

Atlas Care Services Ltd

Atlas Care Services Ltd

Lincolnshire

Inspection report

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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

About the service

Atlas Care Services Ltd is a domiciliary care provider providing personal care to 100 people living in their own homes.

Not everyone who used the service received personal care. 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.

People's experience of using this service and what we found

Following our previous inspection the provider took action to improve the quality of care to people. This included splitting the service into two separate branches. This branch provided care to people living in Spalding and the surrounding areas. Care for people living in the Bourne area is now provided under a separate registration.

At the last inspection we found while improvements had been made we needed to see if they would be sustained. At this inspection we found all the changes had been sustained and people told us that the care provided had improved since the previous inspection.

There were enough staff to meet people's needs and people's choice of care worker was respected. People's calls were completed in a timely fashion. The provider had changed the way they scheduled people's calls. Records showed and people told us they were able to build a relationship with staff as they saw a small consistent group of staff.

Action had been taken to reduce the number of complaints and we saw the provider had only received two complaints since our last inspection. People told us they knew how to complain but had not felt the need to do so.

There were effective systems in place to monitor the quality of care provided and to drive improvements in care. The provider had taken action to motivate staff to ensure they could meet people's needs. The provider gathered the views of people using the service and staff to drive improvements in care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People's ability to communicate their choices was recorded along with any aids or support they needed.

People had received an assessment of their needs before using the service and care plans were in place to support staff to meet those needs safely. Staff training was completed and covered the safe management of medicines and safe infection control procedures.

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

Rating at last inspection

The last rating for this service was Requires Improvement (Published 13 February 2019)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Atlas Care Services Ltd Lincolnshire

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 Care Act 2014.

Inspection team

The inspection was completed 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.

The service had a manager registered with the Care Quality Commission. This means that 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 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before inspection

We reviewed information we had received about the service since the last inspection. 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and two relatives about their experience of the care provided. We spoke with nine members of staff including the head of operations , registered manager, senior care workers, care workers and office staff. We reviewed a range of records. This included six people's care records and multiple medication records. We looked a variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- At the last inspection we found that further work was needed to embed and sustain the improvements made to the organisation of staffing resources and scheduling of care visits.
- People told us that things had improved with calls being completed on time and them being contacted if this was not possible. Another person told us that with the improvements in place, "Staff had a better knowledge of people's needs." A relative told us, "We usually see the same staff, we have got to know them and have a good laugh."
- At this inspection we found that the provider had sustained the improvements they had made to ensure that people received care from a small number of consistent staff and in a timely fashion. Travel time was included in the planning of rounds and care workers were able to request it be increased if they found they were struggling to get to any call on time. Staff were allocated to individual call rounds which meant that they regularly saw the same people.
- The registered manager had monitored the capacity of the staff group and could show that they had enough staff to meet people's needs. They told us that when considering if they could support a new referral, they would review rounds and speak with staff to see if they had space without inconveniencing existing clients.
- Additionally, the provider had increased the flexibility of the staff group, by reviewing roles and developing a rapid response team, which meant if care workers were delayed at any of their calls colleagues could step in to help them. They also allowed staff to identify if they could cover any more calls outside of their allocated round and were incentivised to take on extra calls if they wished.
- The registered manager ensured that people working at the service were safe to work with vulnerable people. Staff told us how they had to bring in proof of identity and complete a police records check before they were offered employment.

Systems and processes to safeguard people from the risk of abuse

- Staff told us that they had completed training in how to keep people safe from abuse. They could identify the different types of abuse and knew how to report any concerns that they had both to the registered manager. Information on how to raise concerns with external agencies was covered in the induction and information was available to staff in the safeguarding policy. Staff were also aware that the provider had a whistle blowing policy so that they could report any concerns anonymously and without fear of reprisals.
- The registered manager was aware of their responsibility to report concerns and to investigate any issues identified. Records showed that they had worked collaboratively with the local authority to investigate any concerns raised with them.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People's risks had been identified and care was planned to keep people safe. For example, staff had identified where people needed support to move safely. Care plans recorded the equipment they person should be supported to use as well as the number of staff needed to support them safely.
- Incidents and accidents were recorded and where needed immediate action was taken to update care plans and inform staff of changes needed to keep the person safe. The registered manager reviewed accidents and incidents to identify if there were any trends and action needed. For example, if further training was required.

