

A&S Rescue Services Limited

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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

A&S Rescue Services Limited provides care to people living in their own homes. 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, 11 people were receiving personal care.

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

People received safe care and support from staff. People spoke highly of the staff, and they felt safe in their care. People were supported by a small team of staff who knew them well. This enabled people to be more confident and assured with staff.

People received their care calls at the expected times and there had been no missed calls. Staff stayed for the duration of the care call. If staff were running late, they were notified.

Staff understood how to recognise where people may be at risk of harm or abuse and knew what action to take. Where people received support to take their medicines, staff had received training and competency assessments and had guidance of how to do this safely.

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.

There were sufficient numbers of staff who provided consistent care. Staff had been recruited safely, completed an induction, training and shadowed experienced staff before working independently.

Staff followed infection prevention and control national best practice guidance. They wore personal protection equipment to reduce the risk of cross contamination.

People had been involved in their pre-assessment and the development and ongoing review of their care package. People felt staff were well trained, competent, and understood their care and support needs.

Where people required support with eating and drinking this was provided in accordance with the person's individual care needs, routines, and preferences.

People received care and support that was dignified, respectful, personalised, and promoted their independence.

The provider had changed from having paper care records to an electronic care records system. The electronic care record system was found to not provide the same level of guidance for staff. However, people

were positive about the care they received, and staff were knowledgeable. The provider agreed to review their electronic care record system to ensure guidance was sufficiently recorded.

People's communication needs had been assessed and planned for. People knew how to make a complaint and felt confident they would be listened to and action taken.

The provider had robust systems and processes that continually monitored quality and safety. Effective communication systems were in place to support the staff. The provider had quality assurance procedures in place that enabled people to share their experience of the service. People spoke highly of the staff, management and leadership of the service. Staff spoke positively about working for the provider and felt well trained and supported.

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

This service was registered with us on 29 April 2022, and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 the effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in the caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in the responsive findings below.

Good ●

Is the service well-led?

The service is well-led.

Details are in the well-led findings below.

Good ●

A&S Rescue 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 Health and Social Care Act 2008.

Inspection team

This inspection was completed by an inspector 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

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 26 June 2023 and ended on 29 June 2023. We visited the location's office on 29

June 2023.

What we did before the inspection

We reviewed the information we had received about the service. We sought feedback from a local authority who funded some people's care packages. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We also information we

During the inspection

We spoke with the registered manager, 4 senior care workers, 1 care worker and 6 relatives about the service their family member received. We looked at aspects of care records for 3 people and medication records. We reviewed a range of documentation relating to the management of the service including training records, staff recruitment, meeting notes, quality assurance audits and policies.

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 of 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

- People were protected from the risk of avoidable harm and abuse. Feedback from relatives was consistently positive about how people were supported to remain safe. A relative said, "The carers always turn up on time, wear uniforms and ID badges and stay the full allotted time." Another relative said, "I have a 100% confidence in the carer, they are well aware of the situation and what is important and to report any changes."
- Staff had received safeguarding training and were aware of their role and responsibility should they have any safeguarding concerns. A staff member said, "It's about a person's well-being and human rights, making sure people are protected from harm and any type of abuse. I would raise any concerns with the care coordinator and manager."
- The registered manager was aware of the local multi-agency safeguarding procedures and their responsibility to report safeguarding concerns to the local authority and CQC.

Assessing risk, safety monitoring and management

- Risks associated with people's care and support needs, including the environment had been assessed. Relatives spoke positively how risks were managed. A relative said, "Having never been in this position before I am so grateful for the help. The carers are brilliant, the management and office are easy to get hold of and are helpful and understand my situation."
- Risk assessments and care plans were monitored and reviewed when changes occurred. We found the electronic care records lacked detail in places. However, staff were knowledgeable about people's care needs. We discussed this with the registered manager who agreed to follow up.
- Emergency grab sheets were kept in people's home and used to share information with others. These provided key basic information about the person which could be handed over to health professionals for example in the event someone was taken to hospital.

Staffing and recruitment

- The provider had robust staff recruitment procedures. Checks were carried out before staff started work which included references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People received care and support from a consistent staff team. A relative said, "We usually have the same carer, if they are not available the company always sends someone we know."
- People received care at the expected time and staff stayed for the duration of the call. If staff were running late people were notified. A relative said, "The carer turns up on time and is always prompt, there has only been one occasion when they were running late and that was due to an accident on the road, and the office

phoned me to let me know."

