

A & T Caring Services Ltd

# A & T Caring Services

## 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 & T Caring Services is a domiciliary care agency providing personal care to people living in their own houses and flats. The agency supported one person with personal care at the time of the inspection. The agency supported older people with physical support needs since its registration.

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

People's relatives felt staff supported people safely. Staff were trained to support people around their individual risks, with their medicines and when they needed help to contact other healthcare professionals, for example in emergencies.

Staff knew how to protect people from abuse or neglect. Staff were also trained in infection prevention and control.

There were enough staff employed to provide care to people and recruitment processes were safe. The management team had systems in place to closely monitor day to day care visits and took action to ensure people received the care they needed, even if they came across any unforeseen circumstances such as the national petrol shortage.

The registered manager ensured any learning from people's feedback and any issues identified in the service were actioned and improvements were made. People were informed on how to make a complaint. The provider had a good system in place to make sure complaints were addressed and responded to and feedback from people was sought.

People's care plans were person-centred. The management team ensured people's needs and risks were discussed with them in detail so they could be supported in a way which brought the best possible outcomes and was in line with their preferences and individual situation.

Staff knew how to support people in a caring, kind and respectful way. People's relatives told us staff were nice and kind to people.

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.

Staff had access to relevant training and ongoing support from the managers who worked directly with the team. The registered manager regularly monitored the quality and safety of the service and had a clear vision of how they would develop the agency ensuring people received person-centred and safe care.

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

### Rating at last inspection

This service was registered with us on 7 September 2020 and this is the first inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for A & T Caring Services on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was safe.

Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our effective findings below.

**Good** ●

### **Is the service caring?**

The service was caring.

Details are in our caring findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# A & T Caring Services

## 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

The 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 houses and flats.

#### Notice of inspection

We gave the service short 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.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used 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. We used all of this information to plan our inspection.

#### During the inspection

We spoke with the registered manager. We reviewed a range of records. This included one person's care records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including quality assurance and electronic care management records were reviewed.

After the inspection

We spoke with a relative of a person supported by the agency. We continued to seek clarification from the provider to validate evidence found. We looked at policies and procedures. We spoke with two staff working in the agency.

# 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 for 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's relatives told us they felt people were safe with staff. Staff knew how to recognise and report any safeguarding concerns. They explained how they would immediately report to the registered manager any concerns, for example, if people had unexplained bruises.
- Staff received training in safeguarding. The managers demonstrated good knowledge on what action they would take to protect people and how they would report any concerns to the local authority safeguarding team. One member of staff said, "You report any concerns instantly to the local authority, we do not 'sit on them'."
- There were no safeguarding concerns raised with the agency by people, their representatives or staff since its registration. Nevertheless, the provider had a policy in place on how any concerns would be reported, investigated and acted upon to protect people and how people would be involved in this process.

Assessing risk, safety monitoring and management

- People were protected from the risk of avoidable harm as staff had clear guidance on what individual support they required to keep safe. A relative told us, "Everything is running very smoothly."
- People's care plans included clear guidance for staff on how to support them safely with the daily life activities and how their individual health and wellbeing needs may affect the support they would require. For example, the provider's care planning records included assessment of risks around mobilising, personal care, mental health, specific health conditions and people's house environment.
- When people's needs changed their support was reassessed and their care plans were updated to reflect their needs accurately. Staff were supported to meet people, learn about their needs and observed more experienced colleagues providing care before being assessed as competent so they told us they felt they knew people's needs well before they started to support them.

Staffing and recruitment

- The registered manager ensured there were enough staff recruited and available to support people. No visits were missed, and the staff team was consistent which was confirmed by relatives' feedback. However, the agency had some recent issues caused by the petrol shortage. The registered manager implemented contingency measures to ensure people received their visits despite this.
- Staff told us they had no problems to reach people in a timely way unless matters outside their control influenced their journeys. One member of staff said, "We all step in if we need to, at the end of the day we are all there for the [person], through the electronic monitoring application there is live view and you can see if everyone has been seen." The registered manager told us how they closely monitored staff's attendance and provided hands on support such as giving staff a lift to ensure staff reached people within an acceptable time range. The managers used real time electronic monitoring application to assure themselves support

was provided as planned each day.

- The agency discussed timing of the visits with people and their representatives at the point of planning their care. They explained the range of flexibility in timing which was required to ensure it would suit the person's needs and protected them from any risks. However, the time range was quite wide which we raised with the registered manager on the day of the inspection. They assured us they would always assess individual needs and shorten the acceptable time window should people require support at specific times due to their individual needs.
- The provider followed safe recruitment process. New staff members were interviewed, their employment history and professional references were checked together with the right to work in UK. Staff also underwent Disclosure and Barring Service (DBS) checks. DBS checks include a criminal record check to help providers to make safer recruitment decisions.

