

Atlantic Way Care Limited

Atlantic Way Care

Inspection report

Unit G, Caddsdwn Business Support Centre
Farm Road, Caddsdwn Industrial Park
Bideford
EX39 3BE

Date of inspection visit:
27 April 2022
06 May 2022

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Ratings

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|---------------------------------|--------|
| 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

Atlantic Way Care provides care and support to people living in nine 'supported living' settings, so that they can live as independently as possible. Not everyone who used the service received personal care. 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. There were currently five people receiving a service.

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

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support: Model of care and setting maximises people's choice, control and Independence; Right care: Care is person-centred and promotes people's dignity, privacy and human rights; Right culture: Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives.

People's equality, diversity and human rights were respected. The service's vision and values centred around the people they supported. The organisation's statement of purpose documented a philosophy of maximising people's life choices, encouraging independence and people having a sense of worth and value. Our inspection found that the organisation's philosophy was embedded in Atlantic Way Care. For example, people were constantly encouraged to lead rich and meaningful lives.

People felt safe and supported by staff in their homes. A person commented, "I like living here. I feel safe and can go to the staff with any concerns." A relative commented, "(Relative) is safe. I have no concerns." Staff demonstrated an understanding of what might constitute abuse and knew how to report any concerns they might have. Medicines were managed as necessary. Infection control measures were in place.

People's individual risks were identified, and risk assessment reviews were carried out to identify ways to keep people safe.

The service had recently been working closely with health professionals with regards to a person's diabetes management. As a result, a more robust diabetes protocol and full care plan was now in place and staff were to receive bespoke diabetes training specific to the person's diabetes management to ensure staff felt confident and competent in recognising and responding to changes in their condition.

The registered manager confirmed they had experienced difficulties with staffing, largely due to recruitment difficulties. They were working to address this and provide a safe service. People's core hours were covered in order to meet people's needs; however, the service was unable to always cover people's additional one to one hours. The registered manager was ensuring the local authority was aware of this when it happened ensuring transparency and accountability. The provider was actively recruiting for staff on an ongoing process via various advertising sources. The service had developed a dedicated recruitment on-boarding team and new staff were now in the 'pipeline' to commence employment once all appropriate checks had been completed.

Care files were personalised to reflect people's personal preferences. Their views and suggestions were taken into account to improve the service. People were supported to maintain a balanced diet. Health and social care professionals were regularly involved in people's care to ensure they received the care and treatment which was right for them.

Staff relationships with people were caring and supportive. Staff provided care that was kind and compassionate. Comments included, "The staff are kind, I like living here", "The staff are nice people", "The staff are always very friendly and helpful" and "The staff are very kind, they are magic."

There were effective staff recruitment and selection processes in place. People received effective care and support from staff who were well trained and competent.

Staff spoke positively about communication and how the registered manager worked well with them and encouraged their professional development.

A number of methods were used to assess the quality and safety of the service people received. The service made continuous improvements in response to their findings.

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 23 October 2020 and this is their first inspection.

Why we inspected

This was a planned inspection.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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.

Atlantic Way 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

The inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in nine 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

Notice of inspection

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

What we did before the inspection

We reviewed information we had received about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all

this information to plan our inspection.

During the inspection

We spoke with six members of staff, which included the registered manager. We visited and spoke with three people who used the service.

We reviewed a range of records. We looked at a variety of records relating to the care and support provided, three staff files in relation to recruitment and various policies and procedures were reviewed. We requested a variety of records were sent to us relating to staff training and regards the management of the service. These included specific audits/reports relating to the quality and safety of the service to ensure people received safe care and support specific to their individual needs.

