

Atlas Care Services Ltd

Atlas Care Services Peterborough

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

Atlas Care Services Peterborough provides personal care to people who live in their own homes. There were 90 people using the service when we visited. The inspection took place on 10 September 2015 and we gave the provider 48-hours' notice before we visited. This was to ensure that the registered manager was available to facilitate the inspection.

The last inspection was carried out on 10 October 2013 when we found the provider was meeting the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 we assessed.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like

Summary of findings

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 knowledgeable about reporting any abuse. There were a sufficient number of staff and recruitment procedures ensured that only suitable staff were employed. Risk assessments were in place and actions were taken to reduce identified risks. Some improvements were needed to ensure that people were supported and protected with the safe management of medicines.

Staff had received training on the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This legislation sets out how to proceed when people do not have capacity and what guidelines must be followed to ensure that people's freedoms are not restricted.

Staff were supported and trained to do their job but additional guidance regarding the administration of a specific medication was needed so that care needs could be fully met. The staff were in contact with a range of social care professionals to ensure that care and support was well coordinated. Risk assessments were in place to ensure that care and support could be safely provided.

People's privacy and dignity were respected and their care and support was provided in a caring and a patient way.

A complaints procedure was in place and complaints had been responded to, to the satisfaction of the complainant. People felt able to raise concerns with the staff at any time.

The provider had quality assurance processes and procedures in place to monitor the quality and safety of people's care. People, their relatives and care staff were able to make suggestions in relation to the support and care being provided by the service.

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 not always safe.

Medication administration records had not always been appropriately completed and guidance for staff regarding the administration of specific medicines was not in place.

Staff were aware of their roles and responsibilities in reducing people's risk of harm.

Recruitment procedures and staffing levels ensured care was provided to meet people's needs.

Requires improvement



Is the service effective?

The service was effective.

The provider had procedures and training for staff in place regarding the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) so that people were not at risk of unlawful restrictions being placed on them.

Staff were supported by the provider to carry out the expected care and support for people.

People's dietary and nutritional needs were met.

Good



Is the service caring?

The service was caring.

People's care was provided in a caring and respectful way.

People's rights to privacy, dignity and independence were valued.

People were supported to attend medical appointments where appropriate

Good



Is the service responsive?

People, including their relatives, were involved in the assessment of their care needs.

People were able to express their views. They were involved in reviews of their care to ensure that their needs were being met.

People were aware of the complaints procedure and were confident that their complaint would be dealt with thoroughly.

Good



Is the service well-led?

The service was well-led.

Effective procedures were in place to monitor and review the safety and quality of people's care and support.

Good



Summary of findings

Staff were supported and were able to raise concerns and issues with the registered manager and provider.

People and staff were involved in the development of the agency, with arrangements in place to listen to what they had to say.

Atlas Care Services Peterborough

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.

This inspection took place on 10 September 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service and the manager is sometimes out of the office supporting staff or visiting people who use the service and we needed to be sure that they would be in. The inspection was carried out by one inspector.

Before the inspection we looked at all of the information that we had about the agency. This included information from notifications received by us. A notification is information about important events which the provider is required to send to us by law.

During the inspection we visited the agency's office and looked at nine people's care records, spoke with seven people and three relatives. We also spoke with the registered manager, one of the directors, a training manager, a recruitment officer, a coordinator and four care staff. We looked at records in relation to the management of the service, the management of staff, recruitment and training. We also spoke with a commissioning manager and a contracts monitoring officer who had contact with the agency.

Is the service safe?

Our findings

People told us they felt safe. One person said, “The care staff look after me very well and I feel safe when they are here.” A relative told us that, “I feel that (family member) is in safe hands and staff are careful when providing the care.”

Staff were aware of their roles and responsibilities in relation to protecting people from harm. They were knowledgeable about the procedures to follow and would not hesitate in raising any incidents or concerns with the registered manager. Contact details for reporting safeguarding incidents to the local authority were displayed in the agency’s office. One member of staff we spoke with displayed a good knowledge of the safeguarding reporting procedures and said, “I would always report any incident of abuse without hesitation.

Risk assessments were in place and staff were aware of their roles and responsibilities in keeping people safe when they provided them with their care. Samples of risk assessments included manual handling assessments, assessments of environmental risks and the administration of medicines. There was a document in the care plans which detailed the level of support required and also whether the person or their family would be responsible for the administration of medicines. People told us that the staff always made sure that they administered or prompted them with their medication as outlined in their care plan.

In some of the medication administration records (MARs) staff did not always enter the required code and therefore failed to complete the MARs as they should have done. This meant that we could not be sure that people had safely received their medication. The registered manager told us that they would ensure that the staff were reminded to only use the expected code on the chart.

Staff told us that they had attended annual training in administering medicines and that they had to complete an annual competency check to ensure their practise was monitored.

Guidelines were not in place for the administration of a specific medicine [Alendronic acid] and some staff we spoke with were not aware of how it should be administered. We raised this with the registered manager who told us that this would be rectified immediately and that guidelines would be included in the care plans where appropriate. The training manager also confirmed that staff would be receiving refresher training regarding the administration of medicines within the next two months.

