

A & T Caring Services Ltd

A & T Caring Services

Inspection report

Ocean House 1st Floor
The Ring
Bracknell
Berkshire
RG12 1AX

Tel: 01344388061

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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

This inspection took place on 19 December 2016 and was announced. We gave the registered manager 48 hours' notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office.

A & T Caring Services is a domiciliary care service providing personal care to people in their own homes. At the time of our inspection there were eight people receiving a service. The service has a small staff team of four. The staff team consists of the two company directors, one of whom is the registered manager, and two additional care workers.

The service had a registered manager as required. A registered manager is a person who has registered with the 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 registered manager was present and assisted us during the inspection.

People were protected from risks to their health and wellbeing and were protected from the risk of abuse. Safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role. Staff received training and supervision to enable them to do their jobs safely and to a good standard.

People were treated with respect and their privacy and dignity was promoted. People said their care workers were kind and caring. Staff were responsive to the needs of the people they supported and enabled them to maintain their independence as much as possible.

People's health and well-being was assessed with measures put in place to ensure people's needs were met in an individualised way. Medicines were managed well and staff handling medicines were only allowed to do so after completing their training and being assessed as competent. Where included in their care package, people were supported to eat and drink enough.

People received support that was individualised to their specific needs. Their needs were monitored and care plans reviewed regularly or as changes occurred. People's rights to make their own decisions, where possible, were protected and promoted by staff.

People benefitted from receiving a service that was managed well. Quality assurance systems were in place to monitor the quality of the care and support being delivered and the running of the service.

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. Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns.

Risks to staff and people's personal safety had been assessed and plans were in place to minimise those risks. Robust recruitment processes were in place to make sure, as far as possible, that people were protected from staff being employed who were not suitable.

There were sufficient numbers of staff and medicines were handled correctly.

Good ●

Is the service effective?

The service was effective. People benefitted from staff who were well trained and supervised. Staff had the skills and support needed to deliver care to a good standard.

Staff promoted people's rights to consent to their care and their rights to make their own decisions. The registered manager had a good understanding of the Mental Capacity Act 2005 and staff were aware of their responsibilities to ensure people's rights to make their own decisions were promoted.

Where support with meals was included in their care package, people were supported to eat and drink enough.

Good ●

Is the service caring?

The service was caring. People benefitted from a staff team that was caring and respectful.

People received individualised care from staff who knew people's individual wishes and preferences.

People's right to confidentiality was protected. People's dignity and privacy were respected and people were supported to be as independent as possible.

Good ●

Is the service responsive?

Good ●

The service was responsive. People received care and support that was personalised to meet their individual needs.

The service provided was responsive in recognising and adapting to people's changing needs.

People knew how to raise concerns and were confident the service would listen and take action on what they said.

Is the service well-led?

The service was well led. People were happy with the service they received and told us the service was well managed.

Staff were happy working at the service. They felt supported by the management and said the training they received helped them to meet people's needs, choices and preferences.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the service.

Good ●

A & T Caring Services

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 19 December 2016. It was carried out by one inspector and was announced. We gave the registered manager 48 hours' notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office. We were assisted on the day of our inspection by the registered manager.

Before the inspection, the registered manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the PIR and at all the information we had collected about the service. This included information received and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

As part of the inspection we spoke with the registered manager. We received feedback from three people who use the service and four people's relatives. We also received feedback from one of the two care workers and three social care professionals.

We looked at three people's care plans and associated records, two staff recruitment files, staff training records and the staff supervision and annual appraisal log. We reviewed a number of other documents relating to the management of the service. For example, compliments received, incidents records, spot check feedback, staff file audits and staff meeting minutes.

Is the service safe?

Our findings

People were protected from the risks of abuse. Staff had received safeguarding training and knew what to do if they suspected one of the people they supported was being abused or was at risk of harm. Staff felt confident about reporting any concerns or poor practice to the registered manager.

People felt safe from abuse or harm from their care workers. Relatives told us they felt their family member was safe when with the staff. One relative commented, "Very much so" and another said, "Definitely."

Risk assessments were carried out to identify any risks to people when providing the package of care. Identified risks were incorporated into the care plans and included guidance to staff on what to do to minimise any potential or actual risk. For example, risks of falls and risks to people related to moving and handling.

