. We looked at the notifications and other information the Care Quality Commission had received about the service.

During the inspection we spoke with the registered manager, the training manager and the Human Resources administrator. We spoke with one staff member on the telephone to discuss their experience working for Attention2Care. We reviewed a range of records which included five care records for people who used the service, five staff recruitment records, staff induction, training and supervision, medication records, the provider's policies and procedures, safety and quality audits and records related to the overall management of the service.

After the inspection we spoke with 10 people who received care from the service and one relative by telephone to gather their views on the service they received.

Is the service safe?

Our findings

Many of the people who used the services of the agency told us they felt safe with their carers. People's comments included, "I absolutely feel I can trust them; they are always above board", "I can't fault them – they encourage me to be as independent as I can be. I'd give them three stars" and "I feel quite safe with the carer."

Staff understood how to recognise abuse and how to report concerns or allegations. There were processes in place to help make sure people were protected from the risk of abuse.

Risk assessments and support plans had been completed for everyone who was receiving care to help ensure people's needs were met and to protect people from the risk of harm. These included risk assessments for nutrition, mobility, falls, moving and handling, dementia and the home environment. Care staff we spoke with had a good understanding of how to keep people safe in their own home. This included the use of equipment such as hoists, which are used to transfer people safely.

A 'safeguarding vulnerable adults' policy was available to support staff with aspects of abuse and the procedure to report suspected abuse.

Medication was administered safely. Medicines were administered by suitably trained staff and recorded correctly. We saw Medication Administration Records (MARS) which evidenced this. Staff we spoke with confirmed they had received training to enable them to do this correctly. A comprehensive medication policy supported staff with aspects of medication administration such as, recording, safe storage, disposal, consent, controlled drugs, covert (hidden) and PRN (as required) medicines.

People told us they were happy with the way staff supported them to take their medicines at a time when they needed to take it. People confirmed that staff recorded in their folders which medicines they had been given and at what time they were given.

We looked at staff recruitment records. We found application forms had been completed and applicants had been required to provide confirmation of their identity. Staff had been recruited to ensure they were suitable to work with vulnerable people. Disclosure and Barring Services (DBS) checks had been carried out prior to new members of staff working. We found that references from staff's previous employers had been requested and received. One employee with convictions declared on their DBS had met with managers for a risk assessment to be completed. However this risk assessment was not formally recorded. During the day of the inspection a template was devised for future use.

There were appropriate staffing levels to meet the needs of people who received a service from the agency. Some people who received a service we spoke with referred to staff shortages, and carers being so busy with long shifts, also a lack of time to spend with people, which made them feel rushed and less safe as a result. Other people we spoke with said they had not had any missed calls and that their carers were generally on time.

Staff received their planned work (rota) one week in advance. Any changes were relayed to staff using their mobile phone which is linked to the 'Quick Plan' system which contained all staff and details of people who used the service. Staff we spoke with told us they liked the way the management planned the work, because there was no 'call cramming'.

Staff used daily log records which were completed in people's homes to demonstrate what support had been provided. They also used a mobile phone and a device in people's homes to log in at the start and end of the visit. This information could be seen on the 'Quick Plan' system, shown on the monitor in the office. One of the office staff explained that if staff did not log in within approximately 15 minutes of when they should have arrived at a person's home, then the 'Quick Plan' administrator rang the particular staff to ask where they were. This reminder to staff enabled the service to perform more efficiently and reduce the number of late or missed calls to people.

Is the service effective?

Our findings

Most people we spoke with said their carers were well-trained, and competent to provide their care in a professional manner.

Care staff had training and support through induction, a programme of training, supervision and appraisal.

We saw that staff who had recently started work with Attention2Care had completed mandatory (required) training. The agency had an 'induction checklist' document, to show where people were up to in their induction and what they still had to complete. We found this document was not used by the manager, although the training matrix showed what training courses staff had completed. We spoke with the manager about this during the inspection and they agreed they would use this document to assist them. They explained the recent changes in office managers had led to this process not being completed. We spoke with one staff member who had recently started working at Attention2care. They confirmed they had completed a period of shadowing and had an observation from the registered manager to assess their competency for the job.

Staff completed an ongoing programme of mandatory training. We saw the training matrix which was a record of all completed training. We found that staff were up to date with all mandatory training courses, which included moving and people handling, food hygiene, safeguarding vulnerable adults, first aid, health and safety, fire awareness, medication and infection control. The provider held training days every Thursday and Friday for all training subjects, but particularly mandatory training. Staff also received training relating to the people they supported, such as diabetes and dementia care. We asked staff about their training and they all confirmed that they received plenty of training.

