

Attention 2 Care Limited

Attention 2 Care

Inspection report

Room 44, Autumn Business Park Centre
Dysart Road
Grantham
NG31 7EU

Tel: 01400281128

Date of inspection visit:
30 November 2021
07 December 2021

Date of publication:
31 December 2021

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

About the service

Attention 2 Care is a domiciliary care service. It is registered to provide personal care to people living in their own homes in the community. The service operates in various locations in West Lincolnshire as well as Nottinghamshire and Leicestershire.

Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection 14 people were receiving a personal care service.

People's experience of using this service

Risks to people's safety and welfare were well managed. The provider had measures in place to safeguard people from abuse. Staffing resources were managed effectively to meet people's needs. People were supported to receive their medication safely and effectively. Infection prevention and control was effective.

People's needs and preferences were reviewed regularly. Staff had completed a comprehensive induction training programme and had the knowledge to meet people's needs. Staff were aware of people's rights under the Mental Capacity Act 2005 and supported people to have maximum choice and control of their lives, in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

Staff were caring and kind. The provider recruited staff they felt genuinely cared about people. The provider went above and beyond their contractual obligations to support people. Staff promoted people's independence and involved them in decisions about their care.

The provider was responsive to people's needs. The service ensured people's care was personalised. Staff were responsive to people's communication needs. The service provided high quality end of life care, ensuring people had comfort, dignity and respect.

The service was well managed and well-led. The registered manager was supportive and accessible to both staff and people using the service. Staff enjoyed working for the service. The registered manager was involved with all aspects of running the service and resolved any issues presented. The provider was committed to ongoing improvement of the service.

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

Rating at last inspection:

This service was registered with CQC on 17 July 2020 and this is the first inspection.

Why we inspected:

This was a planned inspection following registration.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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 well-led.

Details are in our Well-Led findings below.

Good ●

Attention 2 Care

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 checked 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak and to identify good practice we can share with other services.

Inspection team

Our inspection was conducted by two inspectors 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.

Service and service type

Attention 2 Care is a domiciliary care service, registered to provide personal care to people living in their own homes in the community.

The service had a manager registered with the Care Quality Commission (CQC). This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service three working days' notice of the inspection visit. This was because we needed to be sure the registered manager would be available to support the inspection. Inspection activity started on 30 November 2021 and ended on 14 December 2021. We visited the office location on 30 November 2021 and 07 December 2021.

What we did before the inspection

In planning our inspection, we reviewed information we had received about the service. This included any notifications (events which happened in the service that the provider is required to tell us about).

During the inspection

As part of the inspection we spoke with the registered manager; two members of the care staff team; one member of the administration team and nine people who use the service or relatives.

We reviewed a range of written records including two people's care plans, staff recruitment and training records and information relating to the auditing and monitoring of service provision.

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 for 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

- The provider had a range of measures in place to help safeguard people from the risk of abuse. Staff had received training in safeguarding procedures and were aware of how to report any concerns relating to people's welfare.
- A person using the service and relatives told us they felt safe using the service. For example, one relative said, "Really pleased with the care our (family members) get, definitely safe with these carers."

Assessing risk, safety monitoring and management

- The provider ensured potential risks to people's safety and welfare were assessed and managed. The registered manager reviewed and updated people's care plans and risk assessments regularly. Staff told us they had time to read people's care plans and keep up to date on their needs.
- The service shared information effectively to manage risks. Staff and management used formal and informal methods to handover information for future care calls. Staff completed detailed daily notes for the next care worker and shared information by phone to highlight and manage new risks to people.

Staffing and recruitment

- Staff were recruited safely. We reviewed recent recruitment decisions and saw the necessary checks had been carried out to ensure the staff employed were suitable to work in the service. The provider maintained a detailed recruitment checklist. The registered manager amended this process to further improve the recording of recruitment decisions following feedback from our inspectors.
- There were enough staff to meet people's needs. The provider ensured carers were given enough time between care calls. The registered manager kept care calls as local as possible for staff. One staff member said, "It's lovely, we're never rushing. I get travel time to get to other customers. It's a planned route so the calls are close together". A person who used the service said, "Carers attend three times a day with two carers in the morning and evening, pretty much on time, never been let down".