The service assessed the environment and premises for safety of staff when providing the package of care as part of the initial assessment. For example, slip and trip hazards inside and outside people's homes and lone working safety. Other areas assessed for staff safety included the area local to the home of the person receiving the service, and other risks related to staff lone working and lone travelling. The service had emergency plans in place in case there were threats to the running of the service, such as severe weather.

People were protected by appropriate recruitment processes. Staff files included the recruitment information required of the regulations. For example, proof of identity, full employment histories, evidence of conduct in previous employment and criminal record checks. The registered manager had an additional checking system in place to ensure all required information was in place before allowing new staff to start working with people who use the service.

There were enough staff employed to ensure people received the care they needed in line with their packages of care. Staff said the time allowed for each visit meant they were able to complete all the care and support required by the person's care plan. The service used a computerised logging in system to ensure that staff and people were safe and calls were not missed. Staff logged in when they arrived at a call and logged out when they left. People and their relatives told us staff usually turned up on time and that they were contacted if staff were going to be late. They said staff stayed the correct amount of time and provided the care and support needed. People also told us staff had never missed a call. One person commented, "Very excellent service, where would I be without them?"

In instances where the service supported people with medicines we saw this was set out in their care plans. The plans contained instructions to staff on the level of support people needed with their medicines. Staff had received training to ensure the right people received the right drug and dosage at the right time. Only staff who had completed their training and been assessed as competent were allowed to administer medicines.

Is the service effective?

Our findings

People received effective care and support from staff who were well trained and supervised. People and their relatives said the care workers had the skills and knowledge needed when providing their care and support. Comments from people included, "I give them 100%", "They appeared extremely competent and capable of carrying out any task" and "They are very good, very efficient." Social care professionals thought the service provided effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities.

Staff received training in topics related to their roles. Staff training records showed they had received induction training when they first starting employment with the company. Staff had received training in topics such as health and safety, food hygiene, infection control, fire safety and moving and handling. Other training routinely provided included medicines, basic life support, lone working and safeguarding adults. Additional training had been provided in relation to the needs of people supported by the service, such as dementia awareness and end of life care. Staff felt they had been provided with the training they needed that enabled them to meet people's needs, choices and preferences.

Staff had one to one meetings (supervision) with their manager once every two months plus a direct observational session once a year. Direct observational sessions are where a manager observes a member of staff working with a person using the service to ensure they are working to the provider's expectations. The log of supervision showed staff were up to date with their supervision meetings. Staff said their supervision meetings enhanced their skills and learning. Staff had annual appraisals of their work and records showed these were scheduled to take place annually.

People's rights to make their own decisions, where possible, were protected. Staff confirmed they received training in the Mental Capacity Act 2005 (MCA) and understood their responsibilities. The 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 and their relatives told us they were involved in decision making about their care and support needs and that staff asked their consent to the care and treatment they received.

The registered manager had a good understanding of the MCA and their responsibilities to ensure people's rights to make their own decisions were promoted. The registered manager was aware of the legal safeguards in the MCA in regards to depriving people of their liberty. The registered manager was aware that applications must be made to the Court of Protection where people were potentially being deprived of their liberty in their own homes. At the time of our inspection, no people were being deprived of their liberty.

Where providing meals was part of the package of care and/or where there was a concern, daily records included how much people had eaten. Where people were not eating or drinking well, the registered manager said advice would be sought from an appropriate health professional. Social care professionals

thought the service supported people to maintain good health, have access to healthcare services and receive ongoing healthcare support.

Is the service caring?

Our findings

People told us their care workers were kind and caring when they supported them. One relative commented, "They are very, very kind and I am very, very happy with the care and support provided." Compliments paid to the service recently included, "I found the staff to be very sincere and supportive, giving us confidence in the care they were attending to", "Friendly and efficient service. Always delivered with a smile" and "[staff name] is a very caring and lovely person. She's very on the ball with the care plan and, last but not least, she makes me laugh." Social care professionals thought the service was successful in developing positive, caring relationships with people using the service.

People and their relatives told us they had been involved in planning their care and with reviews of their care plan. Staff knew the people who use the service and how they liked things done. People told us they received care and support from familiar and consistent care workers. They said staff arrived on time and stayed the required amount of time. One person added, "They sometimes stay longer if they need to."