After the inspection

After our visit we sought feedback from relatives and health and social care professionals to obtain their views of the service provided to people. We received feedback from two relatives and two health and social care professionals. We continued to seek clarification from the provider to validate evidence found. We provided initial feedback to the service on 18 May 2022.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe and supported by staff in their homes. A person commented, "I like living here. I feel safe and can go to the staff with any concerns." A relative commented, "(Relative) is safe. I have no concerns."
- Staff demonstrated an understanding of what might constitute abuse and knew how to report any concerns they might have. For example, staff knew how to report concerns within the organisation and externally such as the local authority, police and the Care Quality Commission (CQC). Staff had received safeguarding training to ensure they had up to date information about the protection of vulnerable people.
- The registered manager demonstrated an understanding of their safeguarding role and responsibilities. They explained the importance of working closely with commissioners, the local authority and relevant health and social care professionals on an on-going basis. There were clear policies for staff to follow. Staff confirmed that they knew about the safeguarding adults' policy and procedure and where to locate it if needed.
- Information was available for people on adult safeguarding and how to raise concerns.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People's individual risks were identified, and risk assessment reviews were carried out to identify ways to keep people safe. For example, risk assessments for behaviour management, eating and drinking and accessing the local community.
- The service had recently been working closely with health professionals regards to a person's diabetes management. As a result, a more robust diabetes protocol and full care plan was now in place and staff were to receive bespoke diabetes training specific to the person's diabetes management to ensure staff felt confident and competent in recognising and responding to changes in their condition. A relative commented, "(Relative) has brittle diabetes, health professionals have been involved and diabetes training is being provided to staff. We are also looking at certain technologies to help manage (relatives') diabetes."
- Risk management considered people's physical and mental health needs and showed measures to manage risk were as least restrictive as possible. For example, people had positive behaviour support plans in place for staff to follow if an incident occurred. Positive behaviour support plans are used to support where people's behaviours escalate and can challenge. This gives staff a consistent approach and understanding to the support that needs to be delivered and is devised by Atlantic Way Care following the information given by relevant health and social care professionals.
- There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. For example, care plans and risk assessments were updated. Actions had been taken in line with the service's policies and procedures. Where incidents had taken place, involvement of other health and social care professionals was requested where needed to review people's plans of care and treatment.

Staffing and recruitment

- The registered manager confirmed they had experienced difficulties with staffing, largely due to recruitment difficulties. They were working to address this and provide a safe service.
- People's core hours were covered in order to meet people's needs; however, the service was unable to always cover people's additional one to one hours. The registered manager was ensuring the local authority was aware of this when it happened ensuring transparency and accountability. A relative commented, "I call (relative) about once a week and she seems to be in a good place" and, "The staff are magic." A health and social care professional told us, "(Person's) relative is happy with the placement."
- The provider was actively recruiting for staff on an ongoing process via various advertising sources. The service had developed a dedicated recruitment on-boarding team and new staff were now in the 'pipeline' to commence employment once all appropriate checks had been completed. The registered manager attended fortnightly on-boarding team meetings with the recruitment team. At these meetings, it gave the registered manager the opportunity to chase where new staff were and how recruitment was progressing. In addition, a new service manager had been recruited to increase oversight of the service.
- We asked how unforeseen shortfalls in staffing arrangements due to sickness were managed. The registered manager explained that regular staff undertook extra duties in order to meet people's needs. Where necessary, consistent agency staff were used, who were familiar to people and their individual needs.
- There were effective recruitment and selection processes in place. Staff had completed application forms and interviews had been undertaken. In addition, pre-employment checks, which included references from previous employers and Disclosure and Barring Service (DBS) checks, were completed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received varying levels of staff support when taking their medicines. For example, from prompting through to administration.
- Staff had received medicine training and competency assessments to ensure they were competent to carry out this task. Staff confirmed they were confident supporting people with their medicines. Members of the management team checked medicine practice whilst working with staff in the community and via records. This was to ensure staff were administering medicines correctly.

Preventing and controlling infection

- Staff had received training in infection control. This helped them to follow good hygiene practices during care and support. Everyone said staff were following good personal protective equipment (PPE) guidelines in relation to the COVID-19 pandemic.
- The provider supplied staff with masks, gloves and aprons to use when supporting people with their personal care. This helped to minimise the risk of infections spreading.
- Atlantic Way Care circulated regular updates to staff on preventing infection and COVID-19 along with any new legislation/guidelines that would affect the way they worked to ensure they followed best practice in order to keep people safe.

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.