Using medicines safely

- Medicines were safely managed and staff had received training and support in how to ensure peoples medicines were administered safely.
- People's medicines administration records included specific information about when to take their medicines. For example, we saw one person needed to take one of their medicines at the beginning of the call, with a full glass of water and separate to their other medicines.
- The registered manager had reviewed when errors occurred with people's medicines and taken action to keep people safe. For example, staff had been retrained in administering medicines safely and ongoing monitoring checked that no further errors occurred.

Preventing and controlling infection

- Staff had received training in keeping people safe from the risk of infection.
- Staff were able to describe how and when they would use protective equipment such as gloves and aprons. In addition, they were clear on how to dispose of used equipment and other items which may pose a risk to health.
- People told us staff maintained hygiene standards and used equipment appropriately. One person told us, "They use gloves." Another person told us, "They use gloves and aprons and keep the house clean."

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- People received an assessment when they started to use the service and on an ongoing basis. One relative told us, "They came and did an assessment and updated the care plan and changed things." Assessment tools based on good practice guidelines were used to assess people's needs. In addition, the provider received information from people's social workers on their needs and the number of calls they needed each day. This meant that the provider could be sure that they could meet people's needs before agreeing to provide care.
- The provider had policies and procedures in place to ensure that up to date guidance and legislations was available to staff. They had enrolled with a service to ensure that the policies were reviewed regularly and remained up to date with any changes in best practice or legislation.

Staff support: induction, training, skills and experience

- Staff received an induction when they started to work for the service. This included five days training where they learnt how to support people to move safely and how to recognise and report abuse alongside other mandatory training. In addition, new staff shadowed an experienced member of staff to gain knowledge and experience and had their capability assessed by a field care supervisor. All new staff were required to complete the care certificate. This is a national set of standards which ensured staff had the skills to provide safe care to people.
- Ongoing training was provided for staff to ensure that their skills remained up to date. Records showed that the registered manager had a system in place to monitor when training became due so that they could ensure staff's skills remained safe and effective.
- Staff received ongoing support and supervision from their line manager. However, staff told us they felt able to raise concerns at any time and would not wait for a supervision if anything was worrying them.

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

- People's ability to eat and drink safely were assessed and where staff had any concerns about people, they were referred for an assessment by a healthcare professional.
- Care plans recorded any support people needed with maintaining a healthy diet. For example, one person's care plan noted they needed a thickening powder added to any fluids to reduce their risk of choking.
- People's food likes and dislikes were recorded in their care plans. Staff offered people a choice of meals from the food available in their homes.

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

healthier lives, access healthcare services and support

- Care plans showed staff contacted healthcare professionals when people were not well. One person told us how staff knew them well and so were quick to pick up when they were not well.
- Care staff told us if a person was not well, they would ask the person if they could contact the doctor for them. If staff were concerned about the person's ability to make the decision, they would ring the office for guidance.

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.

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 had received training in the MCA and knew which people had the ability to make their own decisions and who needed support from relatives or professionals. Where people were able to make their own decisions, staff told us that they respected people's right to make any decision they wanted.
- People's care plans recorded people's abilities to make decisions for themselves, who they wanted involved in their care and any legal arrangements in place to allow family or friends to make decision on their behalf.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 told us that the staff treated them with respect. People told us they were able to build relationships with the staff. One person told us how they were anxious and so they were able to choose which staff they liked and trusted to provide care. Another person using the service told us how they got on well with the staff. They said, "They are the same age as me." They told us this was important as they had things in common which helped them build a relationship.
- People told us that they could request that certain staff did not visit. For example, if they did not want a male member of staff providing personal care. Staff told us how they were able to put this into the computer system so that people's preferences were respected

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

- People told us that they were offered choices about how they spent their time. A person told us, "Staff don't take over my choices. I can do what I want."
- Staff told us how they offered choices to people and where people were unable to make a choice, they took advice from family members about people's likes and dislikes. For example, one member of staff told us how they would open the wardrobe and offer colour and then get tops and offer each one until the person had chosen an outfit.

