Carly Fewell

Atwell Care

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
Atwell Care is a domiciliary care agency providing personal care for 14 people in their own homes, at the time of the inspection. 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. Each person receiving care from Atwell Care received personal care support.

People's experience of using this service and what we found
People and staff told us they appreciated the fact the company was family owned and small enough to ensure a personalised service. People told us they knew the staff and staff knew each person who received care. The provider told us this was a key feature of their service.

People's needs were assessed by the provider, to ensure the service could provide a care package to meet the person's needs. Where people's needs changed, these were monitored, and care packages were adapted.

Staff received training via e-learning or face-to-face. The e-learning had an 80% pass rate. However, the provider was not reviewing if any incorrect answers meant the staff member needed further training. Staff told us they felt they had received enough training to do their job well. People told us they felt staff were well trained and professional.

Staff were supported through one-to-one meetings and observations. Where areas for improvement or training needs were identified, staff received support to address this.

People told us they felt staff prepared food and drinks for them to a good standard.

People told us staff were kind, friendly and helpful. If people had any concerns, they told us they felt they could contact the office or speak to staff.

Staff understood their responsibility to identify and report any safeguarding concerns.

People's care plans documented the support they needed from staff and their preferences. Staff were prompted to re-read the care plan each visit, to ensure they knew what support the person required.

Medicines administration was recorded electronically. The system told care staff what medicines were required at which visit. This reduced the likelihood of administration errors occurring. Staff had to confirm if they had administered the medicines or not, before they could log-out of the visit record.

The electronic record keeping system gave the management of the service an overview of how long staff spent at each visit. They could also see if staff were on time or running late for their next visit. People told us

the staff arrived on time most days and they had not had any missed visits.

The provider maintained an overview of the service through completing care calls, being on-call, reviewing records, completing assessments and observations, as well as audits.

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.

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

Rating at last inspection
This service was registered with us on 16 July 2018 and this is the first inspection.

Why we inspected
This was a planned inspection based on the date of registration.

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 effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Atwell Care

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 one inspector.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service is not required to have a manager registered with the Care Quality Commission as part of their registration. The provider is responsible for the day to day running of the service and is legally responsible for the quality and safety of the care provided.

Notice of inspection
We gave the service notice of the inspection. This was because it is a small service and we needed to be sure that the provider would be in the office to support the inspection.

What we did before the inspection
We used information we had received about the service to plan this inspection. This included, the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection
We reviewed information relating to people's care. This included care plans and records for four people. We also looked at information relating to the management of the service. We were able to speak with three people or their family members. We also spoke with three members of staff, including the provider.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At this inspection this key question has been rated as good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
• People told us they felt safe during their care visits.
• Staff had received safeguarding training and understood their responsibility to identify concerns.
• Staff told us they would feel confident reporting concerns to the provider, the local authority, Police or CQC.

Assessing risk, safety monitoring and management; learning lessons when things go wrong
• Risks to people's safety had been identified and assessed. These included for example, risks of slips or trips in the home or the risks when hoisting a person.
• Risk assessments included measures for staff to follow to reduce the likelihood of risks occurring. For example, one person required the use of oxygen canisters. The risk assessment directed staff to not smoke near or in the property.
• Accidents and incidents were reported by staff and reviewed by the provider. The provider then identified if any further training or support to staff was required.

Staffing and recruitment
• There were enough staff to meet people's needs. The provider and a member of the office staff completed care calls, if cover was needed when there were staff absences. .
• Staff had been recruited following safe recruitment processes. Staff employment was subject to satisfactory reference checks, as well as Disclosure and Barring Service clearance (DBS). The DBS helps employers to make safer recruitment decisions by preventing unsuitable people from working with vulnerable people.

Using medicines safely
• There were safe medicines administration systems in place. Staff were prompted by an electronic record keeping system which informed them medicines were due at which visit. This meant people had their medicines as prescribed.
• If staff were unsure about any aspects of the medicine's administration, they contacted the provider for support. The registered manager then accessed the electronic record for details of people's medicines and gave guidance over the phone.
• One medicines administration error had occurred, prior to the electronic system being in place. This had been addressed promptly and the staff member was given further training to ensure their competence.