People said staff always treated them with respect and dignity with one person adding, "Excellent, I couldn't fault them." A relative complimented the service saying, "[The registered manager] is very helpful and very caring. He is gentle and has a good sense of humour, which is very important. We look forward to his visits."

Social care professionals thought the service promoted and respected people's privacy and dignity. A social care professional gave feedback to the service that one of their clients, "... had nothing but praise for the registered manager and his care staff, saying they were wonderful and nothing was too much trouble."

People's right to confidentiality was protected. Staff received training in people's rights to confidentiality (information governance). All personal records were kept in a lockable cabinet in the office and on the service's computer system, only accessible by authorised staff. In people's homes, the care records were kept in a place determined by the person using the service.

People were supported to be as independent as possible. The care plans gave details of things people could do for themselves and where they needed support. This helped staff to provide care in a way that maintained the person's level of independence. People and their relatives told us the support and care they received helped them to be as independent as they could be.

Is the service responsive?

Our findings

People received support that was individualised to their personal needs. People said they had been visited prior to their care package starting and their needs had been assessed. All people said they were happy with the care and support they received from the service. People and their relatives felt they received the care and support they needed, at the times that suited them. Social care professionals said the service provided personalised care that was responsive to people's needs.

One relative complimented the service and the team of care staff in the way they had provided end of life care to their family member. They expressed their gratitude to the registered manager for helping them resolve issues relating to their family member's care and welfare after they returned to their own home from hospital. The relative commented that care staff were, "...efficient, kind, polite..... and were helpful and considerate to me to."

People's care plans were based on a full assessment, with information gathered from the person and others who knew them well. Their usual preferred daily routines were also included in their care plans so that staff could provide consistent care in the way people preferred. The assessments and care plans captured details of people's abilities and wishes with their self-care. People told us staff knew how they liked things done and that staff followed their wishes.

People's needs and care plans were regularly assessed for any changes. People's changing needs were monitored and the package of care adjusted to meet those needs if necessary. Staff reported any changes to the registered manager so that the care plans could be updated. The care plans were up to date. Daily records were detailed and showed that care provided by staff matched the care set out in the care plans.

People and their relatives were aware of how to raise a concern. They said they had no reason to complain but that, if they did, they were confident the service would take appropriate action. People were given details about how to make a complaint when they started a package of care. They knew who to contact at the agency if they needed to. Staff were aware of the procedure to follow should anyone raise a concern with them. A social care professional told us the service had responded promptly when previous concerns had been raised.

Is the service well-led?

Our findings

It is a condition of registration with the Care Quality Commission (CQC) that the service has a registered manager in place. There was a registered manager registered with CQC to manage the service.

People received a service from staff who worked in an open and friendly culture. Staff told us the registered manager was accessible and approachable and dealt effectively with any concerns they raised. They also said they would feel confident about reporting any concerns or poor practice to the registered manager.

Staff told us the registered manager asked what they thought about the service and took their views into account. They felt well supported by the registered manager. Team meetings were held monthly and were arranged for times when all staff were able to attend. Team meeting minutes showed staff were invited to give ideas for improvements and were kept up to date with what was happening within the company and with the people they provide care and support to.

Feedback on the service provision was sought by the registered manager when he visited people to provide care, and during monthly telephone quality assurance checks. Remedial action was taken if issues were raised by people during those calls. People and their relatives confirmed they were asked their opinion on the service they received. Social care professionals felt the service demonstrated good management and leadership and delivered high quality care.

The service carried out routine audits of a number of areas related to the running of the service. For example, audits of care plans, training records, recruitment files, medicines and medicine records. The spot checks on staff included checks of the records kept in people's home, as well as how staff worked with people who use the service. All records seen were up to date and accurate.

People benefitted from a staff team that were happy in their work. The service had a positive culture that was person-centred, open and inclusive. It had a well-developed understanding of equality, diversity and human rights and put these into practice. Social care professionals thought the service worked well in partnership with other agencies.

People and their relatives told us the service was managed well. Comments received were all positive and included, "They are very efficient", "They are very good" and "He [the registered manager] is a real blessing." All people and their relatives said they would recommend the service to another person.