

Aspen Homecare Services Ltd

Aspen Homecare Services

Inspection report

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Date of inspection visit:
31 January 2019

Date of publication:
20 March 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Aspen Homecare services provides support to people in their own homes. At the time of our inspection, a service was being provided to 23 older adults.

People's experience of using this service: Systems to monitor the quality and safety of the service and drive improvement needed to be more robust. Staff training had not been completed in some areas and new staff's inductions had been limited. Some staff had not received regular supervisions. Documentation was missing for how the Mental Capacity Act 2005 had been applied for one person who lacked capacity. We have made recommendations in these three areas.

There was a positive culture within the service and people felt the registered manager was approachable. Staff had awareness of safeguarding and knew how to raise concerns. Steps were taken to minimise risk where possible. Staff supported people to manage their medicines safely, although guidance was missing for staff about how to apply one person's creams. Systems were in place to recruit staff safely.

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. Staff supported people to access healthcare and maintain a nutritious diet.

People and their relatives spoke positively about the staff and the support they received. Staff were kind and promoted people's independence and treated them with dignity and respect.

People's care plans were kept up to date and reflected their individual needs and circumstances. People were supported in line with their preferences and supported to access the community, if chosen. The provider had a system in place for responding to people's concerns and complaints.

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

Rating at last inspection: This was the service's first planned inspection.

Why we inspected: We inspected this service in line with our inspection schedule.

Follow up: We will continue to monitor this service and inspect in line with our re-inspection schedule or sooner if we receive information of concern.

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 not always Effective.

Details are in our Effective findings below.

Requires Improvement ●

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 not always Well-Led.

Details are in our Well-Led findings below.

Requires Improvement ●

Aspen Homecare 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide 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.

Not everyone using Aspen Homecare Services receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks relating to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection: We gave the service 24 hours' notice to ensure we would be able to access the office.

What we did: Before we inspected the service, we reviewed information we held about the service, to help inform us about the level of risk for this service. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information is called a Provider Information Return and helps support our inspections. We also contacted the local safeguarding team, commissioners and Healthwatch to request their views of the service. Healthwatch is the independent national champion for people who use health and social care services.

During the inspection, we reviewed two peoples care records and three medication administration records. We also looked at a selection of documentation in relation to the management and running of the service. This included quality assurance audits, complaints, accident and incident records, recruitment information for three members of staff, staff training records and policies and procedures. Following the inspection, we

spoke with some people on the telephone for their feedback.

We spoke with two people who used the service and two relatives. We also spoke with three members of staff, the registered manager and two directors.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- Staff were aware of how to recognise abuse and protect people from harm. They felt confident raising any concerns with managers. A member of staff said, "I [support the same] people regularly, so I know them and I know if they are poorly, upset or worried. I look out for all these things."
- People told us they felt safe and relatives said they were happy with how their relatives were cared for.

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

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe. Risk assessments were personalised and reflected people's individual needs.
- Accidents and incidents were recorded appropriately. For example, if someone had a fall. The registered manager had oversight of these, so any patterns and trends could be identified to reduce the likelihood or impact of these reoccurring.

Staffing and recruitment.

- The provider operated a safe recruitment process.
- Sufficient numbers of staff were available to cover the scheduled hours of care for the service.
- People and relatives confirmed staff arrived on time and stayed for the duration of the scheduled call. A relative said, "Staff are very punctual and reliable."

Using medicines safely.

- Medicines systems were organised and people received their medicines when they should.
- There were missing protocols in place to provide guidance to staff about where to apply one person's creams. This meant there was a risk these creams may not have been applied as prescribed. The registered manager confirmed this would be addressed.

Preventing and controlling infection.

- Systems were in place to protect people from the spread of infection.
- Personal protective equipment was available to staff.

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.

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff support: induction, training, skills and experience.

- Staff training had not been completed in a timely manner. A large proportion of staff were new and had not yet completed training in relevant areas including safeguarding. Although the registered manager was able to provide verbal information about staff's induction, there was a limited record of what staff had completed. Most staff also needed to complete training on the Mental Capacity Act 2005 (MCA).
- A supervision policy was in place, which stated staff should receive supervision every three months, as well as an annual appraisal. Although staff supervision was not up to date, staff told us they felt supported and could access support from managers at any time either on the phone or by visiting the office.
- Plans were in place to carry out observations on staff to assess their competency in certain areas, but these had only been carried out on a small number of staff. Staff had received medication training, however there had been no assessments completed following this to ensure staff were competent in this area.

We recommend that the provider continue with their plans to ensure staff training and supervision is kept up to date so they can be assured staff are competent and skilled.

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.

- Staff understood the importance of gaining people's consent and supporting people to make choices.
- Most people had capacity who used the service and were able to make their own decisions.
- We found a recording shortfall for one person who was unable to consent to their care. From speaking with staff and family, we could see the decision to be supported with a homecare package had been made in the person's best interest, but there was no record of a mental capacity assessment or best interest decision.

