Aims Homecare Limited

Aims Homecare Limited

Inspection report

3 Ruxley Lane
Epsom
KT19 0JB

Tel: 01372724345
Website: www.aimscare.co.uk

Date of inspection visit:
14 August 2018
16 August 2018

Date of publication:
14 September 2018

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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

Aims Homecare Limited delivers personal care to people in their own homes. At the time of inspection they were supporting 73 people. This included a variety of calls from 30 minutes to full 24 hour live in care.

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

At our last inspection we rated the service 'requires improvement' for the key question 'well-led' and found them in breach of regulation relating to good governance. Following our inspection the registered manager submitted an action plan stating what action they would be taking to address the concerns identified. At this inspection we found that action had been taken, the service was no longer in breach of regulation and the rating for the key question 'well-led' had improved to 'good'. However, we found the rating for the key question 'responsive' had deteriorated to 'requires improvement'.

People felt safe receiving care from Aims Homecare. Staff were aware of their responsibility to safeguard adults from avoidable harm and were knowledgeable on safeguarding adults' procedures. Risks to people's safety were assessed and appropriate procedures were in place to manage and mitigate those risks. There were sufficient staff to meet people's needs, however, at times people received late visits. The registered manager was aware of this and the scheduling of appointments was being reviewed to reduce travel time between calls and improve punctuality. Safe recruitment practices were adhered to. People received support with their medicines and infection control procedures were adhered to.

People received support from staff who received regular training and had the knowledge and skills to undertake their duties. Staff were aware of people's dietary requirements and provided any support required with meals and access to drinks. Care staff were knowledgeable about people's medical needs and liaised with health care professionals to obtain specialist advice about how to support the person. Staff escalated any concerns about a person's health to the relevant healthcare professional. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People and relatives were complimentary about the staff. They said they had established trusting positive relationships with their usual staff member, however, the recent changes in staff allocation had impacted on the quality of these relationships. Staff were required to undertake all of their training in English to ensure their verbal and written English was up to a certain standard and ensure they could communicate with people in a way the person understood. People and their relatives were involved in decisions about the care and support they received. Information was gathered about people's life histories and what was important to them which informed the support provided and aided conversations. Staff respected people's privacy and dignity.

People received support with their care needs. On the whole people were complimentary about how they were supported. However, due to scheduling difficulties we heard that people had experienced a number of changes in their allocated staff member and this impacted on the quality of care they received. They felt the newly allocated staff member did not have as much knowledge about their care needs and how they liked to be supported. On the whole care records provided information about people's needs and how they wished to be supported. However, at the time of inspection specific information was not collected about people's end of life wishes. A complaints process was in place and we saw trends from complaints was discussed with the care staff. However, we received mixed feedback from people and relatives about how they felt their complaint was handled and responded to.

The registered manager had taken the necessary action to address the previous breach of regulation. There were processes in place to review the quality of care records. Care records had been reviewed and additional improvements were being made to incorporate feedback following a CQC inspection at the provider's other service. There were systems in place to track staff's compliance with training requirements and we saw regular programmes or spot checks and supervision. Action was taken to address any performance concerns identified through spot checks with the individual staff members. There were systems in place to obtain feedback from people, their relatives and relevant health and social care professionals. The provider had developed a business development plan for 2018. This looked at how they could increase recruitment, stabilise staff turnover and improve efficiencies including reducing travel time for staff. The care coordinator was in the process of amending some staff allocations to make these efficiencies which was impacting on the consistency of staff allocation currently, but would help to establish this consistency in the future. The registered manager adhered to their CQC registration requirements.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service remains Good.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Requires Improvement

The service has deteriorated to Requires Improvement. Due to scheduling difficulties we heard that people had experienced a number of changes in staff and this impacted on the quality of care they received.

On the whole care records provided information about people's needs and how they wished to be supported. However, at the time of inspection specific information was not collected about people's end of life wishes.

A complaints process was in place and we saw trends from complaints was discussed with the care staff. However, we received mixed feedback from people and relatives about how they felt their complaint was handled and responded to.

Is the service well-led?

Good

The service had improved to Good. The registered manager had taken the necessary action to address the previous breach of regulation. There were processes in place to review the quality of care records. There were systems in place to track staff's compliance with training requirements and we saw regular programmes or spot checks and supervision.

There were systems in place to obtain feedback from people, their relatives and relevant health and social care professionals.

The provider had developed a business development plan for 2018. The care coordinator was in the process of amending some staff allocations to make these efficiencies which was impacting

on the consistency of staff allocation currently, but would help to establish this consistency in the future.