Using medicines safely

- When people needed support to take medicines, this was provided safely in line with their individual needs and preferences. One relative stated, "With their multiple illness our (family member's) medication gets changed quite a bit, the carers are fully aware of the changes and soon let us know if these are having an impact on their health."
- Staff received training in the safe handling of medicines and maintained a detailed record of medicines administered. The registered manager completed medication competencies every 90 days to ensure staff were supporting people with medicines safely and recording correctly.
- The provider had audit processes in place to check medicines had been recorded correctly. The service

had yet to identify any medication errors. We reviewed medication records and found one error which had not been picked up by the audit. The registered manager amended the audit process to help identify future errors following feedback from our inspectors.

Preventing and controlling infection

- The provider had strict infection prevention and control measures, including measures in response to the COVID-19 pandemic. Staff had completed infection control training and the registered manager completed spot checks on staff's personal protective equipment (PPE) every 90 days. One relative said, "They wear aprons, gloves, masks and covers over their shoes, no concerns around COVID-19 management."

Learning lessons when things go wrong

- The registered manager encouraged openness and transparency from staff so that lessons could be learnt. Staff understood the importance of accurately recording information and passing it on to the registered manager to improve the service. One staff member told us that name badges were implemented after being suggested by a person who could not remember the names of their carers.

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

- Systems were in place to assess and determine people's individual needs and preferences. These were set out in each person's care plan and were reviewed regularly by the registered manager.
- The provider completed in-depth assessments to record people's needs. A relative told us, "At the start [the registered manager] came out to meet [name of person] and discussed what assistance was needed and what they could do. Since then, [the registered manager] has been out to see [name] to check how things are going and has also spoken with me."
- The registered manager used a variety of information sources to ensure staff at all levels were aware of any changes to good practice guidance and legislative requirements. Looking ahead, the registered manager told us they planned to get more involved in the local care providers' association which they hoped would be a useful networking and information-sharing forum.

Staff support: induction, training, skills and experience

- People were supported by skilled and competent staff.
- Almost everyone we spoke to told us staff had the knowledge and expertise to meet their needs effectively. For example, a relative said, "They have definitely got the right skills [and are] able to deal with both our [family members]' differing care needs. I am really pleased with them." Another relative commented, "I think the manager has trained the girls herself. They all work in a similar way, which is nice for consistency."
- The provider maintained a comprehensive induction and training programme for staff. One staff member said, "There are lots of different categories of training to keep you up to date. It's really helpful."
- Staff told us that they felt very well supervised and supported. Describing the registered manager, one staff member said, "[Name] is always on hand. They stay in [constant] contact with us and responds really quickly if we need [support]."
- The registered manager also conducted unannounced spot checks of their hands-on care practice. Commenting on their experience of supervision, one member of staff told us, "We are asked if we have any concerns. [The registered manager] always listens. It is very helpful."

Staff working with other agencies to provide consistent, effective, timely care

- Staff had established effective working relationships with a range of external organisations to support them in the provision of effective care and support. For example, the registered manager told us they worked very closely with the local palliative care coordinator to ensure people received effective end of life care.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff were aware of people's individual food preferences and assisted them to enjoy food and drink of their

choice. A relative commented, "We [organise frozen] ready meals. [But] sometimes the carer will cook fish or bacon or prepare a salad if that is what [name] asks for."

- The provider was aware of potential risks relating to nutrition and hydration and took steps to address them. For example, the registered manager told us staff were supporting someone to weigh themselves on a regular basis, as part of an agreed weight management strategy.

Supporting people to live healthier lives, access healthcare services and support

- Staff worked proactively with GPs, district nurses and other health and social care professionals to ensure people had prompt access to local services whenever this was necessary. For example, a relative told us, "The carer became concerned about [name]'s toe. They arranged for a chiropodist to visit who treated it with antibiotics.

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 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. 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 and were satisfied that staff understood the importance of seeking consent before providing care or support. Reflecting feedback from our inspectors, the registered manager took action to refresh their knowledge about the documentation required to record any formal best interest decisions.