Using medicines safely

- People received their prescribed medicine safely. Where people received support to take their medicines, a care plan and assessment provided staff with guidance of how to provide the support safely. A relative said, "Staff make sure that the medication is taken at the right time."
- Staff received training in medicines administration and had their competency checked to ensure good practice was followed.
- Medicine administration charts (MAR) were recorded on an electronic system which could be monitored and reviewed easily by office staff. We saw that any concerns in MAR's were identified and followed up during regular checks by the registered manager.

Preventing and controlling infection

- Staff used personal protective equipment (PPE) to keep people safe from the risk of cross contamination. This included masks, gloves, aprons, and hand sanitiser. A relative said, "We have a PPE box in the home provided by the company and the carer wears full PPE all the time."
- Staff received training in the prevention and control of infection and how to use PPE safely. Spot checks took place by the management team which included checking staff use of PPE.

Learning lessons when things go wrong

- The provider had systems and processes to record, report and respond to accidents and incidents.
- A robust audit process reviewed any learning. Records reviewed, confirmed action had been taken to make improvements when shortfalls had been identified. This included staff supervision meetings, refresher training and reviewing care plans and risk assessments.

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

- A pre-assessment was completed before people received a care package. People were involved in the assessment and development of their care plans. The care package commenced 48 hours following the assessment. This ensured staff had the required information and were suitably trained to provide safe and effective care and support.
- Care plans included key information about how to meet a person's individual care and support needs. This included the protected characteristics covered in the Equality Act 2010. This information supported staff to provide personalised care and support and promoted equality, diversity, and inclusion.
- Care plans included information about a person's oral care and support needs. For example, in the support required in cleaning their teeth and mouth care.

Staff support: induction, training, skills, and experience

- Staff received an induction and shadowed experienced staff before working independently. Support also included training, competency assessments and opportunities for staff to discuss their work and development needs. An electronic chart was used to track and monitor staff training to ensure all staff remained up to date with mandatory and refresher training.
- A staff member said, "I've completed training some face to face and others on-line, I also have spot checks, competency assessments and supervisions. The training has been very good, and I've learnt a lot, I feel well supported."
- People were positive about staff competency and understanding of their individual care needs. A relative said, "The carer is extremely well trained, this is very important to me they have to know what they are doing."

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

- Staff worked in partnership with health and social care professionals to maintain people's health and wellbeing. Care records confirmed how staff worked with health care professionals and followed any recommendations made.
- People confirmed how staff worked well with external professionals. A relative said, "The care staff apply the creams daily in accordance with what has been recommended by the district nurse."
- Staff gave examples of action taken when they had identified a person was unwell. This included calling for the assistance of emergency services, notifying family, liaising with the GP, community nurses and reporting to the office staff. Staff also explained how they reviewed a person's hospital discharge letter following a hospital discharge, for any changes such as medicines they needed to know about.

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 MCA 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.

- People's consent to their care was included in their care records. At the time of the inspection, people had mental capacity to consent to their care. However, we saw the provider had mental capacity assessment documentation to use when there were concerns about a person's capacity.
- Staff understood the principles of MCA. A staff member said, "We assume people can make their own decisions, its making sure a person understands their choices and decisions. If a person lacks capacity, others such as family will make a best interest decision. The people I support have the capacity to consent to their care, if I had any concerns I would talk to the manager."

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; respecting equality and diversity

- People received care and support that was kind, respectful and compassionate. Staff spoke politely and respectfully about the people they cared for. It was clear they knew people well and had developed positive, caring relationships.
- A staff member said, "We get to know people well by being their regular carer. Every person is different, we constantly talk to people and give them choices about their care."
- Feedback from people about the staff's approach to care and support was consistently positive. Staff were highly praised. A relative said, "I will be honest my loved one wasn't impressed at having carers, they can be very difficult at times and stubborn. The carer has worked so hard and have won my loved one over. They do an excellent job, showing great kindness and support and between them they have good rapport and banter."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People were given a choice of male or female care staff; this was recorded and respected. A relative said, "My loved one prefers a male carer and we always receive a male carer and they are a perfect match, the carer knows how to draw the best out of my loved one with encouragement and motivation and lots of respectful banter."
- Relatives confirmed they and their loved one were involved and consulted about the care and support provided. A relative said, "The carers are very respectful and polite they make sure they seek consent before they do anything, they encourage my loved one to be as independent as they can. I am really impressed in the way they approach and interact with them, and I am fully involved in the care plans."
- Staff understood the importance of involving people as fully as possible in their care and promoting independence. A staff member said, "We never impose but always make sure the person is consulted and given choice in all what we do. Whilst we have care plans to follow, we still ask the person about the support we provide."
- Information about independent advocacy services had been made available to people should they wish for support in decisions about their care.
- The provider had data a protection policy that reflected the General Data Protection Regulation. Relatives confirmed confidentiality was respected. A relative said, "The carer is very respectful, and I do feel the staff respect confidentiality, when they do the handover, they always make sure they go to a quiet area to speak."