The registered manager adhered to their CQC registration requirements.

Aims Homecare Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14 August 2018 and was announced. We gave the service four days' notice of the inspection visit because the location provides a domiciliary care service and we needed to be sure that they would be in. The inspection was undertaken by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service, including statutory notifications submitted about key events that occurred at the service. We also reviewed the action plan provided following our last inspection.

At the office visit we spoke with the registered manager and the care coordinator. We reviewed seven people's care records and three staff records. We also viewed records relating to the management of the service, spot checks, rotas and call logs. After the visit to the office we made telephone calls and spoke with five staff, 11 people and seven relatives. We received email feedback from a representative from the local authority. We asked the registered manager to send us some information via email after the inspection and this was received.

Good

Is the service safe?

Our findings

People felt safe receiving support from Aims Homecare staff. One relative said, "[My family member] is perfectly safe with them."

Staff had received training on safeguarding adults' and were knowledgeable in recognising signs of abuse and potential safeguarding concerns. They were aware of the reporting procedures if a concern arose and all of the staff spoken with told us they would report any concerns to the office staff as soon as they were identified. One staff member told us, "If I see a new bruise I try to find how that bruise happened." They were aware for one of the people they supported that they bruised easily due to their medical needs, but they always liaised with the relevant professional to try and identify how any new bruises occurred. Staff said they would also speak with relevant healthcare professionals if they had concerns about a person's safety which was impacting on their health. Since our last inspection there had been two safeguarding concerns raised which were appropriately investigated and where required staff disciplinary procedures were initiated.

Staff undertook assessments to identify the risks to people's safety and we saw these were regularly reviewed. Staff liaised with other health and social care professionals to obtain up to date information about people's risk behaviour and how this could be mitigated. We saw for one person who had very specific risk behaviour that clear management plans were in place in order to maintain their safety and the safety of staff. Including ensuring only male staff provided this person with support due to the risks towards female staff. Information was included about people's moving and handling requirements, what they were able to do for themselves and where they needed assistance from staff. Information was also included about the mobility aids in place and how these should be used to ensure people's safety. People felt safe whilst being supported with their mobility. One person said, "They move me on the hoist. They all know how to do that, they do seem well trained."

Staff were aware of who was at risk of developing pressure ulcers and we saw information was included in their care records about what preventative measures were in place, including pressure relieving equipment. From the records we reviewed one person had a pressure ulcer and they were receiving support from the community nursing team with this. Some care records contained the person's weight so staff could check pressure relieving mattresses were set to the correct setting for the person during their visits, however, this was not included in care records for all of those at risk of developing pressure ulcers. During our visit the care coordinator was updating some care records and we saw this included adding people's weight so staff could easily identify if a person's pressure relieving equipment was not set at the correct setting and bring any concerns to the community nurses attention. Care records did inform staff to reposition the person at each appointment in line with guidance from the community nursing team, and daily records confirmed this was being adhered to.

From viewing incident records we saw appropriate procedures were followed when things did not happen as expected. This included staff admitting to not following appropriate procedures as well as staff raising concerns when they felt a person's safety was at risk. For example we saw care staff self-reporting that they had not followed correct procedures for the disposal of medicines so this could be formally recorded and

learnt from. As well as staff raising concerns when they identified that a person who was self-medicating had been 'saving' their medicines and not taking them as prescribed. During the inspection we overheard telephone calls from staff to the registered manager escalating concerns when they were unable to locate a person. The registered manager then took appropriate action to locate the person and ensure they were safe and well. Appropriate action was taken by staff and the registered manager to address individual incidents. However, at the time of inspection the registered manager did not have any processes in place to review and analyse incident data to identify any trends. We spoke with the registered manager about this who said they would ensure this was implemented.

Safe recruitment practices were followed to ensure appropriate staff were employed to support people. From reviewing staff files we saw staff had completed an application form, outling any relevant experience or training they had, and they attended an interview, during which the registered manager explored any gaps in employment. They also provided two referees and we saw references had been obtained from previous employers. We noted that due to the service requesting references on their template documents there was not always processes in place to review the authenticity of these documents. We spoke with the registered manager about this who said they would review their processes to ensure the authenticity of references is verified in the future. Staff's identification and eligibility to work in the UK was checked, and criminal records checks were undertaken. We saw for staff that had worked at the service for a number of years their criminal records checks were undertaken every three years to continue to review their suitability to undertake their role.