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

- Without exception, the people we spoke with told us staff were warm-hearted, caring and kind. One person said, "[The carers are] very friendly. I look forward to them coming." A relative commented, "[The staff are] cheerful, happy, very kind and respectful. They [provide] a very good service."
- The provider actively recruited staff based on their values. The registered manager told us, "I am looking for people who genuinely care [and who can] provide our customers with a person-centred service... We deal with people's lives."
- The Registered Manager and staff had a caring ethos and this was reflected in their practice. One staff member told us, "Everyone is very different. We just listen to the way they want things doing and do it how they like. For instance, one person likes things doing in a certain order. [So] we have got to know that order. Things have to be very specific, or they get very anxious."
- During our inspection we identified other examples of the provider's caring approach, which often went far beyond the formal contractual agreement. For example, the registered manager had paid for some white doves to be released at the funeral of a person who had recently passed away. Writing to thank the registered manager, their relative had stated, "I will be forever grateful for all the help and support you gave, especially during those last few weeks, to give [relation] their wish to stay at home. It was so kind of you to organise the doves, they were a lovely end at their funeral."
- People received gifts on their birthday and at Christmas and Easter. One person had written to the registered manager to say, "Thank you very much for the eggs and the card." A member of staff told us, "We do whatever we can for [our customers]. If one of us goes in and finds the person needs milk, [we alert the next staff member going in so they can] stop and get some."
- In a further example of 'going the extra mile' to promote people's happiness and welfare, the registered manager told us of one person who used to be in a football team in their younger days. Staff had found an old team photograph on the internet and had had it framed for the person and their daughter. Neither had ever seen the photograph before and were absolutely delighted when staff presented it to them.

Respecting and promoting people's privacy, dignity and independence; respecting equality and diversity

- Staff were committed to supporting people to retain their independence for as long as possible. One person told us, "The carers only help when I want them to. They make sure I am safe in the shower, help me to dry myself and apply some cream. [But] I get dressed myself." A staff member commented, "We encourage people to do whatever people can do themselves. It is about allowing them to still feel independent."
- Staff also understood the importance of supporting people in ways which helped maintain their privacy and dignity. For example, a relative explained how staff maintained a person's dignity when supporting

them to get dressed.

- The provider was aware of the need to maintain confidentiality in relation to people's personal information. People's care plans were stored securely, and staff used a fully encrypted messaging app to communicate with each other.
- Staff were aware of the importance of caring for people in a non-discriminatory way which reflected their diversity. A relative told us, "Our [parents] are both treated equally with respect."

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

- Staff took time to involve people in decisions about their care and respected their individual wishes and preferences. For example, one person told us, "[When] a carer assists me to shower they (...) follow my wishes on what help I need." Talking about the support they provided for people at mealtimes, a staff member said, "A lot have microwave meals but some like a freshly cooked meal. Some people like salmon, spaghetti bolognese, fish and chips. We listen to what they like to have [and] and always ask them how they'd like it [cooked]."
- At the time of our inspection, no one using the service had the support of a lay advocate. However, the registered manager told us they would research local service provision in case anyone needed this type of support in the future. Lay advocacy services are independent of the provider and the local authority and can support people to make and communicate their wishes.

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

- The provider ensured people and their families were involved in developing their care plans. When taking on new people using the service, the registered manager told us they completed home visits to discuss people's needs and preferences to develop their care plans. People told us they were consulted, one person stated, "Staff follow the care plan which sets out how I like to be showered."
- Staff empowered people to make choices and have as much control and independence as possible. One staff member described supporting an individual with dementia to make choices, "I take them to the freezer, pick a selection of ready meals, show the meals and they will pick what they want."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager was unaware of AIS but told us they would incorporate it into the provider's approach in the future. Despite this, staff understood and were responsive to people's communication needs. One person told us, "The carers know, for me to understand their questions they have to talk slowly and clearly to me, so I understand, and they wait for my response. I am never rushed."

Improving care quality in response to complaints or concerns

- Systems were in place to deal with people's complaints. The provider had not received any official complaints. People and relatives told us they were very satisfied with the care which was being provided. One relative stated, "I just think they are all marvellous, Attention 2 Care goes throughout the service."
- The provider had a complaints procedure in place and the registered manager encouraged people to contact them if they had any concerns. People were given contact details for the service if they needed to raise any issues. One relative told us, "[The service are] very easy to contact either by phone, email or text and if the manager has any concerns she will ring us straight away."