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

- People received care and support that was personalised to their individual care needs. People's life history, routines and preferences were recorded. This supported staff to provide personalised care and to understand what was important to people.
- People and their relatives received regular and ongoing opportunities to discuss their care package. Feedback from people was consistently positive about how well the staff met their needs and responded to any requested changes. A relative said, "We had a care plan review at Easter and any changes were implemented incredibly fast."
- Care records confirmed people received their care calls at the expected times by regular staff.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs and preferences were recorded. A relative said, "The staff take their time to explain to my loved one what they are doing and encourages conversation, alongside being respectful and assessing the situation."

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

- Care and support reduced the risk and impact on social isolation for people. Staff showed a good understanding of this and acknowledged for some people; they were their only contact during the day.
- A staff member said, "Having regular care staff is important, we get to know people really well and will notice any changes quickly."
- Staff worked well with people's relatives and representatives and any concerns relating to a person's wellbeing was shared.

Improving care quality in response to complaints or concerns

- The provider's complaint process had been shared with people. Relatives confirmed they were aware of how to make a complaint and felt confident to do so. However, they told us how happy they were with the care and had no need to make a complaint.
- A relative said, "The staff couldn't be any nicer and will do anything for my loved one, they now laugh 90%

of the time and enjoy the staff's company. As a family we do not have any concerns or complaints."

End of life care and support

- At the time of our inspection, no person was receiving end of life care.
- The registered manager told us and records confirmed, staff had received end of life care training.
- The registered manager understood the importance of developing end of life care plans with the person and their relative, to ensure a person's care wishes were known and understood.

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

- The registered manager and staff team had a shared commitment to continually strive to provide consistent care that was person centred and supported people's independence. The culture of the service was open and honest.
- The provider had robust systems and processes that continually monitored the service to ensure people received care and support that was individual and responsive to them. Staff spoke highly of the registered manager who was described as being knowledgeable, supportive and responsive.
- Feedback from people and relatives was consistently high about their experience of the service. A relative said, "I am totally confident they [staff] listen to how I feel and understand our situation. I have recommended the company and overall feel they are a very good company and by far, the best care company we have ever had, and we have been having carers since 2009."

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 informed of actions taken following incidents in line with the duty of candour. They were aware of their legal duties to send notifications when appropriate to the local authority and CQC.
- We found the registered manager to be open and honest during the inspection. We identified the electronic care records were not as detailed as previous paper care records used. The registered manager acknowledged this and took immediate action to make improvements.

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

- The provider had robust systems and processes that continually assessed, monitored, and reviewed quality and safety.
- Audits and checks included staff spot checks to observe how well they met people's needs and followed the provider's expected procedures. Daily care records, care plans and risk assessments were regularly reviewed. Meetings with the person and or their relative were arranged to discuss the care package.
- Effective communication systems were in place, including out of office procedures. Staff were up to date with training, they also received competency assessments in medicines and moving and handling. Staff received regular opportunities to discuss their work.
- Feedback received about the management, leadership and oversight was consistently positive. A relative

said, "I feel the company is very well run, the management are accessible the communication is extremely good." Another relative said, "The service has been a life saver, the whole family are so chuffed how it has turned out, they exceeded any expectations we had, they have made a difference to all of our families lives."

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

- The provider had a quality assurance procedure that enabled people to share their experience about the service. Relatives confirmed how well they and their loved one were involved and consulted about the service they received.
- Staff told us communication with the staff and management team was effective. Regular use of a WhatsApp chat group ensured information was cascaded promptly when needed. In addition, there were regular phone contact and face to face meetings.

Working in partnership with others

- The provider worked in partnership with health and social care professionals. Care records and feedback from people and staff, confirmed any recommendations were implemented.
- Feedback from the local authority was positive about the service. Comments included, "The management team have a proactive and a can-do attitude. They have proven they are able to assess and start care packages in a safe and timely manner."