

A&R Guardian Services Limited

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## Inspection report

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26 November 2021

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

A&R Guardian Services Limited is a domiciliary care agency, providing personal care to people in their own homes. At the time of the inspection 41 people were using the service.

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

People's safety was promoted. Potential risks to people's safety were assessed, managed and reviewed regularly. Care plans provided clear guidance for staff to follow to ensure people received personalised care and support that met their needs. Staff accessed care plans via the handheld devices.

The provider continued to follow safe staff recruitment procedures. Staff were trained for their roles and understood the actions needed to minimise the risk of avoidable harm and abuse.

People were supported by a small team of regular reliable staff, which provided continuity of care.

People's medicines were safely managed. Staff were trained and systems were in place to control and prevent the spread of infection.

People and relatives all agreed that the registered manager was responsive, approachable and were confident any concerns raised would be addressed.

The service remained well managed. The registered manager was aware of their responsibilities in meeting their legal obligations. There were systems in place to monitor the quality of the service and actions were taken to improve the service when required. People's views about the service were sought individually and through satisfaction surveys. Systems were in place to ensure staff were trained and supported in their role. Staff told us the registered manager was approachable and acted on feedback.

The registered manager had worked in partnership with health care professionals and other agencies to promote good outcomes for people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (report published 15 January 2020).

### Why we inspected

We received concerns about the quality of care, staffing and the management of the service. We undertook a focused inspection to examine those risk and reviewed the key questions of Safe and Well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. The overall rating for the service has remained 'Good'. This is based on the findings at this inspection. Please see the Safe and Well-Led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for A&R Guardian Services Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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 well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# 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

This inspection was carried out by two inspectors.

#### 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 the registered manager would be available.

The inspection activity started 25 November 2021 and ended on 26 November. We visited the office on 26 November 2021.

#### What we did before the inspection

We reviewed information we had received about the service and sought feedback from the local authority. We used all this information to plan our inspection.

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.

#### During the inspection

We spoke with seven people who used the service and four relatives about their experience of the care provided. We spoke with seven members of staff including the provider, registered manager, care coordinator and care workers.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. 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. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit 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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People's safety and wellbeing was promoted. People said they felt safe with the staff and the care provided. One person said, "Absolutely safe; staff are well trained and leave the house secure." All the relatives commented their family member received safe care. They were confident the registered manager would take concerns about safety seriously.
- Staff were trained in safeguarding procedures and knew what abuse was and the action they would take. A staff member said, "I've never witnessed abuse but I would inform the office and the registered manager. I can call the Police or report it to CQC (Care Quality Commission)."
- The provider had systems in place to safeguard people from abuse. A safeguarding policy and procedure was in place, which provided information about how to escalate concerns. The registered manager had reported safeguarding concerns to the local authority and CQC. Records showed action had been taken to reduce further risks to people. Feedback we received from the local authority also confirmed this.

Assessing risk, safety monitoring and management

- People were involved in decisions made about their care. One person said, "As my [health condition] got worse, I spoke with [registered manager] about how staff can help me on good days and days when I need more help. I feel totally in control of my care because they help me in the way I need it."
- Risks associated with people's needs and the environment had been assessed and kept under review. Staff accessed people's care plans using their handheld devices. Care plans provided clear guidance to enable staff to provide safe care and support, including the equipment to be used to maximise people's safety.
- Staff were trained to provide safe care and support. Staff had good insight and awareness of how risks to people were to be managed and their individual needs and preferences which promoted their safety and independence.

Staffing and recruitment

- The service continued to recruit staff safely. Staff records contained a full employment history, references and a Disclosure and Barring Service (DBS) check. The registered manager had assurances that staff they employed within the service met vaccination requirements as a condition of deployment.
- A new staff member had received a comprehensive induction, worked with an experienced staff member to understand how to provide safe care and their practice was checked before they could support people on their own. Records showed all staff had received essential training for their role.
- People were supported by regular reliable staff which promoted continuity of care. People said, "I'm very happy with my carers, they are always on time" and "Not always punctual but I did not mind if they're a few minutes late. I appreciate someone from the office letting me know they're were on their way."

- The registered manager told us they increased the number of fleet cars and drivers to reduce concerns about staff supporting different people in the community. Staff told us they had enough time to provide the care people needed. Staff punctuality was monitored using an electronic care monitoring system so prompt action could be taken to manage any potential delays.

