

Attentive Care Experts Limited

Attentive Care Experts

Inspection report

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Date of inspection visit:
17 April 2018

Date of publication:
16 May 2018

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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

Attentive Care Experts is a domiciliary care agency providing personal care to people in their own homes. At the time of our inspection the service was providing care and support to 41 people.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service had a registered manager in place. 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.

Staff understood how to keep people safe from harm. Recruitment procedures were thorough and there was a system in place to reduce the risk of late or missed calls. Medicines were managed safely and were only administered by staff who had received appropriate training.

The registered manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The registered manager ensured staff had the skills and knowledge to enable them to meet people's needs. This was achieved through a programme of induction, alongside regular training and management supervision.

People told us staff were caring and kind. People's rights to privacy and dignity were understood and promoted by staff. Choices were respected and staff encouraged people to retain their independence. People's care records were reflective of their needs.

People felt able to complain in the event they were unhappy with the service they received. There were effective quality assurance systems in place to monitor the quality of the service provided, understand the experiences of people who used the service and identify any concerns.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Attentive Care Experts

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 was planned to check 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 17 April 2018 and was announced. We gave the service 24 hours' notice of the inspection to ensure the registered manager would be available to meet with us. The inspection team consisted of one adult social care inspector.

Prior to the inspection we reviewed all the information we had about the service including statutory notifications and other intelligence. We also contacted the local authority commissioning and contracts department, safeguarding, infection control and the Clinical Commissioning Group to assist us in planning the inspection. We reviewed all the information we had been provided with from third parties to fully inform our approach to inspecting this service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information was used to help inform our inspection.

During our visit to the office we spent time looking at three people's care plans, we also looked at five records relating to staff recruitment and training and various documents relating to the service's quality assurance systems. We spoke with the registered manager, recruitment manager, operations and training co-ordinator and the care co-ordinator. Following the inspection a second adult social care inspector spoke with four people who used the service, three relatives of people who used the service, one senior independent living assistant and four independent living assistants on the telephone.

Is the service safe?

Our findings

At our previous inspection this domain was rated Good. This domain remained Good.

Everyone we spoke with told us they felt safe receiving this service. Staff had all completed safeguarding training and each of the staff members we spoke with was able to identify different types of abuse and understood their responsibility in reporting any concerns to a senior staff member.

We spoke with two people who required staff to use equipment to transfer them; both people told us staff completed this task safely. We reviewed the care records for two people who required a hoist, each record provided sufficient detail regarding the equipment needed including how to fit and apply it, to ensure the risk of harm to the person or staff was reduced.

Staff were able to describe the actions they took to reduce the risk of people developing pressure ulcers and falling at home. Staff were also aware of their responsibility in ensuring the safety and whereabouts of a person in the event they did not answer their door or they were not home when staff arrived for a scheduled call.

Each of the personnel files we reviewed evidenced safe recruitment processes were in place. References had been taken and checks had been carried out with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people from working with vulnerable groups.

People told us they received information each week so they knew which staff were scheduled to attend their calls. People also told us staff were rarely late, one person said, "They'll ring if they are going to be late, it's rare." The registered manager had a system in place to alert office based staff in the event planned calls were running late, enabling appropriate action to be taken.

There were systems in place to ensure people's medicines were managed safely. Staff were able to tell us how they administered people's medicines to reduce the risk of errors. One staff member said, "You read the dosette boxes or medication boxes. It's also on the PASS system (electronic care records). Creams, it tells you on the label, and on PASS, it's all on there." We reviewed a random sample of electronic medicine administration records and saw people were receiving their medicines as prescribed. We saw evidence staff received training and an assessment of their competency to administer medicines on a regular basis.

Staff had access to personal protective equipment (PPE), for example, aprons and gloves. One person told us, "They (staff) put gloves and aprons on." This showed the service provided protection for staff and people to minimise exposure to infections.

There was an open and honest culture regarding lessons learned and making improvements when things went wrong. The registered manager told us "We are human, we make mistakes, but we learn and improve from those mistakes." We saw 'lessons learned' was included within the complaints process and was a set

topic for discussion at all staff meetings.

Is the service effective?

Our findings

At our previous inspection this domain was rated Good. This domain remained Good.