Preventing and controlling infection
• Staff were provided with personal protective equipment (PPE). The PPE included items such as

antibacterial hand gel and gloves. During spot checks, staff were assessed to ensure they had PPE available.

Good

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 this inspection this key question has been rated as good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience
• People were supported by staff who completed training in a range of areas. These included medicines administration, moving and handling, and infection control. Staff completed their training either online or face-to-face.
• The pass mark staff needed to achieve for online training was 80%, however the provider did not review which questions the staff member got wrong. This meant there could be potential gaps in the staff member's knowledge which were not being addressed because they had achieved the pass mark. We discussed this with the provider who found they could see the incorrect answers via the training system. They advised us the staff member would not have been automatically told what questions they answered incorrectly. They agreed this should be followed up and planned to address this with staff during one-to-one meetings.
• Where people had specialist care needs, staff completed specific training. The staff rostering system would not allow a staff member who had not completed the specific training to be allocated to the person.
• Four observations were completed for each staff member per year. During these observation spot checks on how the staff member conducted themselves and delivered care was assessed. Feedback from these checks was provided to staff.
• Staff performance and development was discussed individually during one-to-one supervision meetings and collectively in team meetings. We saw in one staff member's supervision notes, they had requested more training in moving and handling. This additional training was provided. In the most recent team meeting, the provider had given the staff a quiz to test their knowledge. It included questions around appropriate conduct and best practice.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can

authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA,
• There were policies in place based on the MCA and how this should be used when care planning and providing care for a person who lacks capacity.
• We found the service was not obtaining copies of people's Lasting Power of Attorney (LPoA). LPoA gives a person's representative the legal authority to make decisions on their behalf. Evidence of LPoA should be obtained in the event of a best interest decision being needed. The provider assured us they would obtain copies of people's LPoA, following the inspection.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• The provider and the senior staff member completed assessments, prior to a care package being agreed. This was to ensure the service could meet people's needs.
• People and their representatives were involved in care plans and reviews. They told us staff respected their choices and understood their needs.
• Staff had access to legislative and best practice guidance. This included the National Institute for Health and Care Excellence guidelines on medicines management in the community.

Supporting people to live healthier lives, access healthcare services and support; staff working with other agencies to provide consistent, effective, timely care
• People knew which staff to expect on each visit. New staff also met with each person who received care, during their induction when shadowing an experienced staff member.
• Staff told us they felt the team worked well together to provide effective care. One staff member explained, "Where we are a small team, we all know each other and are just a phone call away if we need to follow up on something. I think people value and appreciate that."
• People's healthcare needs were monitored. Staff would contact the person's GP or pharmacy if needed, or if there were any changes. People's GP and emergency contact details were recorded in their care plans.

Supporting people to eat and drink enough to maintain a balanced diet
• People and their relatives told us they were happy with the way staff prepared their meals and drinks. They told us staff offered them choices and ensured their kitchen was clean afterwards.
• One staff member told us they enjoyed cooking and preparing fresh meals from scratch for people. They told us they liked preparing salads for one person who particularly enjoys them.
• People's care plans included their food and drink preferences. For one person we saw the plan detailed where staff could find their preferred cutlery and crockery. In another person's plan the information explained how many sugars they liked in their tea.

Good

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 this inspection this key question has been rated as 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 and their relatives told us the staff were kind, caring and friendly. One person said, "They are very good, very professional and kind."
• The service had received thank-you cards and compliment emails from relatives of people who received care. The compliments thanked the staff team for providing a good standard of care.
• There was a policy in place for staff to follow, regarding respecting equality and diversity.

Supporting people to express their views and be involved in making decisions about their care
• People were involved in the care planning process and care plan reviews. The provider told us they asked people what information they wanted staff to know.
• People told us staff involved them and sought their consent for decisions involving their care.
• If a person requested to not have a staff member visit, this was respected, and amendments were made to ensure a different staff member attended. For one person, this was because they knew the staff member prior to receiving care.

