

Atlas Care Services Ltd

Atlas Care Services Peterborough

Inspection report

1 Flag Business Exchange
Vicarage Farm Road
Peterborough
Cambridgeshire
PE1 5TX

Tel: 08448842369

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12 October 2017
13 October 2017

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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

Atlas Care Services - Peterborough is registered to provide personal care to people living in their own homes. There were 110 people receiving personal care from the service when we visited. The inspection took place on 12 and 13 October 2017.

At the last inspection on 10 September 2015 the service was rated as 'Good'. At this inspection we found the service remained 'Good'.

A registered manager was not in post at the time of the inspection. However, a manager was in place who was in the process of applying to the Care Quality Commission (CQC) to become registered. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Systems continued to be in place to manage risks to people using the service and to keep them safe. This included assisting people safely with their mobility, personal care and medicines.

There were sufficient numbers of staff to safely assist and support people. The recruitment and selection procedure ensured that only suitable staff were employed to provide care and support to people using the service.

The manager and staff understood the requirements of the Mental Capacity Act (MCA) 2005. People were supported to have choice and control over their lives as much as possible. Staff supported people in the least restrictive way possible; the policies and procedures in the service supported this practice.

People's needs were assessed, so that their care can continue to be planned and delivered in a consistent way. The manager, supervisors and care staff were knowledgeable about the people they supported and knew their care needs well. People were assisted with their meal choices where required.

Staff were clear about the values of the service in relation to providing people with care in a dignified and respectful manner.

There were processes in place to assess, monitor and improve the service. People had been consulted about how they wished their care to be delivered and their choices had been respected. People, their relatives and staff were provided with the opportunity to give their feedback about the quality of the service provided.

Further information is in the detailed findings below.

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 remains Good. | Good ● |
| Is the service effective? The service remains Good. | Good ● |
| Is the service caring? The service remains Good. | Good ● |
| Is the service responsive? The service remains Good. | Good ● |
| Is the service well-led? The service remains Good. | Good ● |

Atlas Care Services Peterborough

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. This inspection took place on 12 and 13 October 2017 and was announced.

The inspection was carried out by one inspector. We gave the provider 48 hours' notice of this inspection. This is because the manager is often out of the office supporting staff and we needed to be sure that they would be available.

We looked at information we held about the service and reviewed notifications received by the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law. The registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what it does well and improvements they plan to make. The registered provider returned the PIR and we took this into account when we made judgements in this report.

During the inspection we visited the service's office. We spoke with 11 people using the service and we also spoke with four relatives. We spoke with the manager, registered provider, an office based coordinator, field care supervisor, the administrator and five care staff. We looked at five people's care records and records in relation to the management of the service and the management of staff such as recruitment and training records.

Prior to the inspection we contacted three care managers from the local authority, an officer from the quality improvement team from the local authority to obtain their views about the service provided by Atlas Care Services – Peterborough as part of planning of this inspection. We looked at records relating to the

management of risk, care and support, medicine administration, staff recruitment and training and systems for monitoring the quality of the service.

Is the service safe?

Our findings

None of the people we spoke with had any concerns about their personal safety. One person said, "The care staff look after me very well and I feel very safe with them and they never rush me." Another person said, "Yes I feel safe and the care staff are cheerful and have a chat with me." People said that they were able to talk with the staff and have a laugh and joke together. A relative told us that, "The care and support is very good and my [family member] is very happy with the care – I feel that their care is safely delivered."

The registered provider had ensured that there were safeguarding guidelines and policies in place, which were in line with the local authority safeguarding procedures. Staff were aware of their roles and responsibilities in relation to protecting people from harm. They had received safeguarding training and were aware of the procedures to follow. They told us they would not hesitate in raising their concerns regarding any allegations of harm with the manager and or the local authority's safeguarding team. One member of staff said, "If I ever saw any poor care I would be confident in reporting it to my manager without any hesitation." Staff were issued with a handbook which outlined policies and their responsibilities.

