

A&R Guardian Services Limited

A&R Guardian Services Limited

Inspection report

Pegasus House, Office 2
17 Burleys Way
Leicester
Leicestershire
LE1 3BH

Tel: 07960510689

Website: www.arguardian.co.uk

Date of inspection visit:

17 February 2020

18 February 2020

Date of publication:

26 March 2020

Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

About the service

A&R Guardian Services Ltd is a domiciliary care agency providing personal care to people living in their own homes. At the time of inspection 39 people were receiving personal care services.

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

Although audit checks took place these did not cover all key aspects of the service and did not always identify and follow up on issues, for example, inconsistent recording on medicine charts. Quality assurance checks did not cover care and staff files, which meant some gaps had not been picked up prior to inspection. Systems needed strengthening to ensure effective oversight of staff supervision/appraisal and training timescales as these were overdue for some staff. MCA assessments had been completed but did not cover all areas required.

Recruitment processes were in place to ensure staff were suitable for their roles but there were some information missing from recruitment files. All staff had up to date checks from the disclosure and barring service (DBS). Some staff were overdue refresher training and supervision. Spot checks took place and staff felt trained to carry out their roles.

Aspects of medicines recording required strengthening, along with additional information needed about the medicines people took on an 'as and when required' basis. Where people needed support with medicines this was provided by trained staff.

Mixed feedback was received about the punctuality of call times, although visits always took place and lasted the right length of time.

People had a range of care and risk support plans in place, which were comprehensive and up to date. However, reviews of people's care were not fully recorded. Staff had a good understanding of people's wishes and individual routines. People's personal preferences, likes and dislikes, communication needs and links with family were all considered within the care plans.

Where required, people were supported with their eating and drinking to ensure their dietary requirements were met. People were supported to use health care services when needed.

People received support from reliable, compassionate staff. Staff enjoyed working at the service and there was good communication and team work. Staff were caring in their approach and had good relationships with people and their relatives. People were treated with respect. Staff maintained people's dignity and promoted their independence. Consent was sought before care was delivered.

Feedback was sought from people and their relatives informally and through annual surveys.

The service worked in collaborative and proactive partnership with other agencies and professionals, positive feedback confirmed this.

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.

Rating at last inspection

The last rating for this service was good (published 9 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified a breach in relation to good governance of the service. Although a range of quality assurance processes were in place, these did not cover all key aspects of the service and at times were not fully effective in identifying issues and following up where necessary. We could not be assured the registered manager had effective oversight of all aspects of the running of the service.

Follow up

We will request an action plan from the provider to understand their plans for implementing effective quality assurance processes. We will work alongside the provider to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 ●

A&R Guardian Services Limited

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 carried out by one inspector.

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 over 48 hours' notice of the inspection. This was because we needed to be sure the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 17 February 2020 and ended on 18 February 2020. We visited the office location on 17 February 2020 and made telephone calls to people, relatives and staff on 18 February 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and four relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, nominated individual, care manager, care co-ordinator and care staff.

We reviewed a range of records. This included four people's care records and multiple medication records. We also examined records in relation to the management of the service such as staff recruitment files, quality assurance checks, meeting records, accident and incident information.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at further records including policies and procedures and training records. We spoke with three professionals who work regularly with the service.

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- We looked at staff files to check the recruitment processes in place. There were some gaps which the provider promptly responded to. For example, not all application forms contained a full employment history or details of the DBS checks which were carried over from previous employers until a new check was confirmed. The registered manager confirmed new staff did not begin work without a DBS check being in place although this was not always recorded.
- Records confirmed all staff had references and up to date checks from the disclosure and barring service (DBS) on file. This meant the character and suitability of staff were checked to make sure they were suitable for their roles
- There were sufficient staff available to meet people's needs. However, we received mixed feedback about the punctuality of call times. A number of people and relatives told us carers were often late or early for the calls. The majority of people told us they did not mind as the calls always took place and lasted the right length of time. People were not always informed if carers were not going to be on time. The provider had an electronic system in place to monitor call times and had recently changed the structure of the call runs to assist with the travel logistics.