End of life care and support

- The registered manager was passionate about providing high quality end of life care to ensure people had a dignified death, with comfort and respect. All staff had received dying, death and bereavement training to increase knowledge in this area. Staff told us they felt supported in providing end of life care.
- The service had developed strong working relationships with external organisations to deliver high quality end of life care. The registered manager told us they knew local health organisations well and would request

extra funding where care needs had increased.

- The service ensured people, their families and staff were supported during end of life care. One staff member told us they were offered counselling following a person passing away. Relatives had also sent a range of thank you cards to the service, with one stating, "A big thank you to all your staff who looked after my [relation] in the final weeks of their life. They treated them with utmost respect and dignity and were very supportive of me. They always went the extra mile which made a huge difference to both our lives."

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 Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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

- Everyone we spoke with during our inspection told us they thought the service was well-managed. One relative told us, "[This is a] friendly, effective and caring company." Another relative commented, "[Name] was adamant that they stay at home. I am fortunate to have this company I can rely on to keep their wish." A staff member said, "The company is well-run. Communication is the key. We all work well together and are kept well-informed."
- Throughout our inspection, the registered manager demonstrated an open, candid approach. Describing the registered manager, one staff member told us, "I think she is a good boss. I always find her very approachable. But when they have to be, they can be firm - if something is not being done right." A relative commented, "You can trust them to do what she says she is going to do."
- The registered manager's accessible, principled leadership style set the cultural tone and was respected and admired by everyone connected to the service. One person said, "[The registered manager] is very friendly and responds almost immediately to any queries." A relative told us, "[The registered manager] cares about the people she deals with, she makes visits to check how things are going."
- The registered manager promoted the welfare and happiness of her staff team in a variety of ways. For example, staff received personalised birthday and Christmas gifts. One staff member told us, "I got a nice card and present for my birthday. It was a bottle of my favourite drink which was a nice personal touch. [The registered manager] is taking us all out together this Christmas. It's nice to feel appreciated by your boss."
- Reflecting this caring approach and the positive organisational culture it had created, staff told us they were proud to work for the provider and enjoyed their job. One staff member said, "I really enjoy it. It's a nice group of people to work with [and] we always give the best care possible. We make a difference to people's lives." A relative told us, "There doesn't seem to have a big turnover of staff, so they must be a decent employer."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager was involved in all aspects of the running of the service, they communicated frequently with people and their relatives to seek their feedback and resolve any issues about the care they received. One relative told us, "We are in regular communication with [the registered manager]. Any issue we

text her and this is answered quickly, and she deals with it." Another relative said, "[The registered manager] has her finger on the pulse"

- The provider also conducted regular surveys of people, their relatives and staff to assess their satisfaction. We reviewed recently completed questionnaires and noted the responses were entirely positive. For example, a staff member had written, 'I get a lot of support. They can't do enough for me.'
- People's satisfaction with the service was also reflected in the many thank you messages and cards received by the registered manager. For example, a relative had posted an online message which read, 'It is only now I have [a new care company] as I have moved house, that I realise how brilliant [the registered manager and her company] are. Caring for your loved ones is a very special job and you would want someone who does the job like you would [yourself]. This is what you will get if [Attention 2 Care] comes to help you. I wish we could still have [their] services.'
- The provider maintained a variety of systems to monitor and improve the quality of the service. These included care plan reviews and monthly audits of medication records and care notes. Reflecting feedback from our inspectors, the registered manager told us she would make changes to the medication audit tool to make it more detailed.
- The provider was committed to the ongoing improvement of the service in the future. For example, the registered manager said she was planning to introduce online call-scheduling and care planning systems, to further enhance the safety and effectiveness of service delivery.
- As detailed elsewhere in this report, the provider had established effective partnerships with a range of other professionals including GPs, district nurses and palliative care specialists.
- The provider was aware of the need to notify CQC and other agencies of any untoward incidents or events within the service.