There were sufficient staff to meet people's needs. People confirmed staff came to support them, however, at times their calls were late and not at the scheduled time. One person said, "Times can be a bit variable but nothing drastic." The registered manager acknowledged there had been some late visits but staff were able to give examples and reasons for why these occurred. Including having to stay at a person's house for longer than planned due to concerns about the person being unwell and waiting for medical assistance. People and relatives told us they were not always kept informed if staff were going to be late. One person said, "They don't ring to say if they are going to be late though they do apologise when they arrive."

People received support with their medicines and accurate medicines administration records were maintained. We observed one person's care records had not been updated to include information about the medicines they were prescribed upon leaving hospital. Therefore there was a risk that if this person was supported by staff who were not as familiar with their medicines that they would not have access to up to date information about what medicines they required, at what dose or when. We spoke with the registered manager and care coordinator about this, who provided evidence promptly after inspection to show the person's care records had been updated to provide detailed information about their medicines.

Staff had received training on infection control and the prevention of the spread of infections. Staff we spoke with confirmed they had access to personal protective equipment (PPE) including aprons and gloves. Staff's use of PPE and their adherence to infection control procedures was assessed during spot checks and we saw where concerns were identified with this was addressed with the individual staff member during supervision sessions, this included adherence to good hand washing techniques.

Good

Is the service effective?

Our findings

People and relatives felt well supported by staff who had the knowledge and training to undertake their duties and provide them with safe and effective care. Staff undertook a days induction training prior to starting work and were given a set deadline in order to complete their mandatory training. This included training in moving and handling, health and safety, understanding dementia, fire safety, safeguarding adults', medicines awareness, infection prevention and control, food hygiene, Mental Capacity Act 2005 and first aid. We saw some staff had also completed training on pressure ulcer care, Parkinson's disease, epilepsy care, enteral feeding and colostomy care depending on the needs of the people they were supporting. Following feedback from a CQC inspection at the provider's sister service the registered manager has also registered all staff to attend end of life care training. Staff spoken with confirmed they received numerous training courses and had also been supported by the registered manager to complete National Vocational Qualifications in Health and Social Care. As well as attending the courses staff were required to complete a knowledge based questionnaire to ensure they had retained the information taught on the courses.

Staff provided people with the support they required with their nutrition and hydration. Some people required support from staff to prepare their meals. For most people they were able to communicate what they liked to eat and meals were prepared in line with people's preferences. Of the records we reviewed we saw one person had very specific dietary requirements. Their care records informed staff that they required a diabetic diet and a gluten free diet but there was no further details about what foods they should avoid. Staff confirmed this person had capacity and could instruct staff about what foods they could have and their preferred meals. We discussed with the registered manager that it may be helpful to develop reference sheets for staff about foods which the person should avoid to ensure they had the information they required to provide safe meals for this person. They said they would develop and implement these.

Information included in people's care records instructed staff to ensure people were provided with drinks and these were left within reach. We saw from the daily notes that this was provided and was also checked during spot checks.

Staff told us they knew the people they were supporting well and this helped them to identify any changes in their behaviour which may indicate the person was unwell. One staff member said, "You know if he's not feeling well, his history and what he has, which makes the decision easier about what to do. If he's not well I call straight away the ambulance. If they tell me they feel sick I try to find out about the problem, call the ambulance and call the office to let them know." All staff we spoke with were aware of the appropriate processes to follow if they had any concerns about a person's health and ensured they stayed with the person whilst waiting for medical attention.

From records we saw staff liaised with the management team if they had concerns about a person's health and also liaised with relevant medical professionals. For example, staff identified one person was 'saving' their medicines and not taking them as prescribed. Staff liaised with the person's GP so their medicines could be reviewed and the person could be better informed about what medicines they needed to take and

why. We also saw that people liaised with other healthcare professionals. For example, for those that had a pressure ulcer staff were in contact with the community nursing service to ensure the person received coordinated, safe care which met their needs and supported good skin integrity.

Staff had received training on the Mental Capacity Act 2005 and adhered to the principles of the Act. Where people had capacity, people were involved in decisions about their care and staff respected their decision if they refused certain aspects of their care. It was clearly documented in people's daily records if they refused care and this was communicated with the social care team. Where people did not have the capacity to make particular decisions, information was gathered about who was legally authorised to make those decisions on their behalf. We saw information was included in people's care records about those with lasting power of attorney to make care and welfare, and/or financial decisions on people's behalf. Staff involved family members and those important to the person appropriately in care decisions.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. We saw no undue restrictions were in place on people's liberty.

Good

Is the service caring?

Our findings

People and relatives were complimentary about the staff and the relationships they had built. One relative said, "I can't fault the girls, they have been very kind to my [family member]. Very caring, [staff member] is wonderful."