People and their relatives said that there were always enough staff to safely provide care and support. Where two care workers were needed this had been recorded in the person’s care plan documents to ensure that safe care could be provided. This was especially regarding safe manual handling requirements where two members of staff were required to assist the person.

People told us that staff were usually on time for their care visit. However, one person told us that, “The staff are usually on time but that there have been some occasions when staff have been late and I have not always been contacted by the office.” Staff told us that they had contacted the office based staff if they were running late to inform the person of any lateness. People said that the agency had not missed any of their care calls. People told us that they usually knew which staff would be visiting but two people said that they were not always told in advance which staff would be providing their care.

Recruitment procedures were in place to ensure that only staff who were suitable to work with vulnerable people were employed. Satisfactory recruitment checks had been carried and these included evidence of completed application forms, satisfactory references, proof of identity, and criminal record checks. The registered manager told us that any gaps in employment were pursued during the person’s interview.

Is the service effective?

Our findings

People spoke positively about the care workers and were satisfied with the care and support they received. One person told us, “The carers are kind good to me and help me with whatever I need.” Another person told us that, “The carers are cheerful and they make sure everything has been done before they leave.” Two people’s relatives said that they felt that the care and support provided by care staff met their family members’ needs. People told us that they were supported to attend medical appointments where appropriate

The registered manager told us that there was a programme to make sure training was kept up to date. Training records showed, and staff confirmed that they received training on an ongoing basis. Examples included; safeguarding, manual handling, infection control, health and safety, dementia awareness and administration of medication.

Training was monitored by a member of office based staff and the registered manager to ensure that staff remained up to date. This was confirmed by staff and in the staff training records. Staff told us they received an induction and training prior to commencing work. New staff had shadowed more experienced staff before working on their own to ensure people’s safety. The manager told us that feedback was sought from the experienced staff member

following the shift with the new member of staff and we saw that there were records of each shadow shift. Staff told us they had received regular supervision and an annual appraisal.

People’s rights were protected from unlawful restriction and unlawful decision making processes. The provider had procedures in place and training for staff regarding the Mental Capacity 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The registered manager was aware of the relevant contact details and local authority procedures regarding further information on this area. The registered manager informed us and we saw that currently no one using the service had a need to be deprived of their liberty. Staff we spoke with confirmed that they had received MCA and DoLS training during their induction.

Assessments of people’s nutrition and any dietary needs and food preferences had been completed as part of their assessment of their care needs. People told us that where meals were provided, the staff had always asked them about their individual preferences and choices.

We spoke with a contracts monitoring officer, from a local authority, who had contact with the agency and they said that they found the service was responsive and professional and they had received positive feedback from people and their relatives about the care that was being provided.

Is the service caring?

Our findings

People who used the service and relatives said that the staff were very kind and caring. For example, one person said, “They [staff] help me with what I need ask me if there is anything else I want before they leave - they are very kind.” Another person said, “They look after me very well and never rush me.” A relative said, “They are lovely and always make sure my [family member] is comfortable before they leave.” Another person told us that “They [the staff] are lovely people and I can’t fault them.”

All of the people we spoke with, including their relatives, told us that care staff respected people’s privacy and dignity. People also told us that new staff were introduced to them so that they knew who would be providing care. People told us that they usually had the same care workers providing care and support and they usually knew in advance which staff would be visiting them.

The registered manager had taken steps to ensure, as much as possible, to meet people’s individual preferences regarding whether they wished to be supported by male or female staff and their preferred name. We observed phone calls being made by staff with people using the agency and they demonstrated a positive and caring attitude towards people.

People told us that staff had taken time in talking with them about things which were important to them in a respectful way. It was evident that there was a warm and comfortable rapport between staff, the person receiving care, and their relatives. Comments included, “The care staff are polite and respectful whilst in my house and they are careful to respect my feelings and privacy.”

Records showed that staff received training about how to promote and maintain respect and dignity for people and meet their needs in a caring way, which included caring for people living with dementia. Care and support plans reflected people’s wishes and preferences and how staff should support them.

The staff displayed a great deal of warmth about their work and the care they provided for people. One member of staff said, “I love my job and I try hard to provide the best possible care.” A relative told us, “The staff know my (family member) really well and they are really happy with the care staff who know how to care and support them very well.”

The registered manager told us that no one currently had a formal advocate in place but that local services were available as and when required. A relative that we spoke with said that they had regular contact with the agency and felt involved in the planning and reviewing of their family members care and support

Is the service responsive?

Our findings

All of the people we spoke with and their relatives told us they were provided with information about their care and also if any changes were made. For example, one relative said, “My family member’s care is reviewed and any changes to calls are made as necessary.” A person said, “They increased our care package to support [family member].”

People said they were able to choose how and when they wanted to be looked after. This included having the care workers they preferred, their preferred time of care and what was important to them, including their preference for a male or female staff to be provided. People told us that on the majority of occasions their requests were met. One person said “The staff are very good and are usually on time and they let me know if they are running late” The registered manager told us that they provided care only where the staff could do this reliably and effectively to ensure people’s needs were met. This was confirmed by social care professionals who commissioned care from the agency.