Staff support: induction, training, skills and experience

- Staff were well trained and competent in their jobs. Comments included, "The staff are very competent" and "The staff are well trained and competent."
- Staff had completed an induction when they started work at the service, which included training. The induction required new members of staff to be supervised by more experienced staff to ensure they were safe and competent to carry out their roles before working alone. The induction formed part of a probationary period, so the organisation could assess staff competency and suitability to work for the service and the people who used it.
- Staff received training, which enabled them to feel confident in meeting people's needs and identify changes in people's health. They recognised that in order to support people appropriately, it was important for them to keep their skills up to date.
- Staff received training on a range of subjects including, safeguarding vulnerable adults, the Mental Capacity Act (2005), moving and handling, first aid, infection control and a range of topics specific to people's individual needs. For example, learning disability and mental health awareness, epilepsy, equality and diversity and person-centred care. Staff were due to receive additional training on diabetes management and stoma care.
- Staff had also completed nationally recognised qualifications in health and social care, which encouraged them to provide safe, compassionate care.
- Staff received on-going supervision in order for them to feel supported in their roles and to identify any future professional development opportunities. Staff confirmed they felt supported by the registered manager. A staff member commented, "The support is good from my team leader."

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

- People were supported to maintain a balanced diet.
- Staff recognised the importance of good nutrition and hydration. Staff had received training on nutrition and hydration in order to confidently support people with meal planning and preparation.
- Care plans and staff guidance emphasised the importance of people having a balanced and nutritious diet to maintain their general well-being. Staff recognised changes in people's eating habits and in consultation with them contacted health professionals involved in their care.

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

- Staff knew how to respond to people's specific health and social care needs. For example, recognising changes in a person's physical health.

- Staff were able to speak confidently about the care they delivered and understood how they contributed to people's health and well-being. For example, how people preferred to be supported with personal care.
- People were supported to see appropriate health and social care professionals when they needed to meet their healthcare needs. We saw evidence of health and social care professionals' involvement in people's individual care on an on-going and timely basis.

Ensuring consent to care and treatment in line with law and guidance; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Before people received any care and treatment they were asked for their consent and staff acted in accordance with their wishes. People's individual wishes were acted upon, such as how they wanted their personal care delivered.
- People's legal rights were protected because staff knew how to support people if they did not have the mental capacity to make decisions for themselves.
- People's capacity to make decisions about their care and support were assessed on an on-going basis in line with the Mental Capacity Act 2005 (MCA).
- People's capacity to consent had been assessed and best interest discussions and meetings had taken place. People had tenancy agreements in place. These were agreed in line with the MCA and included advocates where deemed necessary. Care records demonstrated consideration of the MCA and how the service had worked alongside family and health and social care professionals when there were changes in a person's capacity to consent to care.

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

- Staff were kind and caring. Comments included, "The staff are kind, I like living here", "The staff are nice people", "The staff are always very friendly and helpful" and "The staff are very kind, they are magic."
- Staff relationships with people were caring and supportive. Staff spoke confidently about people's specific needs and how they liked to be supported. Through our conversations with staff it was clear they were very committed, kind and compassionate towards people they supported. They described how they observed people's moods and responded appropriately.
- Health and social care professionals praised the service. Comments included, "The staff are kind and compassionate."
- Staff adopted a strong and visible personalised approach in how they worked with people. Staff spoke of the importance of empowering people to be involved in their day to day lives. They explained it was important people were at the heart of planning their care and support needs.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect when helping them with daily living tasks.
- Staff told us how they maintained people's privacy and dignity when assisting with personal care. For example, asking what support they required before providing care and explaining what needed to be done so that the person knew what was happening.
- Staff adopted a positive approach in the way they involved people and respected their independence. For example, encouraging people to do as much as possible in relation to their personal care and in meal preparations.
- People were encouraged to be as independent as possible. One person had an assist dog which helped alleviate their anxiety and increased their independence. Staff told us this had a positive impact on their mental health.

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; 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

- People received personalised care and support specific to their needs and preferences. Care plans reflected people's health and social care needs. The service had received a commendation from a local continuing healthcare nurse for providing 'the best person centred and collaborative care planning' they had seen.
- Care files included personal information and identified the relevant people involved in people's care, such as their GP. The care files were presented in an orderly and easy to follow format, which staff could refer to when providing care and support to ensure it was based on the person's wishes.
- Relevant assessments were completed and up to date, from initial planning through to on-going reviews of care, including cultural and religious preferences.
- Care files included information about people's history, which provided a timeline of significant events which had impacted on them, such as their physical and mental health. People's likes, and dislikes were taken into account in care plans.
- Care plans were detailed and included personal preferences, such as how they want their personal care delivered. Staff told us they found the care plans helpful and were able to refer to them at times when they recognised changes in a person's physical or mental health. Daily notes showed care plans were followed.
- Staff said people's care plans and risk assessments were really useful in helping them to provide appropriate care and support on a consistent basis. One commented, "The care plans capture all aspects of a person's care and their needs. Risks are constantly being reviewed. The care plans provide a great overview to an individual's needs, wants and likes and dislikes. They are a good source of information regarding an individual."