We recommend that the provider ensure they review the Mental Capacity Act 2005 and its guidance, along with best practice guidance from a reputable source, to ensure the application of this legislation is recorded appropriately.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs.

- Assessments of people's needs were thorough and expected outcomes were identified.
- Care and support was reviewed regularly to reflect people's current needs and make changes where needed.
- People were supported in their own homes. Risks in people's home environments were assessed to promote people's safety in their home.

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

- People were supported to maintain a healthy diet and make choices about what they ate and drank.
- One person told us, "Staff ask me what I want and prepare it to how I like."

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

- People's health and wellbeing was monitored, and they were supported to access healthcare. The service liaised with healthcare professionals, such as occupational therapists, GP's and the district nursing service and supported people to attend appointments where required.

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity.

- People who used the service were positive about the staff.
- One person said, "They are excellent staff; they are kind and listen to me."
- Staff were aware of equality and diversity and respected people's individual needs and circumstances. People were valued for who they were.
- People told us they were familiar with staff. This helped people to receive a more person-centred service. A relative said, "They send regular carers that mum is used to. They always try to accommodate this." The registered manager told us they tried to accommodate people's preferences about staff and provide continuity where possible.

Respecting and promoting people's privacy, dignity and independence.

- Staff treated people with dignity and respected their privacy.
- Staff valued the importance of maintaining people's independence and promoted this where possible. A person told us, "They encourage me to be independent. They pass me my clothes so I can dress myself. I would recommend them to anyone. They are excellent; I can't fault them."
- People lived in their own homes and staff were clear that this was respected.

Supporting people to express their views and be involved in making decisions about their care.

- People were supported to make their own decisions and lifestyle choices.
- Staff had developed relationships with people so they could have meaningful conversations.
- The registered manager confirmed they would support people to access advocacy services if needed. An advocate is an independent person who supports people to make and communicate their decisions.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People's care plans contained detailed and personalised information about their abilities, health needs, likes and dislikes. This enabled staff to provide person-centred care, and support people in line with their preferences. Staff could tell us details about people's needs, the support they required and the person's preferred routines. This matched what had been recorded in people's care plans.
- People's care was regularly reviewed to ensure people received appropriate support.
- People's communication needs were assessed, recorded and highlighted in their care plans. This helped ensure staff understood how best to communicate with each person. A relative told us, "Communication is good because they always have a chat with mum."
- The registered manager was aware of the Accessible Information Standard and would provide adapted information if this was needed.
- People were supported to follow their interests and access the community and leisure activities if they wished.

Improving care quality in response to complaints or concerns.

- The provider had a complaints policy and procedure in place for responding to any complaints. People told us they knew how to raise any concerns.
- From discussion with the registered manager, we could see that any concerns raised had been responded to appropriately, or were in the process of being resolved, but outcomes had not been documented. We discussed with the registered manager, to ensure accurate record keeping was maintained for responding to complaints.

End of life care and support.

- End of life care was considered and people's wishes were documented in their care plans if they wished to discuss this.
- Staff liaised with other professionals to ensure people could be supported to have a comfortable and dignified death.

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.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care.

- Some systems were in place to monitor the quality and safety of the service, but these needed to be more robust. For example, the registered manager monitored Medication Administration Records, however there was no system to identify any reoccurring errors. The current system only identified basic recording errors and did not identify issues like missing guidance for prescribed creams.
- Systems to monitor the quality of people's care records had not identified missing records for how the Mental Capacity Act 2005 had been applied, for people that could not consent to their care.
- Records had not been accurately maintained in relation to staff. This included a missing reference for one staff member. There were also gaps on their application form, which meant there was no way to identify gaps in their employment history because of missing dates.

We recommend that provider seek guidance from a reputable source to establish and operate effective systems to assess, monitor and improve the quality and safety of the service.

- The provider had policies and procedures in place to guide staff.
- The registered manager was aware of their regulatory requirements. For example, the registered manager was aware of their responsibility to notify the Care Quality Commission and other agencies when incidents occurred which affected the welfare of people who used the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others.

- People and their relatives knew who the registered manager was and felt they were approachable.
- Staff confirmed communication and morale was good. They also said the management team were supportive. One staff member told us, "There is an open-door policy. I can go in there with any concerns. The managers are always available."
- People told us they felt listened to and their views were acted on. Plans were in place to gain feedback from people through questionnaires to drive improvement. The registered manager told us these would be sent shortly and any feedback would be collated and responded to.
- The service worked in partnership with other professionals and services to ensure people received a good service.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- There was an open culture, with an accessible management team. The focus was on delivering quality care tailored to people's needs and putting people first. Staff understood these values and put them into practice on a day to day basis.
- A relative said, "I would definitely recommend this company. They will go out of their way and try and help you."