T&S Healthcare Services Limited

AW House

Inspection report

AW House
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Date of inspection visit:
12 April 2023
05 May 2023

Date of publication:
24 May 2023

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?	Requires Improvement

Summary of findings

Overall summary

About the service
AW House is a domiciliary care service providing personal care to people living in their own homes. The service provides support to people living with dementia, mental health, older people, younger adults, and people with physical disabilities and sensory impairment. The service also provides occasional live-in respite care for people with learning disabilities or autistic spectrum disorder. At the time of our inspection there were 28 people using the service. 1 person at the time of our inspection received live-in care support.

People's experience of using this service and what we found
Governance checks to monitor and improve the quality of the service and maintain compliance with regulation were not always implemented effectively. The registered manager had followed up on safeguarding concerns with people and their relatives and had put the necessary preventative measures in place to resolve concerns but had failed to notify both the CQC and local authority.

People were supported to have a maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. This support was based on input from family during the initial care needs assessment. Mental capacity assessments had been completed by the registered manager with family members, but best interest decisions documentation had not been put in place.

The registered manager acknowledged the missing best interest records and took immediate steps to obtain the relevant information and retrospectively notify both the CQC and local authority.

People felt safe with the care and support provided by the service. All staff had received safeguarding training and knew how to protect people from harm. Safeguarding policies and processes were in place.

Risks to people were reviewed regularly with people and their relatives. Professional health and social care support was called upon to mitigate any risks.

There were enough suitably qualified staff at the service to support people safely. New staff received an induction, which included shadowing more experienced members of staff prior to supporting people with personal care. Staff received observations of their practice and regular supervision. Staff had received training which was appropriate to their role.

The services infection prevention and control policies and procedures were adhered to ensuring both staff and people at the service were protected from cross contamination.

Medicines were managed safely. People received their medicines in accordance with the prescriber's instructions.

People's needs were assessed prior to using the service. People felt listened to, respected, and were

involved in decisions about their care and support. Care plans outlined individual preferences and wishes and how people wanted to be supported. People and relatives we spoke to felt staff were kind and caring.

The service worked with a wide range of key organisations who were also involved in people's care.

People, relatives, and staff spoke highly of the registered manager and their dedication to the role.

At the time of the inspection, the location did not care or support anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

Right Support: Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life.

Right Care: People's care and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life.

Right Culture: People and those important to them, including social care professionals, were involved in planning their care.

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

This service was registered with us on 16 November 2021, and this is the first inspection.

Why we inspected
This inspection was prompted by a review of the information we held about this service.

Recommendations
We have recommended the provider reviews their quality assurance and safeguarding systems and processes.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe. Details are in our safe findings below.	**Good**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was not always well-led. Details are in our well-led findings below.	**Requires Improvement**

AW House

Detailed findings

Background to this inspection

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

Inspection team
The inspection was carried out by one inspector.

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

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection
We gave the service 24 hours' notice of the inspection. This was because the service is small, and we needed to be sure the registered manager would be in the office to support the inspection.

Inspection activity started on 11 April 2023 and ended on 5 May 2023. We visited the location's office on 12 April 2023.

What we did before the inspection
We reviewed information we held about the service since they registered with the CQC. We sought feedback

from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with 2 people who used the service and 5 relatives about their experience of the care provided. We spoke with 7 members of staff including the registered manager, director, care manager and care workers.

We reviewed a range of records including medication records and 7 people's care records. We looked at 3 staff recruitment files, staff supervision documentation, along with training data. We also reviewed a variety of records relating to the management of the service, including policies and procedures used by staff as a point of reference to support them in their roles.

We reviewed documents during our visit to the office but continued to review documents via our secure electronic file sharing platform.

Good

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse
- People and relatives told us they felt safe with the staff who supported them.
- People were supported by staff who had received safeguarding training and were able to describe types of abuse, and what could be done to help protect people if they were at risk. A staff member said, "If I thought someone was being physically abused, I would talk to them to find out more, complete a body map, then send the information to the manager." (See our well-led section for more about safeguarding processes).
- Staff knew what action to take if they suspected abuse or poor practice. Staff were confident to whistle-blow and knew which outside agencies to involve if needed.

Assessing risk, safety monitoring and management
- Risk assessments were in place for people. When risks were identified, care records provided guidance for staff on how to reduce the risk of harm to people. These included risks around eating and drinking, falls, and medicines.
- Individual environmental risks of people's homes had been completed to ensure the safety of people receiving care and the staff who supported them.
- Staff told us people's care records provided them with enough guidance on how to meet people's needs. When discussing how to manage people's individual risks staff feedback was in line with what was written in peoples care plans.