#### Using medicines safely

- The staff team did not support anyone with their medicines at the time of the inspection. However, there were safe systems and processes in place to ensure should any person need support in the future, staff could provide it safely.
- People had medicines care plans in place which details what medicines they required to keep well, what level of support they received in this area and any risks involved in taking specific medicines. However, this support was provided mainly by other care agency which was also recorded in the care plan.
- Staff completed medicines administration training and were competency assessed by the managers to ensure they had the skills to support people safely. The provider had a detailed medicines management policy in line with the national guidance on supporting people in the community with taking their medicines.

#### Preventing and controlling infection

- Staff received training and support around good infection prevention and control (IPC) practice. The managers completed spot checks of staff practice to ensure good IPC was followed. Staff were supported to have ongoing access to personal protective equipment (PPE), and this was closely monitored by the managers.
- Staff were regularly tested for COVID-19 and had been supported to access vaccinations for frontline social care workers.
- The registered manager completed relevant risk assessments around people's care and the impact that COVID-19 pandemic could have on their care, health and wellbeing.

#### Learning lessons when things go wrong

- There were no incident or accidents reported since the agency was registered. However, the registered manager could clearly explain how they would analyse any adverse events to identify trends, patterns or lessons learnt to improve people's safety and the quality of their care.
- The registered manager used people's feedback and the outcomes of their own monitoring of the quality and safety to learn lessons. For example, they discussed with staff around how they addressed and communicated with people and their families following feedback and this improved.
- The registered manager also increased monitoring of the electronic systems they used to effectively address any issues such as lack of internet connection which affected how the systems work. They implemented contingencies to ensure this did not adversely affect care provided to people.

# 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

- People's needs were robustly assessed, involving them in the process and including their wishes and preferences around the care they required. The registered manager explained the process they followed when discussing with people what care they needed and if the agency could provide it safely and as per their individual preferences.
- The registered manager explained. "We look at the whole person, as people are diverse. Person-centred care is important to us, we look at what the person needs 'hair to toes', go through everything around daily life and then specifics as well, around their wishes, emotional needs, to the detail around the gender of a carer or whom they want to be informed and involved in different circumstances." The registered manager stressed how important it was for them to ensure the person and their family or supporters were fully involved in planning the care visits.
- The registered manager ensured the COVID-19 national guidance was implemented in the service. For example, they assessed the risks involved in people's care needs to prepare for any emergency situations which might have been caused by the pandemic.

Staff support: induction, training, skills and experience

- Staff were competent for their roles and were supported by the provider. One person's relative said, "[Staff] are very good, very competent."
- Staff completed induction training in line with the Care Certificate and direct competency and knowledge assessments before they could support people independently. The Care Certificate is a nationally recognised set of basic qualifications for staff who are new to social care. The managers of the agency achieved 'train the trainer' qualifications, for example in medicines management and moving and handling so they could train and effectively supervise the staff.
- Staff were also supported to work alongside more experienced colleagues, usually one of the managers, to ensure they knew the person and their needs. Staff told us they felt supported by the registered manager to continuously develop their skills, received regular supervision and could call the managers for support at anytime.

Supporting people to eat and drink enough to maintain a balanced diet

- The agency did not support any people with meals or drinks preparation at the time of the inspection. However, the registered manager clearly explained how they would include support in this area if people needed it.
- The care record system used by the provider enabled them to clearly assess if people needed help to eat and drink and if there were any other risks staff would need to support them with, such as risk of

malnutrition. Records confirmed this area was explored with people at the time of agreeing what care they would need.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff were aware of how to work effectively with people and their families or other supporters to ensure they could access healthcare services in a timely way when needed. Staff could clearly explain when and how they would contact people's GP, ambulance service or how they would ensure clear communication with any other healthcare professionals.
- People's records confirmed staff kept in regular communication with social services and people's families to ensure good joined-up care was provided.

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. 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.

- The registered manager and staff were aware of their responsibility to work within the MCA requirements. Staff clearly explained to us how they always ask for consent for care and support before helping people and what they would do if they thought a person may struggle with making certain decisions. Staff were aware of how to involve people's legal representatives as well. Staff received training in mental capacity.
- People's records included information on how to support them to be involved in decision making and information on who should be consulted around any decision in their 'best interests' if they lacked capacity to provide a valid consent. The registered manager was aware of their responsibilities to work with social services and people's legal representatives.

# 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; 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's relatives told us staff were kind and caring to people and their families. One relative said, "[Staff] are polite and nice to [person]." They also commented they felt staff were respectful to the person, their dignity and their family life.
- Staff were supported by the managers to ensure they continued to provide care with the right attitude towards people and with respect to them as individuals. One of the managers said what they look at when they complete direct observations of staff practice, "I would expect [staff] to communicate throughout care, asking questions and explaining to the person, asking if it is OK [to provide care]. Communication is really important, sometimes just spending more time with people, trying your best and listening to them helps people [when they might feel low]."
- Staff were aware of the importance of respecting and involving people in their care. One member of staff said, "We need to try to get to know people's situation and understand them, always asking what they need."
- The registered manager trained staff to ensure they provided support in a way which respected people's independence and dignity. They explained how staff ensured they worked well with other agencies involved in people's care so they knew how the person was and what their ability to get involved in their care was before they started to support them on the day.
- The registered manager ensured the electronic systems were accessed only by authorised staff in line with confidentiality requirements. They also asked people at the point of first contact whom they wished to have involved in their care and how and when they wanted information to be shared.