This helped to ensure that staff had the skills and knowledge they needed to meet people's needs.

The training staff had completed was recorded on a programme on the computer which 'flagged up' when particular training courses needed to be taken again (as a refresher) by staff, as well as those courses which were overdue.

Other training records we look at showed that 78% of all Attention2Care staff had a recognised health and social care qualification or nursing degree. 52% of staff were trained at NVQ (National Vocational Qualification)/Diploma level 2 or level 3. A further 17% were undertaking either the NVQ/ diploma at level 2, level 3. Level 4 or level 5.

Staff we spoke with told us they received supervision and support. The registered manager informed us they held supervision regularly with staff. We found this was in accordance with the provider's supervision policy. New staff met with the manager for supervision after working for the agency for a month. Staff we spoke with confirmed this. Supervisions are regular meetings between an employee and their manager to discuss any issues that may affect the staff member; this may include a discussion of on-going training needs. Staff received an appraisal. We saw evidence of this in the employee files we looked at. In addition staff were observed twice a year and supervisors carried out additional spot checks to help assure them that care staff were providing a quality and safe service to people they supported. Written records were kept of all observations and spot checks.

We saw that people who received a service had signed consent forms, for staff to support them with their medication. This meant that an agreement was in place and that people understood what staff's responsibility was with regard to the administration of their medication. People had also given their consent to share the information recorded in their care plans, if it was necessary to. This helped to ensure that any boundaries to information sharing were agreed.

Most people we spoke with told us that they were responsible for their own meals and medication. Other people said, "I think they would do anything I asked but I have ready meals so they just have to put them in the microwave. They do my breakfast for me and wash up as well."

Is the service caring?

Our findings

People who used the services of the agency were complimentary regarding staff; they told us their carers were kind, trustworthy and respectful. Some of their comments included: “Sometimes, if she has time when she’s done everything she’ll stop and have a little chat with me which is nice”, “I’m very happy with them. I tell them what I need and they are always obliging”, “They (staff) are cheerful as well which makes a difference when you’re on your own”, “They are superb. I don’t need a lot of help but I can’t say more than that. They are brilliant and very kind.”

However, another person said, “I don’t know where I am. Yesterday the carer arrived at 7.30am ; she should have come at 8am so she was half an hour early but nobody had let me know and then she rushed around as though there was no tomorrow.”

Most of people we spoke with told us they received a service from familiar and consistent staff. Some people said they had different carers who visited them. A person said, “I wish they’d (the provider) let me know who is coming because I don’t like it when a strange person arrives at my back door. I feel uneasy.”

Nobody we spoke with said they had any missed calls and said that the carers were generally on time.

We asked people who received a service if staff maintained their privacy and dignity when supporting them with personal care. Each person we asked told us that their staff treated them with dignity and respect. One person told us, “There is one carer who is excellent. She showers me and has to do quite intimate things for me but she is ever so careful and gentle.”

Staff spoke positively about their job. We spoke with staff about the people they supported. They showed an understanding of their support needs. Staff told us the information recorded in the care records also helped them understand what support people required.

We saw that when carrying out support in their home , if a person’s needs changed or if they noticed a person was unwell, care staff told us they would record this in the daily record and make notes on the ‘quick plan system’. This system was monitored mainly by the system’s administrator as well as by staff in the provider’s office. We saw it was clear to see on the system when care staff had, made notes, which was indicated on the screen of the monitor by a ‘large paperclip symbol’.

Is the service responsive?

Our findings

Most people being either satisfied or very satisfied with the service. People told us the agency responded to their needs in a positive way. People told us the service they received was reviewed but felt this consisted of simply re-assessing their care needs, and they did not feel they were given the opportunity to comment on the quality of the service. However we saw that people who used the services of the agency were able to provide feedback about the quality of the service when the registered manager visited them in their home. The provider told us they used to send out questionnaires each year. However in February 2015 the manager changed the system because of the low number of surveys that were returned. In order to gather more feedback on the service they provided the registered manager told us they gathered comments about the service and the staff when they visited people in their homes to carry out spot checks on staff or to review the service. We saw evidence of these visits and a record of people's comments was made. All the service users we spoke with were unable to tell us about any regular reviews conducted by the managers.

People's care needs were assessed. The registered manager told us that senior care staff currently visit people to complete assessments prior to the service starting. This helped ensure people's needs were met by the support they received.