Assessments of people’s needs had been carried out by the registered manager or senior management staff before they used the service. People’s preferences were recorded regarding their meal choices, their preferred name and a life history to aid staff’s understanding of the person. These were used to formulate the care plan and outline the care which was to be provided at each visit.

People’s care plans had visit times recorded and guidelines in place for each visit so that care staff were clear about the care and support that was to be provided. People’s care plans were also written in a ‘person centred’ style to record in detail what was important to the person, which included people’s individual life and social histories and how they wished their care to be provided.

Examples of care and support that people received included assistance with personal care, preparation of meals and drinks, assistance with medication, household chores and social and welfare calls. There were agreements in place, signed either by the person or their representative,

regarding the care and support to be provided. Staff we spoke with were able to give examples about the varying types of care that they provided to people such as personal care, preparing meals and assisting people with their medicines

However, some of the care plans we saw were not written in sufficient step by step detail to describe the care that was to be given. There were vague statements such as ‘give assistance’ regarding the care to be given were recorded. We discussed this with the registered manager who told us that the care plans were being reviewed so that a consistent and detailed step by step style would be implemented for all care to be provided.

Reviews had been completed regarding the care and support that was being provided and further information was included in care plans such as additional care visits where the person’s needs had changed. People and their relatives told us that staff had been responsive where the needs of the person had changed. People and their relatives confirmed that they had been involved in reviews of the care provided. Daily notes were completed by care staff detailing the care and support that they had provided during each care visit.

People and their relatives said that they were clear about who to speak with if they were unhappy or wished to raise a concern. One person said, “If I have any concerns the staff in the office are good at sorting it out for me.” People told us that their concerns and complaints were dealt with in a timely and professional manner. People also told us that they felt able to raise and discuss their concerns with care workers and members of the management team at any time. . One person said, “I feel confident that when I raise any concerns or a problem it will be dealt with properly.” A relative told us that “The manager and office staff had dealt with any issues or concerns quickly and efficiently.”

A copy of the agency’s complaints procedure was included in people’s information pack. The registered manager told us that all complaints were acknowledged and resolved to the person’s satisfaction as much as possible. All complaints were recorded and we saw samples of recent correspondence which were now resolved.

Is the service well-led?

Our findings

People and their relatives told us that they had regular contact with members of the agency's management team to discuss the quality of the care being provided. People and their relatives knew who to contact if they wished to discuss any concerns or changes regarding the care and support being provided. One person commented, "I can speak to the managers and staff about any changes or concerns I may have." One person said "They [office staff] contact me to see if things are alright." We saw that management staff had regularly recorded reviews of care plans with people and their relatives where necessary. The relative of one person said that, "They know (family member) really well and I am very happy with the care they give."

There was regular contact made by members of the management team with people and their relatives to gauge their satisfaction with the services being provided. Surveys were sent to people who used the agency to gain their opinions regarding the care provided. People told us that they had completed surveys and received courtesy calls from members of the agency's management team. One person said, "They [office based staff] have telephoned me to see if I am happy with my care."

Responses in the 2014 surveys from people using the agency contained positive comments about the care and support that was being provided. The registered manager told us that the 2015 survey was due to be sent out to people and their relatives in the next few months.

Staff told us that they felt the agency was well managed. They said they felt supported and that they were able to raise issues and concerns at any time. They said they felt supported by managers at all times, including during out of business hours. One member of staff told us, "The care staff work well together and I feel that I am supported." Another staff member told us that, "The staff members in the office

are helpful and very supportive." There were staff meetings in place where staff could discuss a range of care, training and support issues with members of the management team.

There was an open culture within the service and staff told us that their views were listened to and acted upon by the management team. Staff told us they enjoyed their work and working for the service. Staff were also aware of the whistle-blowing policy and said that they would not hesitate in reporting any incidents of poor care practice when this arose. One member of staff said, "I feel that I would be confident in reporting any concerns to my manager and that I would be protected if I did." This showed us that people were kept safe as much as possible. Staff received a hand book which outlined the agency's policies so that they were aware of their role and responsibilities. An example included the actions that they were required to take in reporting any incidents of harm or poor practice they had seen. This was confirmed to be the case by staff we spoke with.

The provider regularly reviewed the quality of care it provided and took appropriate action where required. This was by speaking with people, their relatives, staff and health care professionals and their views were sought regularly. Records were maintained of unannounced checks of staff's competence that were undertaken by management staff to ensure that the quality of care was monitored. This was confirmed by staff that we spoke with.

Audits were completed by members of the management team. These audits included observations of support being provided, care records, reviews of care, discussions with people who used the service and their relatives, staffing, training and health and safety arrangements.

The office based staff and care staff worked in partnership with other organisations and this was confirmed by comments from health and social care professionals who were in contact with agency. Comments were positive and they felt that any concerns and issues were dealt with and that communication with the agency was professional and effective.