Respecting and promoting people's privacy, dignity and independence
• If people had pets, the staff supported the person to care for them. This included letting them out, feeding and occasional walking.
• Where needed, people were helped to have shopping lists made, to ensure they always had enough of the items they needed.
• People were supported to find out about community services which could help further their independence. This include a transport link bus to the local hospital, which did door-to-door collect and drop-off services. This helped one person to save a considerable amount of money each week compared to using taxi services.
• The service supported a person to visit residential homes, when the person felt they wanted to consider their care options.
• People's information was stored securely. Staff accessed people's information through an electronic system on their phone. The system was accessible to staff through individual log-in's, which only gave them access to the information they needed, at the time it was needed. For example, key-safe numbers when arriving at a person's home.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At this inspection this key question has been rated as 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's care plans included if they had any religious, spiritual or cultural beliefs which they wanted staff to be aware of or support them with.
• People and their relatives were invited to care plan reviews.
• One person's relative told us the provider carried out some care visits.
• People and their relatives confirmed staff do everything they need them to do.

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.
• All documentation given to people was accessible to the provider to edit into larger print if needed.
• The provider had researched resources and listed these in their policies, to prepare communication tools for people who communicate with braille or sign language. These were website resources that would convert the information staff typed in, into braille or pictures of hands signing.

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
• The service provided people with informative leaflets or made referrals for day centre services. The registered manager explained they recommended a service in Bath, where people could spend the day, use their facilities, take part in activities, and have a cooked meal with company.
• People and their relatives told us they appreciated having the staff company during visits. They praised the service for being small and personal. One person's relative said, "[Family member] has got to know all the staff and they have got to know about [family member]. They make time to have a chat and they listen to his stories." In one person's feedback form, they wrote 'I look forward to my late bedtime visit.'

Improving care quality in response to complaints or concerns
• One complaint had been received. It was investigated and responded to in detail. Records showed the person who made the complaint was happy with the outcome.

End of life care and support
• Although the service was not supporting anyone with their end of life care and support needs at the time of the inspection. However, the provider was planning staff training in end of life care, to support people in the

future.

Good

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 this inspection this key question has been rated as 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 values of the service were based around offering personalised care, where the staff and management knew everyone well. People and their relatives confirmed they knew all the staff, as well as the provider
• There were examples of people's care needs being monitored and the service acting to refer people for additional support. This timely action had supported people to achieve good outcomes. The service had received feedback from a social care professional who said for one person 'you have turned their life around.'
• While the service was in the first year of operating, the feedback from people and their relatives was consistently good.

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
• Each person who received care from the service knew the provider.
• The provider understood their responsibility to act upon their duty of candour.
• The provider knew when to notify CQC and the local authority safeguarding teams, in the event of something going wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• There were quality monitoring systems in place, including audits of care plans and observations of staff conduct. Where areas for improvement were identified, the required actions were recorded for the registered manager to complete.
• There was a managerial oversight of the service. This included monitoring the electronic record keeping system to see how long staff spent at each visit and what support they provided.
• The use of technology promoted transparency in staff being clear about their roles. The system showed how close staff were to people's home when they logged in for their visit and how far from the property they were when logging out. This meant staff were mindful of spending the allocated time with people and visits were the length of time people expected.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• People were asked to provide feedback about their care. Feedback forms were completed, and these were all reviewed by the provider.

• The provider had plans to develop a feedback form specifically for people's relatives.
• Staff attended team meetings. Records showed these were used for learning and development, as well as discussing relevant communication staff needed to be aware of.
• Staff received communication from the provider through regular emails, as well as visiting the care office.
• Staff told us they enjoyed working for the company and they praised the management approach. Two staff members had previously been given use of the company car when facing difficulties with their own vehicle. This ensured they could continue their work, without impact to people using the service or facing financial difficulties by not working.

Continuous learning and improving care
• The provider was in the process of completing their Level five leadership qualification.
• The provider fostered a culture of continuous learning. They recognised the areas of the service they wanted to develop. For example, while the policies were in place, they wanted to re-draft these to collate more information together.

Working in partnership with others
• Networking opportunities for registered managers were identified and attended by the provider.
• A quality audit of documentation held at the care office had taken place by an external provider. The recommendations from this were not always relevant to a domiciliary care agency.