We reviewed a sample of the registered manager's policies and saw they referred to current legislation and guidance. The registered manager was aware of current good practice guidance; they also attended good practice forums chaired by the local authority. This helped to ensure people's care and support was reflective of current legislation, standards and evidence-based guidance.

People told us staff had the knowledge and skills to meet their needs. One person said, "They (staff) know what they are doing." Another person told us new staff were supervised. Each of the staff we spoke with told us new staff received induction in which included shadowing experienced staff. Staff also received regular classroom based training as well as supervision, appraisal and field based performance assessments. This ensured staff had up to date skills and knowledge to enable them to meet people's needs in line with current standards of good practice.

People's dietary needs were well managed. One person told us, "They've got to ask me what I want for my breakfast and I decide", another person said, "They make me breakfast. They know what I want." Where people needed support with eating and drinking, or they had specific dietary needs this was recorded in their care records. Staff were able to tell us how they supported people's individual needs, for example, one staff member told us about a person they supported who required a soft diet, "We make sure their food is prepped in the right way, PASS tells me what to do, I give [person] the choice." This showed people were involved in decisions about what they ate and staff respected their preferences.

Both office and field based staff told us communication and sharing of information within the service was good. One staff member told us, "It (information) will go on PASS as care notes and then we ring the office. There might be a group message to everyone, like if there's someone in hospital. It is a good system." This helped to ensure key information was shared and easily accessed by staff.

Contact information regarding other healthcare professionals involved in people's care was recorded in people's care files. One staff member said, "It's all on the care plan, like district nurses or GPs so we know who to call." The registered manager told us both office and field based staff were able to refer to external health care professionals if this was required. This showed people using the service received additional support when required for meeting their care and treatment needs.

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 so that they can 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. We saw from people's records, mental capacity assessments had been completed along with evidence of best interest's discussions. The staff we spoke with said they had received training on mental capacity and consent. Their answers demonstrated an understanding of the law and how it had to be applied in practice. One staff member said, "Everybody's got capacity unless we're told otherwise. We always assume they have. I always give them a choice and do my best by the client."

Is the service caring?

Our findings

At our previous inspection this domain was rated Good. This domain remained Good.

People and their relatives were all complimentary about the care and support they received from Attentive Care Experts. Peoples comments included; "I like the girls that come", "They are kind, they're wonderful", "They know us very well" and "If I ask them to do something for me, they always say yes. They are kind. I can't say anything wrong about them. I'd tell anyone to have them, they're great". Relatives said; "I think they are (kind), they spoil [person] sometimes" and "They treat [person] like a person, not a patient or customer."

Each member of staff spoke about the people who used the service with respect and compassion. "We assume people aren't the same. How you help one client may differ from another." Another staff member said, "I love looking after people. I get job satisfaction."

People told us staff respected their choices and preferences. One relative told us, "They do ask [person] how they want things." People also told us staff respected their right to privacy. One person said, "They leave me alone in the bathroom and come when I shout." Another person said, "They cover me up with towels and what not."

Staff were able to give examples of how they maintained people's privacy and dignity. One staff member said, "We always cover them when we're doing personal care and give them privacy on the toilet." Another staff member said, "I put a towel over them; give them time on the toilet. We make sure no-one else can see in, we close the doors and curtains."

People were encouraged to retain their level of independence. Staff told us they encouraged people, "You always encourage people to do things for themselves." People's care plans also recorded the tasks they were able to complete themselves, for example, 'I can wash my own hands and face, please let me do this as I like to be independent'.

There were systems in place to reduce the risk of confidential information being shared inappropriately. One of the staff we spoke with said, "You never talk about clients out in the open." The registered manager told us computers and electronic devices were password protected and had an 'auto lock' system to lock the screen, reducing the risk of unauthorised access to confidential information.

An equality and diversity policy was in place. Staff were aware of their responsibilities in protecting people from discriminatory practices.

Information about how to access advocacy support was on display in the office. An advocate is a person who is able to speak on people's behalf, when they may not be able to do so for themselves.

Is the service responsive?

Our findings

At our previous inspection this domain was rated Good. This domain remained Good.