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.

- Staff were able to communicate with and understand each person's requests and changing moods as they were aware of people's known communication preferences. Care records contained communication details explaining how people communicated their wishes. For example, when a person has not understood something staff have asked, staff to speak slower and break down the information given into smaller chunks.

Improving care quality in response to complaints or concerns

- There were regular opportunities for people and people that mattered to them to raise issues, concerns and compliments. This was through on-going discussions with them by staff and members of the management team. When they started using the service, people were made aware of the complaints system. They said they would have no hesitation in making a complaint if it was necessary. The complaints procedure set out the process which would be followed by the provider and included contact details of the provider and the Care Quality Commission. This ensured people were given enough information if they felt they needed to raise a concern or complaint.
- A system was in place to record complaints. Complaints were acknowledged and responded to in an appropriate time frame and other professionals informed and involved where appropriate.

End of life care and support

- People were supported at the end of their life. The registered manager said, in the event of this type of support being needed, they worked closely with the community nursing team; GPs and family to ensure people's needs and wishes were met in a timely way.

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; 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; Continuous learning and improving care

- Systems were in place to monitor the quality and safety of the service. Audits were completed on a regular basis as part of monitoring the service provided. These checks reviewed people's care plans and risk assessments, medicines, incidents, accidents and health and safety. This enabled any trends to be spotted to ensure the service was meeting the requirements and needs of people being supported. Where actions were needed, these had been followed up. For example, care plans and risk assessments updated and involvement of relevant health and social care professionals.
- The service was open, honest and transparent with people when things went wrong. The management team recognised their responsibilities under the duty of candour requirements and followed the service's policies.
- The registered manager had notified CQC in full about any significant events at the service. We use this information to monitor the service and ensure they respond appropriately to keep people safe.

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

- Staff spoke positively about communication and how the registered manager worked well with them, encouraged team working and promoted an open person-centred culture. A staff member commented, "I feel able to go to (registered manager). She has been tremendous at making sure staff are happy. She is responsive when I ask for advice."
- Staff confirmed they were kept up to date with things affecting the overall service via team meetings and conversations on an on-going basis. Additional meetings took place on a regular basis as part of the service's handover system to ensure consistency of care and support.
- The service had received an outstanding achievement award for the vital role they had played in the support, well-being and mental health of one of the people they supported in October 2021.
- The service had a quality assurance programme in place to seek the views of people using the service. The last survey did not get a great response, even though people were offered a questionnaire in different formats. People chose not to respond, and the majority did not want relatives contacted. Atlantic Way Care has a keyworker system and have introduced regular monthly keyworker catch up sessions. These meetings enabled people to discuss their care and support needs and experience of the care and support received.

- At a national level, they have launched 'People we support and family forums'; 'Your Voice Counts,' with the idea being that people will contribute to local forums and then representatives will attend regional and national meetings to bring forward ideas which can be discussed and included in local and national policies if appropriate. They were planning to get the first meeting up and running in Devon in the next month or so.
- This demonstrated the organisation recognised the importance of gathering people's views to improve the quality and safety of the service and the care being provided.
- People's equality, diversity and human rights were respected. The service's vision and values centred around the people they supported. The organisation's statement of purpose documented a philosophy of maximising people's life choices, encouraging independence and people having a sense of worth and value. Our inspection found that the organisation's philosophy was embedded in Atlantic Way Care. For example, people were constantly encouraged to lead rich and meaningful lives.

Working in partnership with others

- The service worked with other health and social care professionals in line with people's specific needs. Staff commented that communication between other agencies was good and enabled people's needs to be met. Care files showed evidence of professionals working together. For example, GPs and various specialists specific to certain conditions/needs. Regular reviews took place to ensure people's current and changing needs were being met. Professionals commented, "Communications between the provider and Devon Partnership Trust is exceptionally robust", "Communication is excellent and regular - supportive and evidence-based approach to manage mental health and, "The service thinks outside of the box."