Arrangements continued to be place in relation to the administration and recording of people's medicines. Staff had received training regarding administration of people's medicines and this was confirmed in the training records that we saw during the inspection. We saw that staff had undertaken competency checks to monitor their practice when administering peoples' medication. People's care plans included information on the level of support that they required with thei administration of their medicines. One person said, "They [staff] make sure that I receive the tablets that I need to have during the day."

People said that staff generally arrived on time but there had been occasions when staff had arrived late but this was not a frequent occurrence. One person said, "The carers are mostly on time but they are very busy and sometimes are a little late." The manager told us staffing levels were monitored on an ongoing basis to ensure that the people's care and support needs could be safely met. Recruitment of staff was ongoing. There had been a number of new staff employed and they were in the process of completing their induction and shadowing more experienced staff.

Staff only commenced working for the service when all the required recruitment checks had been satisfactorily completed. Staff recruitment was managed in conjunction with the manager and the organisation's personnel department. Staff we spoke with confirmed that they had supplied the required recruitment documentation prior to them commencing working at the service.

Is the service effective?

Our findings

People spoke positively about the care staff and were very pleased with the care and support they received. One person told us, "They [care staff] are very good and help me with whatever I need." Another person told us that, "The care staff are really cheerful and they make sure everything has been done before they leave and they are very careful and considerate." A relative we spoke with said, "The staff really understand and take time to help [family member] in a kind and effective way."

Training records showed, and staff confirmed that the training they needed to meet people's needs had been provided. Examples of training included; safeguarding people, medicines, food hygiene, MCA and moving and handling. We saw that new staff had completed or were completing a workbook regarding the Care Certificate (a nationally recognised qualification for care staff). The provider told us that a training manager had been recruited since the last inspection to coordinate ongoing training and courses for the manager and supervisors and the care staff.

Staff told us they felt very well supported by the manager and supervisors and received formal and informal supervision where they had the opportunity to discuss the support they needed and to discuss their training and development needs. This meant there continued to be an effective system to support and monitor staff so that they were delivering effective care for people.

People told us that where meals and drinks were provided, staff had consulted with them regarding their individual needs and preferences. We saw that people's dietary needs and preferences had been recorded in their care plan. One person said, "The care staff are very kind and assist me with my breakfast and lunch and always make sure that I have chosen what I would like to eat."

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. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found that people's rights were being protected from unlawful restriction and unlawful decision making processes. The provider had procedures in place and training for staff during their induction and on an ongoing basis regarding the Mental Capacity 2005 (MCA). Staff we met confirmed that they had received MCA training. We saw that no one was currently being deprived of their liberty. The manager was aware of the relevant contact details and local authority procedures to follow, if the need arose and someone was potentially being deprived of their liberty.

Staff worked in partnership with health care professionals. The service was in regular contact with local GP's

and assisted people with healthcare appointments when required. We received positive comments regarding the care provided by the service from healthcare professionals we contacted/spoke with.

One person said, "The staff help me to see my doctor when I need." A relative said, "The staff contact me if there are any health changes to my [family member]."

Is the service caring?

Our findings

One person said, "They (staff) help me with everything that I need and make sure that everything has been done before they leave and we often have a laugh and chat together." A second person said, "The care staff are excellent – I couldn't wish for better care." A third person said, "The care staff are kind and respectful towards to me and they know what they are doing." A fourth person said, "I am really happy with the carers who come to help me and they are so kind and caring and they know how I like things to be done – they always check that I am comfortable and ask if anything else is needed before they leave." A relative said, "The care staff that support my [family member] are very kind caring and helpful – I am really pleased and reassured that [family member] is well cared for."

Staff we met showed an affectionate and caring attitude towards people when describing the care and support they provided to people.. Records showed that the manager and supervisors and care staff had carried out reviews of peoples care and support. These reviews involved the person using the service and their relatives. People told us that staff had taken time to speak with them about things which were important to them during their day.

The staff we met spoke were enthusiastic about their work and the people that they were providing care to. One staff member said, "I really love my job and enjoy providing the best care to people living here." Another member of staff said, "I really enjoy my work and helping people to remain as independent as possible." One person said, "The staff provide an excellent service and treat me very well"

The manager told us that people were provided with information as required so that they could access local voluntary and advocacy services when necessary. Advocates are people who are independent of the service and who support people to make decisions.