# 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

- The management team put emphasis on providing people with person-centred care. One staff member said, "Our care is how that [person] specifically wants it. We ask all the questions, prompt and look for best outcome. It is very much how [people] want the care, not how we want to give it. One of my main things to check is if the care is going how you want it. Everyone is entitled to be cared for in person-centred manner."
- People's care plans included a range of assessments looking at their different needs, including physical health, but also emotional, social and other specific to the person's support needs. People's interests and information on their life story was also included in their records.
- Staff were aware of the need to support people around any specific equality and diversity needs in a person-centred way. One staff member said, "We do ask those questions, around religious, cultural, different social needs. We have to be respecting that."

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.

- People's communication needs were assessed and included in their care plans. The care plans included information on how to communicate with them so [staff] could understand how to encourage and reassure them. Staff also included assessments of what sensory needs people had, such as if they needed support to wear glasses or hearing aids.
- The management team explained to us how they were prepared to meet people's individual communication needs. For example, by providing information in different languages, Braille or any other format as per individual people's needs. They did not need to use it as of yet, but were aware of when it may be needed in the future and put systems in place to ensure they could meet the AIS.

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

- Staff knew how to support people to decrease the risk of social isolation. Although they did not provide social support to people at the time of the inspection, they could clearly explain how they would ensure they had time to chat to people or they would explore with them what support they needed to follow their interests.
- The registered manager explained how they worked in partnership with people's families to ensure staff respected their relationships and day to day life. This sometimes meant staff were able to recognise when

they were no longer needed and could leave the person's home not to disturb their family life.

Improving care quality in response to complaints or concerns

- The agency had not received any formal complaints since its registration. People's relatives told us they knew how to make a complaint and felt comfortable to communicate with the management.
- The provider had a clear complaints policy. People were provided with information on how to make a complaint within their individual care records in their homes. The registered manager had a clear process in place on how they would acknowledge, record and investigate any complaints which included them working with the complainant to respond to and resolve the matter.

# 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had a good oversight of the quality and safety of the service and worked closely with the care team. As the agency was small, the registered manager was heavily involved in the day to day provision of care, maintaining contact with people and their families, and directly monitoring the care provided. The management team also regularly reviewed people's care records.
- The registered manager had a good understanding of effective quality and safety monitoring systems and clearly explained to us how they would develop them further should the agency grow and support more people in the future. They explained they would ensure the assessment process was done carefully and appropriate staff were trained and ready to support people before agreeing to support someone. They also put a foundation of good governance systems in place and trained staff to be able to fulfil more senior role.
- The management team used electronic systems to monitor day to day care provision and took action to remedy any issues as and when needed. They also implemented COVID-19 specific service checks, monitoring tools for staff training and supervisions, direct observations of staff practice and tools to gather feedback from people using the service.
- Although there was no formal service improvement plan in place, the registered manager explained how they remedied issues they came across, for example around technical problems with the electronic systems they used. They increased monitoring via telephone calls to make sure people received the care they needed and appropriate records were kept. They also continued to recruit new staff, developing partnership working with other healthcare and social care agencies in the local area to be able to widen the care they offered safely.
- People's relatives told us they felt the communication from the management team was going well. The registered manager was aware of their responsibilities around the duty of candour and staff told us they knew the importance of open and transparent communication. For example, staff explained to us how they would contact the person's next of kin just after calling an ambulance, without a delay if a person had an accident.
- The registered manager knew when they were required to inform CQC about certain events in the service. There were no events in the service since its registration which would require CQC to be notified.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering

their equality characteristics; Working in partnership with others

- People's relatives and staff told us the culture of the service was supportive and open. One relative said, "I think [staff] are very easy to talk to."
- People were asked for their feedback on care they received in individual conversations and with the use of quality monitoring questionnaires. People's comments included that staff were 'friendly and approachable'. The registered manager explained how they asked staff to call them without delay for support should they be running late for the visit so they could ensure people received support in a timely way.
- Staff felt involved in the service and listened to by the managers, so they felt they could freely ask for support if needed. One member of staff said, "I speak with [the registered manager], we do chat a lot. They ask me how [the care visit] did go and if I am OK." Another staff member said, "I am proud of how our team works, it is strong and supportive in and out of the office."
- The agency worked well in partnership with people's supporters, other care providers and social services which enabled them to continue to provide joined-up care meeting people's changing needs. The registered manager continued to build new relationships with local partners to ensure their support could be drawn upon should more people use their service in the future.