Staffing and recruitment
- There were enough suitably trained staff to meet people's care and support requirements.
- People told us they thought there were sufficient staff available to meet their care needs. One relative said, "They have never been short, we have always had 2 staff, sometimes 3 when they are shadowing." The registered manager confirmed they can plan care rotas in advance ensuring carers are suited to the right people. People told us if care staff were running late, they would be contacted by the service.
- The provider ensured there were safe recruitment practices in place to check staff suitability. This included conducting a structured interview, obtaining full employment references and criminal checks in advance of them commencing work at the service.

Using medicines safely
- People received their medicines regularly in accordance with the prescriber's instructions. Staff were trained to administer people's medicines safely and senior staff would regularly check their competency in this area, to evidence they had maintained their knowledge and skills.
- Guidance was in place to support staff when giving medicines prescribed on an 'as and when required'

basis (PRN). Care records showed the medicines were being reviewed regularly by people's GP.
● A relative confirmed their loved one always received their medicines on time.

Preventing and controlling infection
● People had individual COVID-19 risk assessments which provided a detailed description of how staff should support people and what measures should be taken to prevent the risk of cross contamination.
● Staff had received training on the prevention and control of infections. As well as how to wear personal protective equipment (PPE) correctly and how to dispose of it safely. One relative told us, "Staff wear plastic aprons and still wear masks. They are still working in the community and [family member] is at risk of getting COVID."
● The service had policies and guidance to help staff work in accordance with current guidance on infection prevention and control (IPC).
● The registered manager confirmed they had just appointed one of their staff members to be an infection control champion, who will be the main point of contact for anything IPC related.

Learning lessons when things go wrong
● The service had systems in place to identify when incidents occurred and acted swiftly to prevent recurrences. Staff recognised incidents and reported them appropriately. One staff member said, "If there are any concerns surrounding care to our clients the registered manager will listen and take action. The [registered manager] is always open to any feedback on the work we do."
● Lessons learned was a regular agenda item at both care staff and managerial team meetings.
● Feedback from our inspection was consistently received in a positive way, with swift actions taken to improve the service.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- A comprehensive assessment of people's needs was undertaken by staff before they started receiving support from the service. This indicated whether the service could meet people's care requirements. People told us they were involved in the assessment and decisions about their care.
- People's care plans were person centred and outlined specific details and preferences, such as how to apply cream to an individual's legs and feet and ensuring this is done gently because the person is very ticklish under their feet. People's religious beliefs were recorded in their care plan. Care plans were reviewed after 1 month initially, and then every 3 months or sooner if people's needs changed.
- People were happy with how staff supported them with their individual needs. One person said, "I could not be happier with them. They have literally changed my life for the better. I feel they do exactly what I need them to do."

Staff support: induction, training, skills and experience
- People told us they were supported by staff who they felt had been trained well. One relative said, "I do feel they know what they are doing."
- Staff told us they had received training appropriate to their role. One staff member said, "I really enjoyed completing the Care Certificate and am planning to do other training and upgrading myself. The service has said they will support us with additional training relevant to our role." The Care Certificate is an agreed set of standards that defines the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Inductions for new employees were thorough. Staff knowledge and competencies were checked by senior staff during shadow shifts prior to the staff member working with people unsupervised. The staff training matrix provided details of training that had been completed.

Supporting people to eat and drink enough to maintain a balanced diet
- People were supported at mealtimes to access food and drink of their choice. Some people were independent with this task, others required support from staff.
- Some people had specific dietary requirements, for example, food being prepared to a different consistency. All of this information was recorded in people's care plans. Staff were aware of people's dietary needs and the level of support required.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support
● Staff and the registered manager worked well with external professionals for the benefit of people who used the service. These included GPs, pharmacists, physiotherapists, occupational therapists, nurses, dieticians, and social workers.
● The service's records evidenced staff had received training from a qualified physiotherapist to support a person's exercise programme. And we saw advice from a frailty nurse practitioner from a GP surgery providing advice on foot care for one person.
● Staff knew what to do to escalate concerns in relation to the people they were caring for. Care records contained information for staff on what to do when symptoms of a known medical condition were observed, as well as providing health professional contact details should urgent support be required.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.
● Staff ensured people were involved in decisions about their care.
● The registered manager had completed MCA assessments together with family members for those people who lacked capacity, and where relevant professionals were involved. (See our well-led section for more about best interest decisions).
● Staff showed an understanding of the MCA. Staff were aware people had the right to refuse care at any point. One staff member said, "If [name of person] doesn't want personal care then we would not force them. We would inform the registered manager and speak with their loved one who would try to encourage them. If still not successful we would follow up later in the day."
● Staff knew about people's capacity to make decisions through verbal and non-verbal means, and this was well documented.
● We saw from care records people had been asked for consent to be supported in line with their care plans and risk assessments.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