All of the people we spoke with and their relatives told us that care staff respected their privacy and dignity. Records showed that staff received training about how to promote and maintain respect and dignity for people and meet their needs in a caring way including caring for people living with dementia.

Care and support plans reflected people's wishes and preferences and how staff should support them. We saw that people's independence was promoted and care plans showed how much people could do for themselves and how staff should assist them. An example included assistance with washing/bathing and mobility.

Is the service responsive?

Our findings

All of the people we spoke with told us that they were consulted about the care to be provided. People told us that they had the opportunity to discuss any changes to their care and support needs and felt part of making decisions about how they wished their care to be delivered. A relative said, "My family member's care is reviewed and any changes to calls are made as necessary." One person said, "They [staff] know me well and really help me with what I need - I am very happy with the care indeed." People and a relative confirmed that they had been regularly consulted and were involved in reviews of the care provided.

Assessments were undertaken prior to the commencement of care packages to ensure that people's needs could be safely met. In the care plans that we saw there were signed agreements to confirm that people had agreed the care to be provided. Care plans were monitored regularly by supervisors to ensure information remained up to date.

We saw five people's care and support plans during our inspection. There were detailed guidelines in place about the care and support that was to be provided during each visit. We saw details in place regarding the person's background and family contacts. Individual preferences were recorded and included how each person would like their care and support needs to be provided. For example what assistance they needed with their personal care and with their prescribed medicines. Daily notes had been completed by care staff which detailed the care and support that had been undertaken during each care visit.

People that we spoke with were clear about who to speak with if they were unhappy or wished to raise a concern. One person said, "If I ever have any concerns they [manager and staff] are very good at sorting it out for me." A relative told us that, "The manager and staff are very good and deal with any issues or concerns quickly and efficiently."

The complaints policy/procedure contained guidelines for people on how to make a complaint. The supervisors told us and the records showed that all complaints were acknowledged and resolved to the person's satisfaction as much as possible.

Is the service well-led?

Our findings

A registered manager was not in post. The service had not had a registered manager in post since August 2017. However, a manager had been appointed and they were in the process of applying to become registered with CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. People, relatives and staff told us that the manager and supervisors were approachable and listened to what they had to say. One relative said, "The manager and staff communicate well with us and keep me up to date about any changes." A person said, "The staff are easy to talk with and are always around to chat and help me."

Staff we met described the culture in the service as open, transparent, friendly and one that treated people with dignity and respect. Staff said the manager and supervisors worked alongside them to monitor the service, which helped them to identify what worked well and where improvements were needed. Staff confirmed staff meetings took place to share information and ideas on how to improve the service and to ensure people's care and support needs were being respected and met. We saw that staff received ongoing supervision to provide them with an opportunity to discuss their work and development needs.

Staff told us they felt able to raise any ideas or issues with the manager and supervisors and felt that their views were sought about the service. Staff told us they enjoyed their work. One member of staff said, "I really love my job and this is a really good service to work for." Staff we spoke with were aware of the whistle-blowing policy and said that they would not hesitate in reporting any incidents of poor care practice if this arose. Another staff member said, "If I saw or knew about any poor care or bad practice I would always report it to my manager but thankfully I have not had to do this but would feel confident that my concerns would be properly dealt with (by the manager and supervisors.) Staff we spoke with told us that the new manager had improved morale amongst staff and that working practices had been improved.

The manager and supervisors continued to carry out a regular programme of audits to assess and monitor the quality of the service. These included audits of medicines and staff's competency to administer people's medicines, staff training, care planning and recruitment. Where shortfalls were identified records demonstrated that these were acted upon promptly such as increased monitoring of care reviews and ensuring updates to care plans were recorded.

Questionnaires that had been undertaken by people, who use the service and their relatives, showed that they were positive about the service provided. One person commented, "I think that all the staff are very good and provide good care."

We found that notifications had been submitted to CQC when this had been required. This showed us that the provider, manager and staff were aware of their legal responsibilities.