Using medicines safely

- Medicine recording needed to be strengthened in order to follow good practice guidelines. Medicine administration records (MAR) were not consistently completed, particularly in situations where relatives sometimes supported people with their medicines. This meant there were some gaps in MARs without clear explanation. Further information about the medicines people took needed to be recorded to reduce the risk of medicine errors.
- Where people took 'as needed' medicines, there was no guidance in their files about this. For example, about the maximum dose in one day, instructions for administration and a description of the circumstances when the medicine should be given. This was required to help ensure safe administration of these medicines.
- Where people needed support with their medicines, this was provided by trained staff. Assessments were in place setting out the type and level of support people required with their medicines. There were also large print notices on people's files making it clear who was responsible for supporting people with their medicines, for example, whether it was the carers or relatives. People told us they were supported to receive their medicines on time and as prescribed.

Assessing risk, safety monitoring and management

- Care files did not always record when reviews of care and risk plans had taken place, which were meant to

be six monthly or sooner if there were any changes. The registered manager addressed this promptly when it was brought to their attention, explaining the reviews had taken place and the reasons why it had not been recorded. We did not find any negative impact on people had been caused by this. Due to effective communication within the staff team, carers had up to date information about people's risks and how to provide care which mitigated them.

- Care files contained risk support plans which covered a range of known risks such as use of equipment, for example, hoists; falls, moving and handling and skin integrity. Care and risk support plans informed staff how to provide care which reduced known risks.
- People and their relatives were happy with how risks were managed whilst enabling people to maintain independence as far as possible.

Systems and processes to safeguard people from the risk of abuse

- People felt they were cared for safely. People told us they felt safe with the staff who came to support them. One person told us, "Yes I feel safe. Of course, I do."
- The provider had systems in place to safeguard people from abuse and knew how to follow local safeguarding protocols when required.
- Staff had received training and knew how to recognise abuse and protect people from the risk of abuse. They understood how to report any concerns if they needed to by following safeguarding or whistleblowing procedures.

Preventing and controlling infection

- Staff told us they used personal protective equipment (PPE) when providing personal care to people, which included gloves and aprons. People we spoke with confirmed this.
- Staff were trained in infection control. People and staff confirmed PPE supplies were kept in people's homes.

Learning lessons when things go wrong

- Processes were in place for the reporting and follow up of any accidents or incidents. Completed incident forms included notes on the outcome so lessons could be learned to reduce the likelihood of repeat in future.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- The training matrix showed some staff were overdue refresher core training which was completed on an annual basis. However, staff told us they had received training for their roles and felt equipped to undertake all care tasks required. Ongoing training was also provided to learn new skills when required. For example, staff had received training in catheter care to meet specific people's needs.
- Staff received ongoing support through staff meetings and formal supervision sessions. Several staff were overdue their supervision sessions. However, staff told us they felt very well supported by the management team and could approach them freely to discuss anything.
- Staff received an induction which included time spent shadowing experienced staff members and competency spot checks by the management team. Mandatory training covered a range of areas and included safeguarding, moving and handling, infection control and equality and diversity.

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.

- Capacity assessments were on people's files to confirm if they had capacity to make decisions independently or not. These needed further expanding to include the process of best interest decisions being made if people did not have capacity or had fluctuating capacity.
- Staff demonstrated they understood the principles of the MCA, supporting people to make choices when required. One member of staff said, "People with dementia can still choose, I get two meals from the fridge and show them. I am calm and encouraging, that helps."

- People told us staff asked for consent before providing care to them.
- People, or their representatives where appropriate, had signed and consented to the care being provided.
- People were supported in the least restrictive way possible.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before any care was agreed and delivered. This ensured people's needs were known and there were sufficiently trained staff to provide the care and support required.
- Care plans were clear and key aspects of a person's needs were fully considered. For example, medical needs, personal care, nutrition, skin, continence and routines. Many of the individual characteristics under the Equality Act 2010 were considered.
- People had detailed plans on their care file setting out the routine and tasks for each visit. This provided staff with guidance and meant people received consistent care in the way they preferred. For example, one care plan stated, "Before departure, carer to ask [person's name] if there is anything else they would like help with."