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

- People were treated well, felt respected and listened to. One person said, "I feel they do exactly what I need them to do, they listen, and I genuinely feel like they care about me." A relative told us, "The staff always ask how you are, and how you are getting on. They are really friendly, [family member] is always happy with the support they receive. It's so hard to find a good care agency."
- Staff spoke in a caring way when talking about people. One staff member told us, "I always respect people's wishes. Information relating to people's needs; for example, details surrounding a disability would be in their care plan. We care for people who use wheelchairs." Another staff member said, "We support the elderly and disabled people. They explained to us how people wanted to be supported and what was important to them in their day to day lives."
- The registered manager supported one person to complete a 'blue badge' application whilst their family member was unwell.

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

- People and relatives told us they were involved in planning and making decisions about their care. One person said, "When the [registered manager] first came to visit, we had a conversation about what I needed, she asked if I wanted to write my care plan. I thought that was incredible. I did say exactly what I wanted. There has been 1 or 2 check ups and it has been altered slightly." The persons care plan showed a record of their involvement and included personal choices and preferences.
- People and relatives were able to express their views directly with the registered manager who had regular conversations with them. These discussions took place during a care visit or via a telephone conversation.
- Staff had a good understanding of how to promote choice and involve people in decisions about their care. Staff spoke about offering choices of clothes or meals to people and explained how they would do this in line with people's preferences. One relative said, "[Family member] definitely likes the staff. They have a really good relationship."

Respecting and promoting people's privacy, dignity, and independence

- People's privacy and dignity was respected. One person said, "Staff will respect my privacy during personal care. We have got into a routine; however, staff will leave the room and protect my dignity at appropriate times.
- Staff understood that personal information should not be shared with others to maintain privacy. Staff supported people to be independent. One person told us, "[Staff] don't take my independence away from me. I can now do more. Getting out and about, I'm away this weekend."
- People's care plans identified areas of independence and provided guidance for staff when to promote

this.

Good

Is the service responsive?

Our findings

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

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

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● Care plans were personalised and detailed people's individual support needs. People and relatives said they contributed to shaping their support. Care plans were stored on a secure care planning system and were accessible to people, should they wish to view them. One relative said, "We have seen the respite care plan, and have discussed this with staff. We have an 'App' so could always check on the care being provided, but we trust them so much now, we don't look at it."

● Staff inputted daily notes on the electronic care planning system, providing up to date information about each person they had visited. This would include information about how people are feeling, if unwell or if any additional support was needed. Staff also told us they used a secure messaging facility for passing on new information about people; for example, if a person had a new prescribed or over the counter cream.

● The registered manager regularly reviewed people's care plans and made changes, if required.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

● People's communication needs were met. Care needs assessments and care plans detailed people's communication requirements. For example, one person's care plan provided in depth information on how they preferred to communicate, as well as information relating to other special aids which sometimes supported their communication: for example, with a voice output communication aid (VOCA).

● Staff had a good understanding about people's communication needs and how best to support people who were non-verbal using various approaches, including observing body language, utilising communication aids including white boards.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● People were supported to avoid social isolation, follow their interests, and take part in activities. One relative said, "Staff have listened and followed the advice given in relation to the activities [family member] likes.

● Care plans provided details of people's likes and dislikes, interests, hobbies and aspirations, and details of

support and encouragement required to take part in activities people would enjoy. For example, it was recorded in a person's care plan they would like to be able to go to the pub one day. The registered manager arranged for care staff to make this person's wish come true, so they could enjoy a pub meal.
● Staff were able to describe how they supported people to continue with their individual hobbies and interests.

Improving care quality in response to complaints or concerns
● The service had a complaints and compliments register in place. Most people we spoke to knew how to complain if they needed to. People and relatives said they felt comfortable speaking with the registered manager, who was approachable and a good listener.
● We saw evidence that formal complaints had been addressed and resolved in a timely manner in conjunction with the services' complaints procedure.

End of life care and support
● The service was not providing any end-of-life care at the time of the inspection. However, the registered manager had developed policies and procedures to support people with advance care planning and end-of-life care needs and said should any service users be approaching end-of-life they would involve the multi-disciplinary team, GP and social worker. Most staff had completed end of life training should this care be needed.

Requires Improvement

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility under the duty of candour. Records showed the registered manager had communicated with families regarding incidents and accidents, and although actions were taken to mitigate any further risks, the registered manager had failed to notify the CQC or local safeguarding of 3 incidents.