We looked at a range of care documents in six people's care files. This included a care needs assessment and plan of care in accordance with people's individual needs. Information recorded included a nutrition assessment and a waterlow assessment. The Waterlow score gives an estimated risk for the development of a pressure sore in a given person. Care plans contained a lot of detail to ensure people's support was tailored to their individual choices and preferences. This included an account of people's day time and evening routines and how staff were required to support people with their routine. Information recorded included people's likes and dislikes in relation to personal care and what they were able to do for themselves. We saw that information recorded in people's care plans and risk assessments had been reviewed.

Staff were informed of changes in people's needs and circumstances by using the mobile phone which was part of the 'Quick Plan' system. Office staff sent updates regarding people's health and welfare or any changes to staff rotas.

All of the staff we spoke with said they read the care plan in people's homes and the daily log completed by staff to find out the support people required, especially if they had not supported them before.

A complaints procedure was in place and details of how to make a complaint had been provided to people who used the service in the company handbook. The main complaint of some of the people we spoke with was that they felt the support they received was rushed because staff did not have the time to spend with them. Some reported staff did not always visit at the expected time. One person said, "They should be here at 8.30am but it's been 9.30am before they come. They've changed my cleaning day from Wednesday to Tuesday; they're supposed to come between 12.30pm and 1.30pm. This week, it got to 2pm and I had to phone through and they said I was down for 3pm-4pm. That was no good to me because I was going out. Then somebody came just after 2pm." Another person said, "I don't know where I am. Yesterday the carer arrived at 7.30am – she should have come at 8am – so she was half an hour early but nobody had let me know and then she rushed around."

We spoke with the registered manager about these comments. They told us they had had staffing issues which affected service delivery but that these issues had now been resolved.

We looked at the complaints recorded at the office. No complaints had been made recently. We saw that when a complaint had been made that it was recorded and investigated, in accordance with the provider's complaints policy.

Nearly all of the service users we spoke with said that they would prefer the same carer(s) as far as possible because they are not comfortable with change. "I hope they won't change my carer because I've had the same person for a year and she's really good. I asked if I could have her regularly and I do get her."

Is the service well-led?

Our findings

There was a registered manager in post. The registered manager was supported by a training manager, an HR administrator and two care coordinators.

Very few of the service users and relatives told us that they had any dealings with the management of the service. One person said, “I just tell the carers if there is any problem and they pass the message on for me.” However that person was unsure what to do if their problem was about the carer.

We asked the staff to tell us about the management of the agency and if it was well led. All staff we spoke with were positive in respect of the overall management of the agency. One staff member told us that they had ‘the utmost respect’ for the registered manager and the training manager. They told us that they provided good communication to their staff.

One staff member told us that their working days were fixed and that management acknowledged their family commitments and honoured them when devising the rotas.

The registered manager was driven to provide a quality and personalised service. This meant that people who used the service received the care and support when they needed it. This was managed by the use of the Quick Plan system. The system allowed people who used the service and/or their family members to see the data collected about themselves regarding times of calls and duration of the staff visit. This helped evaluate the quality of the service given to people by staff.

The registered manager described the staffing structure of the organisation. There had been a number of changes over the past few months but they said they had recently recruited two nurses as care coordinators. They told us it

was to be the responsibility of the nurses to complete the initial assessment and information gathering in order that a service could be started and a person supported correctly. The agency was in the process of moving to larger premises to incorporate changes to the office staff structure and to give the training manager a training suite to provide courses on the agency premises.

Checks were regularly carried out by the registered manager to make sure care staff were working in accordance with people’s plan of care and were still supporting people safely with their medicines and when using any equipment. This helped to ensure staff were carrying out their role safely and correctly. We saw that the registered manager had documented each visit/check to record their observations.

Systems were in place to monitor and develop the quality of the service. A number of audits were carried out regularly: these included care records, medicine administration records and accidents and incidents. We saw that each audit had an accompanying action plan to address issues that had been raised.

The registered manager kept staff informed about information relating to the agency by holding staff meetings, publishing staff newsletters and sending staff regular communications. We saw that meetings had taken place in October 2015 to inform staff about the new office structure.

Systems were in place to enable people to give feedback about the service. We saw that surveys returned in February 2015 showed people’s feedback about the service mainly was positive. One person described the service as ‘5 star and excellent’. Some people did not like the numbers of different staff who were attending to them. The manager explained at the time, they had some recruitment issues which they said had now been resolved.