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

- People had a nutritional assessment and information was included as to people's preferences, dietary and support needs in relation to eating and drinking. For example, one care plan included personalised details such as, "Place glass of water and cranberry juice on the table... Give cup of tea before lunch... All cereals with warm milk and a sweetener, and also mix with fruit."
- Monitoring of food and fluid intake was carried out when required to ensure people had enough to eat and drink.
- People told us they were supported by staff to ensure they had a suitable diet if this was needed.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care.

- People had an emergency grab sheet on their file and in their home. The grab sheet included information about people's personal and next of kin details, past medical history and any known allergies. This meant in the case of a medical emergency key information was shared with health services so people received co-ordinated and person-centred care.
- Staff had good knowledge and understanding about people's healthcare requirements. Staff liaised with other health professionals as needed such as the district nurse or GP, and often liaised with close relatives who followed up as necessary. One relative told us, "They let me know if they are worried about anything then I contact the GP. They are always there when the GP visits, and feed back to me straight away."

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 continued to be well cared for and treated with respect and kindness. One relative said, "[My relative] always gets great care. They go over and beyond. The level of kindness and care and love from [relative's] main carer is exceptional." A person told us, "They are always cheerful whether night or morning. There is nothing they can improve upon."
- The staff team were from a diverse range of cultures and backgrounds. People were able to express if they had any preferences about who provided care to them which the provider respected and accommodated. One person told us, "I enjoy meeting all the different nationalities. When you haven't been anywhere yourself, you are learning such a lot, we have great fun. It makes my life interesting, but I've made so many mistakes as my geography is not as good as it should be!"

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

- Care plans clearly set out how people preferred to receive their care and their regular routines. People and staff told us staff read the care plans, so they were aware of people's needs and able to assist them in the way they wanted.
- Care plans were completed alongside people and their families, taking into consideration their personal wishes.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's dignity and supported people to maintain their privacy. One person told us, "Nothing is too much trouble, they treat me with dignity and respect. They listen to what I say and want."
- People's independence was promoted. One person said, "I think they are absolutely wonderful, I truly mean that. I can't find a fault with them. They do everything I ask without question, they always say, 'Of course I'll do that.' They never make excuses or say they can't do anything. They know I like my independence, if I can do it I will." A relative told us staff supported his relative remain as mobile as possible which improved their quality of life. "Because they keep [my relative] moving means we can go out to the garden centre. I am really grateful for that."
- The care plans we reviewed promoted people's dignity, respect and independence and included important details for staff to follow.

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 good. At this inspection this key question has remained the same. 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; 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 personal history, family members, interests, choices and preferences were documented in their care plans. Care plans included details of what tasks should be delivered during each visit. This meant information was available, so people received personalised and consistent care.
- Staff had built positive, professional relationships with people. Staff had a good understanding of people's needs and their individual preferences. Staff told us communication and team work within the team were effective, which meant people received a personalised and responsive service. There had been recent changes in the rota system so people were supported as far as possible by a small group of carers. People told us they generally preferred to have consistency of carers.
- The provider was flexible and adaptable in order to meet people's needs. One person told us the service rearranged their call time so they were able to attend an early hospital appointment, and a relative told us call times were rearranged so their relative could go on a trip with family members. This meant people were supported by the service to have as much choice and control in their lives as possible.

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.

- Care plans contained a communication assessment. This meant staff knew how people preferred to communicate and any support needs they had. One care plan stated, "[Person] does not communicate verbally but understands everything, please speak slowly and wait for me to process. I use a tablet to type to communicate."
- Information could be made available to people in other formats, such as easy read or large format, as required.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place, so complaints could be addressed in accordance with the provider's policy. There had been no formal complaints received in the last twelve months.
- The service user guide did not contain information on how to escalate a complaint outside of the service, for example to the local government ombudsman. However, the majority of people and relatives we spoke to told us they were confident any issues raised would be dealt with appropriately by the management team. The registered manager confirmed this information would be added immediately.