We would recommend the registered manager urgently review their safeguarding systems, policies, and procedures to ensure people are consistently safe and protected from abuse.

- This registered manager immediately notified CQC of these incidents and contacted the relevant local authority.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Regular audits had taken place; however, the registered manager did not ensure the audits were robust and had failed to identify concerns we found during our inspection. For example: safeguarding notifications not being submitted to CQC, missing information in some care records, including signatures, prescribed creams not being recorded on an eMAR, best interest decisions not being explored fully, or alternative evidence obtained, no clear actions on audit paperwork to improve the quality of the service.
- 2 people lacked capacity to make specific care decisions. Communication and knowledge from staff was effective and staff knew people well. A staff member said, "When I arrive at the home, I let the person know I have arrived. [Name of person] is familiar with us. I explain what we have come to do and talk through the whole process of their personal care." Mental capacity assessments had been completed with families for people who lacked capacity, but there were no records of how to support people in their best interest, or lasting power of attorney records in relation to health and wellbeing.
- We did not receive all risk assessments and specific care plans upon our first request, these had to be requested again during the inspection. Although risk assessments and care plans were in place there were a few minor inaccuracies and some missing information within both records; which although wouldn't have affected the care, they needed to be complete. Moving and handling risk assessments for example, did not provide information relating to hoists and slings, this data was within the care plan.
- The registered manager logged incidents and accidents; this data was analysed quarterly to highlight any recurring themes. However, the quarterly report we reviewed did not provide a clear indication whether

incidents related to the same person.
● We reviewed care visit data, and this recorded two care visits, one leaving and the next starting at the same time. And another entry confirming a staff member was providing care to two people at the same time but from different locations. This intelligence had not been picked up by the registered manager.

We would recommend the registered manager urgently review their quality assurance systems to ensure there is a clear and effective governance, management and accountability arrangement in place to ensure people receive high quality care and support.

● The registered manager welcomed feedback on their audit processes and said this would be improved. They acknowledged there were gaps in relation to best interest documentation and immediately took action to contact the relevant family members and professionals to gather the required information. However, time was needed to obtain these documents.
● The registered manager confirmed during the inspection they would contact their electronic care planning provider to request eMAR's were added to their care platform, rather than recording the information as a care task within the daily notes. A QR checking in system has recently been introduced for carers to utilise when attending people's homes. This would track the care staff arrival and leaving time.
● The registered manager was visible, they led by example to create a positive, caring, and inclusive culture. They promoted a one-team approach in all aspects of the service and engaged regularly with all team members. Staff morale was high.
● Staff performance was monitored through regular one to one supervision, competency, and spot checks. Staff understood their roles and responsibilities and had confidence in their manager. One staff member told us, "The manager listens to concerns should one raise something and try to make a situation better for everyone involved."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● The registered manager and staff were committed to providing a person-centred service. This was reflected in the positive comments we received about the service. One 'share your experience' compliment CQC received said, "I cannot praise [registered manager] and [staff member] highly enough and would thoroughly recommend them to anybody needing care. They have changed my whole opinion of carers. Wow and thank you."
● Staff we spoke shared the same opinion as people and relatives. One staff member told us, "The [registered manager] is warm genuinely interested in people and she sees the best in every situation. She is supportive yet able to guide and direct people to be the best at what they do and uphold her expected standard of care delivery."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● The registered manager sought feedback from people and relatives on the quality of care in order to develop the service. This feedback was gathered via satisfaction surveys, phone calls and the registered manager would sometimes visit people's homes.
● Staff were encouraged to attend regular team meetings. Staff felt confident in speaking with management. One staff member said, "Staff contribution is most welcome, with staff given equal opportunities to contribute, assist, learn and perform certain tasks such as leading and advising on specific areas of the service, including IPC and data protection.

Continuous learning and improving care

● Staff we spoke with told us they were happy in their job roles and had received the required training to do their job effectively.
● The registered manager was a member of several forums and groups specifically designed for registered managers. By attending these sessions, it provided the opportunity of peer support, sharing good practice and lessons learned. Any learning was cascaded to staff to ensure people were given the best possible care and support.
● A business continuity plan was in place. This provided details of how the service would continue to operate in the event for example, of a pandemic, during severe weather conditions and system failure.

Working in partnership with others
● The registered manager had developed working partnerships with a wide range of health and social care organisations who were involved in people's care, to ensure care was joined up and people were supported by a range of professionals. People's care records showed communication with professionals. One professional said, "As [name of person] care package is now working well and there are no issues, I am ceasing my involvement."