Respecting and promoting people's privacy, dignity and independence

- Staff had received training in how to support people's privacy and dignity. They told us how they would always ask permission before providing any care. In addition, they ensured that they closed doors and curtains and kept the person covered as much as possible to retain their dignity.
- People using the service told us staff respected their dignity and independence. One person told us, "Staff always ask for consent."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- At our last inspection we found that although people's concerns and complaints were listened to and responded to, further work was needed to embed and sustain the improvements made to the management of office responses to calls received.
- At this inspection we found that with the improvements in care provided there had only been two formal complaints since our last inspection. The registered manager explained how they tried to resolve any issues as soon as possible to stop them becoming a complaint.
- People told us that they knew how to complain and were aware of the provider's complaints policy. A relative told us, "The carers are first class, I have no complaints at all." Another relative said, "Any complaints I would speak with the field care supervisors. Any concerns are usually acted upon."

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

- At our last inspection we found that people received personalised care, however, further work was needed to ensure all care plans were up to date.
- At this inspection we found people's care plans were up to date and reflective of people's needs. Records showed that they had been reviewed in a timely fashion or when people's needs had changed. People told us the service supported their needs. One person told us, "I don't know what I would do if I lost them."
- People were aware of their care plans and had signed them to say they were happy with the care provided. One person said, "I have seen my care plan, the field care supervisor came to see me, they are really good." Staff had the time to get to know people's needs. A relative told us how a new member of staff knew about their care needed as they had read the care plan before visiting.

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.

- People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others.

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's hobbies and likes were recorded and staff always ensured they had everything they needed

before leaving.

End of life care and support

- The registered manager told us that they did not provide a lot of end of life care. However, when needed they worked with other healthcare professionals to support people at the end of their lives. For example, the local hospice and Marie Curie nurses.

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At the last inspection we found further work was required to embed and sustain the improvements made to the systems for monitoring the quality and effectiveness of the service provision. In addition, the registered provider acknowledged the need to further improve the team working culture.
- At this inspection we found that the improvements made had been sustained. One relative told us, "In the last year it has got better." Another relative told us, "On the whole they are good, things have improved." The provider had employed a head of operations since the last inspection. The registered manager told us they had enjoyed the support of the head of operations to grow and develop and they felt they were a more effective manager. They told us that the changes made over the last year had now given the service a solid base to build on and felt that changes like having staff on individual care rounds had worked well.
- There were effective systems in place to monitor the quality of care provided. The registered manager took action to resolve any concerns that they found to drive improvements in the quality of care provided.
- The provider had taken action to comply with the regulatory requirements. The registered manager had notified us about events which happened in the service.
- The registered manager had kept people and their relatives informed about any incidents which had happened. They worked with families and people using the service to provide care which kept people safe.
- The provider had taken action to develop a positive culture in the service. They had reviewed the organisational structure and made changes so they could be more flexible to daily changes in people's care needs while supporting staff to have a good work life balance. They had put in place incentives to encourage staff to be proactive in offering to pick up calls. For example, if a care worker picked up extra calls their name was added to a lottery to win a cash prize.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- An annual service user audit had been completed in 2019 and we saw that action had been taken to analyse the results and used to improve the quality of care provided. For example, the telephone system has been changed so people's calls were answered quicker and two customer service staff have been employed to respond to people's calls.
- Staff meetings had been put in place and were included on staff's schedules, so they were aware they

needed to attend. Staff surveys had been completed in 2019. Staff told us they felt supported and were happy to raise concerns with the registered manager and were confident that action would be taken to resolve issues.

Continuous learning and improving care; Working in partnership with others

- The registered manager and business manager had regular meetings with the local authority to discuss the quality of care provided and where any improvements were needed.
- In addition to this the registered manager had stated to attend Neighbourhood team meetings. These are meeting were health and social care get together to discuss individual people's needs and any actions needed to support them to live well.