People told us they had a copy of their care plan in their home. Staff told us people's electronic records contained the information they needed to enable them to meet people's needs. One staff member said, "PASS has everything we need to know on it. I always look through PASS the night before I go to a new client."

Each of the care records we reviewed provided sufficient information to enable staff to provide safe, effective, person centred care to people. People's communication needs were evidenced within their care records. The registered manager told us they were able to provide information to people in a range of formats should this be required to enable to receive information in a suitable format.

Staff made a record of the care and support they provided to people at each call on hand held devices. The entries we reviewed were reflective of the care and support needs detailed within people's care records.

There was a system in place to ensure care records were reviewed and where required, updated, at regular intervals. This helped to ensure people's care records were reflective of their current needs.

People told us they were happy with the service they received, but in the event they did have a complaint; people told us they would telephone the office.

We saw a complaints policy was in place, this provided relevant information regarding how to complain, timelines for dealing with complaints and contact information for external bodies in the event the complainant was dissatisfied with the registered manager's response. This showed there was a process in place should a complaint be made, to ensure they were managed effectively.

At the time of our inspection, the service was not supporting anyone who required end of life care. However, the registered manager was aware of how to access support from other healthcare professionals if required. Where people had a Do Not Attempt Resuscitation (DNAR) in place both the registered manager and the staff we spoke with told us the location of the document was recorded in their care plan. This ensured staff knew where to locate this document in the event it was required.

Is the service well-led?

Our findings

People and the relatives we spoke with were positive about the management of the organisation. One person said, "We're very happy with the service, we don't think they could improve it." A relative said, "I'm really happy that they're a small family-run business. They've checked [relative] is happy, so I'm impressed."

All the staff we spoke with told us they felt supported and the office based staff were approachable. The care co-ordinator told us they felt valued by the registered manager. They told us they had commenced with the organisation as an independent living assistant, but with the support of the registered manager they had progressed to their current role. Three staff were being supported to complete a National Vocational Qualification (NVQ) in management and leadership. This demonstrated support for staff in their personal development through coaching and training to grow into senior roles.

Each of the office based staff we spoke with was clear about the ethos of the service. The recruitment manager told us how they assessed potential candidate's values and attitudes towards the people they would be supporting. They said, "It is important they (potential candidates) understand the ethos and culture of the organisation. We all need to work to that ethos; we do a lot of discussion at interview about 'put yourself in the service user's shoes'." This showed the registered manager's vision to provide quality care began at the point of recruitment, therefore reducing the risk of employing staff who may not share the values of the service.

We saw a range of audits were completed on a regular basis. For example, all medicine administration records and daily records were audited each month. We reviewed the audits of February 2018's records and saw where an issue had been identified; a record of the action taken was noted. The registered manager told us they checked a random 10% sample of audits to ensure not only had they been completed, but also to ensure they had been completed to the required standard. At the time of the inspection the registered manager told us they did not formally record this process, but they assured us they would review this. Two external organisations had recently completed audits of the service. This demonstrated the registered provider had systems in place to demonstrate independent oversight of the effectiveness of audits.

We saw the registered manager had an action plan in place. This clearly recorded the actions required and the timescale for completion. Each action was rated according to urgency, for example, red, amber, green and we saw completed actions were moved to a separate part of the action plan. This ensured a record of completed actions was maintained and also meant ongoing actions were easily identified.

Systems were in place to gather feedback from people who received services as well as staff. We saw the majority of feedback was positive. Where people had raised concerns about staff not always communicating lateness, the registered manager had discussed this with office staff and introduced systems to ensure improved communication which was reflected in the comments people made to us.

Staff told us team meetings were held regularly, one staff member said, "You get a lot out of them. The registered manager told us, "Staff feedback is really important to us." They told us about two examples,

where feedback from staff regarding peoples care and support package had been acted upon, resulting in improved outcomes for both people.

As part of the registered managers drive to continually learn and improve their service they told us they were about to implement a monthly 'drop in' coffee morning forum for people who used the service. The registered manager told us they wanted the service to be part of the local community, they were involved in the Birkenshaw Village Association, they had also developed links with a local care home and the office staff had registered to be dementia friends. This showed the registered manager wanted staff to learn more about living with dementia.