#### Using medicines safely

- Staff had been trained to support people with their medicines safely.
- People were encouraged to be independent with their medicines as much as possible. Where people needed support in this area they told us staff would remind or prompt them to take their medicines. Care plans provided clear guidance for staff to follow and they completed records to confirm when medicines had been taken.

#### Preventing and controlling infection

- People were protected from the risk of infection. Everyone told us staff used the personal protective equipment (PPE) correctly and disposed of it safely. One person said, "Staff always wear PPE, gloves, aprons, masks and shoe covers on entering and they wash their hands - very professional. They clean up and put everything away nicely and take the rubbish out with them."
- Systems were in place for the prevention and control of infection. Staff had received training in this area including how to use personal protective equipment (PPE) correctly and to access the current government Covid-19 guidance. Staff had a good supply of PPE and their practice was checked regularly to ensure infection control procedures were followed.
- Staff continued to access regular testing to reduce the risk of Covid-19 transmissions.

#### Learning lessons when things go wrong

- The registered manager had a system in place to monitor and analyse incidents and accidents, to identify trends so action could be taken to promote people's safety.
- The registered manager had been responsive to feedback, concerns and had taken action to improve the quality of care people received. The registered manager had shared learning from incidents with the staff to keep people safe.



# 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 remained the same. 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

- The service had a positive ethos and an open culture. The registered manager and staff were enthusiastic and committed to providing good care to people. One staff member said, "We encourage people to be as independent as possible and make sure they are safe and happy with the care."
- People expressed their satisfaction with the care they received. A relative said, "At one point they were a bit quick at weekends, but we have realigned (times) now." A person said, "I would recommend this company and the carers without hesitation. They are good carers." A relative said, "They care about [person] they keep [them] mobile and have improved our lives."
- Positive risk taking was supported to empower people. For example, where people were able to continue administering their own medication this was supported and planned into their care.

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

- The registered manager understood their responsibilities under the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- People said the registered manager was responsive when concerns were raised or incidents had occurred such as a fall. Records showed these events were fully investigated and referrals were made to health care professionals when required.
- The registered manager and the nominated individual were committed to the continuous improvement of the service and the care provided. The registered manager told us lessons learnt to improve people's care was shared with the staff team. They attended local and national forums remotely at present and shared any new information with staff to improve the quality of care people received.

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

- The registered manager understood their legal responsibilities, they notified the Care Quality Commission (CQC) about events they were required to do so by law.
- The service had moved to new larger premises since the last inspection. The latest inspection report and rating was displayed on the provider's website and within the service.
- People, relatives and staff expressed confidence in how the service was managed. A person said, "The manager is very responsive and calls regularly to check if we're happy with the care."

- The registered manager and staff were clear about their roles and responsibilities. Staff spoke positively about the leadership and management of the service. Staff were confident to approach the registered manager and felt assured their views would be listened to.
- The quality of service provided to people was monitored. Regular audits and checks were carried out on the quality of care people received including staff punctuality and performance. People's views about the service were sought through review meetings and wellbeing calls. Staff meetings took place regularly which gave them an opportunity to discuss work and improve the service people received. Training was monitored to ensure staff knowledge and practice was in line with the current best practice.
- The provider's policies and procedures were kept up to date to ensure the service delivery would not be interrupted by unforeseen events. Staff knew how to access these policies.

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

- The registered manager knew the people using the service well and were involved in supporting them. They worked closely with people and staff, leading by example to ensure people received good quality care.
- People remained at the heart of their care. One person said, "[Staff name] will call or pop over to see me." Another person said, "They are very good to me, they care about me and always ask if I'm happy and whether there's anything I need before they go." Care plans were personalised to reflect people's individual preferences and diverse needs, which staff could access via their handheld devices or the care plans within people's home.
- People were asked for their views and involved in decisions made about all aspects of their care. This was achieved through regular care reviews, wellbeing calls and during spot checks on staff. The latest survey results showed high rates of satisfaction.
- Staff told us communication was good and it was a good place to work.

Working in partnership with others

- The registered manager had kept their knowledge, training and professional registration up to date. They attended health and social care forums and conferences.
- The registered manager and staff worked in partnership with other professionals such as the GP and community nurses to achieve positive outcomes for people.
- The local authority responsible for monitoring the packages of care told us the registered manager had been responsive to the feedback following a recent quality review of the service.