- Several people gave examples of things which had been sorted out promptly when required. One relative was dissatisfied with most aspects of the service provided to their relative, which the management team were aware of, but they not looking for alternate provision at this time.

End of life care and support

- At the time of inspection there was no-one receiving end of life care. The service had an end of life policy in place. Care plans did not show people's end of life wishes had been explored, other than to confirm whether people had a DNAR CPR (Do not attempt cardio pulmonary resuscitation) decision in place. The registered manager confirmed they planned to develop the care plan to include this so people and their families could be supported to discuss any end of life care preferences if they wanted to.
- The registered manager provided in house training on aspects of end of life care due to being a registered nurse with specialist knowledge in this area. Plans were being developed to source further end of life training for staff.
- One member of staff told us, "Sometimes we have end of life clients. The managers choose particular carers so they get the best care."

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 good. At this inspection this key question has now deteriorated to 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.

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

- Although there were regular audit checks in place covering aspects of care provision such as medicines, daily notes and food/fluid monitoring charts, these were not always effective in identifying arising issues and appropriate follow up actions to help ensure the same issues did not crop up again. For example, the gaps in MAR charts. The forms for doing the audit checks were not always specific to each aspect of the service being audited, which reduced their effectiveness.
- Some aspects of the service such as staff files, care records and call times did not have effective quality assurance processes in place. This meant the gaps identified had not been picked up and resolved prior to the inspection.
- Management oversight of the service had not picked up issues such as a number of staff being overdue supervision sessions and refresher training. Additionally, at the last inspection the need for MCA assessments was identified. This had been partially implemented but needed further expanding. Systems required strengthening to ensure all aspects of management oversight were sufficiently robust.

These shortfalls constitute a breach of Regulation 17 of the Health and Social Care Act 2008 – Good governance.

- The management team and staff were clear about their roles within the service and their responsibilities to the people they supported.

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

- The registered manager and management team were committed to delivering good quality care to people in their homes. Everyone spoke positively about the approachability and availability of the management team. One staff member said, "From one to ten I would give them ten. They look after people, they listen. I feel very much supported by the managers." This view was shared by other staff members.
- Staff told us they were happy working at the service and felt supported by the registered manager and management team. Staff told us the management team joined them in providing care on some calls. One member of staff said, "I have learned a lot from them. They saw what I was doing and vice versa. I can ask them anything. We work as partners instead of them just being the bosses, they know the ups and downs,

they ask how we can improve. Clients like it too."

- Staff put people at the centre of the service and provided good quality care that focussed on people's care and support needs.

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 was aware of their responsibility to keep people/their relatives informed of actions taken following incidents in line with the duty of candour.
- Relatives felt involved in the care planning and review process of their loved ones and there was open communication between families and the management team.

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

- Feedback was sought from people and their relatives both informally and also through annual questionnaires. The provider completed an analysis of the results including follow up actions taken. Following the 2019 survey, a new phone provider was commissioned to help ensure people could reach office staff promptly.
- We saw a selection of thank you cards in the office from relatives who were pleased with the care offered to their loved ones. One card from November 2019 said, "Thank you for all the care and kindness given to my father."

Continuous learning and improving care

- The registered manager and management team were supportive of the inspection process and keen to take on board suggestions and feedback offered. They were committed to driving further improvements of the service in order to deliver consistently good outcomes for people.
- Most of the people receiving packages of care lived in the county of Rutland. The service has evolved so there were company cars which took staff, the majority of whom were recruited in Leicester, to Rutland and assisted with travelling around the villages to deliver the care calls. The management team described challenges and learnings along the way, for example with logistics, and how they had made changes to improve their service to people.

Working in partnership with others

- Feedback from local authority professionals confirmed the proactive, flexible and collaborative approach the management team took in working together to achieve good outcomes for people. This included an example where the service arranged a package of care to facilitate someone with dementia being able to stay at home whilst their spouse/main carer went into hospital at very short notice. Local authority feedback was consistently positive about the open, person centred and responsive approach of the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The quality assurance processes and systems in place were not always effective in identifying issues and driving continuous improvements of the service. Quality assurance processes did not cover all key areas of the service, and required further development.</p>