However, feedback from people and their relatives acknowledged there had been a number of changes in the staff recently and this impacted on the relationships they had built. One relative told us, "The regular carers are great but they just shift them so often [their family member] gets scared if it's someone she doesn't know." One person said, "I've had some lovely girls but they change them. I have [staff member's name] at the moment, she is excellent."

All of the training and knowledge based questionnaires were in English to assess staff's understanding of English and ensure they could communicate with the people they were supporting and also ensure they could read care plans and communicate with other healthcare professionals when required. However, we heard from one person that staff's limited English impacted on the quality of conversations they had with staff. They told us, "There are Polish and Romanians [staff]. They try hard with their English but you do miss having a conversation."

As much as possible people were involved in decisions about their care and how they were supported. Information was included in people's care records about their communication needs. The majority of people were able to communicate verbally, however some people were not and detailed information was included about how these people communicated their needs and wishes. This included the use of different parts of their body, such as blinking to indicate they were in agreement and using technology to communicate. Where people were unable to express their views, due to their health or cognitive impairment, staff obtained detailed information from their family members and those important to the person so they could understand how the person would like to be supported. We saw care records were often signed by the person or their relative to indicate they were involved in the development of the plans and were in agreement with the information included.

Staff described to us how they involved people in their care and ensured they were offered choice and their preferences adhered to. Staff followed instructions from people about day to day decisions including what they wished to wear or what they wanted to eat and drink. People's preferences were also recorded in their care records.

As much as possible staff told us they tried to ensure people's wishes and preferences were taken into account with regards to which staff member supported them. Most people were allocated particular staff members to ensure they had consistency in care provision and help build relationships and trust between people. If people were unhappy with the staff member allocated to them the care coordinator tried to establish the reasons why they were unhappy and as much as possible allocate them their preferred staff member. However, we heard at the time of the inspection the care coordinator was reallocating some staff to ensure they were supporting people within the same local area to cut down on travel time between calls

and this has led to some changes in who people received support from.

Staff collected information about people's families and those important to them. Staff involved these individuals in people's care, with people's permission, and ensured regular communication with them, particularly if they had any concerns about a person's health or welfare. On the whole information was also collected about people's religion and their culture. This enabled staff to be aware of people's beliefs and heritage to ensure they were supported in line with their individual needs and were not discriminated against, and also helped with engaging people in conversations through knowing more about their beliefs and life history.

Staff respected and promoted people's privacy and dignity. Personal care was delivered in the privacy of a person's home. We saw spot checks reviewed the quality of interactions between staff and people to ensure people were spoken to polite and dignified manner.

Requires Improvement

Is the service responsive?

Our findings

People received care that met their needs. We also heard from a relative that staff had built trusting relationships with people to enable them to engage more in managing and receiving support with their personal care. One relative told us, "The carer at the moment by sheer patience has persuaded [their family member] to allow personal care which she has always resisted, so that's wonderful…The girls are all very kind and patient with [their family member]." Another relative said, "My relative has dementia and can be very difficult and aggressive but they handle her beautifully."

From reviewing rotas and speaking with staff we saw as much as possible the service allocated staff to support people and ensure consistency in the support people received. One staff member said, "We usually have the same clients to have consistency and you know them better." When a new staff member was required to support a person as much as possible they shadowed the previous inspector to introduce them to the person and ensure some familiarity prior to them supporting the person on their own. However, one person said, "The new ones turn up and there is no shadowing, no handover. So you have to explain everything over and over to new people. It's very frustrating."

On the whole care records provided sufficient information to enable staff to provide care that met people's needs. We saw information was included about what support they required with their personal care and what aspects of their personal care they were able to self-manage so staff did not take away people's independence.

As much as possible staff tried to provide a flexible service and accommodate people's routines and preferred call times. We overheard a person calling into the office to request a different time call due to another appointment they needed to attend. The care coordinator was quick to contact staff and accommodate this request. On the whole people and their relatives felt informed about any changes to their regular staff member. One relative said, "They do ring us if anything is going to be changed or if there is sickness, which you can't help." However, some people and relatives felt they were not always informed about the changes in their regular staff member and this impacted on the quality of care received. One relative told us, "We don't know who is coming unless a carer says they will be back." One person said, "Well I get really cross that they keep changing my regular carers and sending me new ones." Another person said, "I had three different carers yesterday and I have no idea who is coming today and it is so upsetting."

At the time of our inspection the staff had not collected specific information regarding people's end of life wishes and how they wished to be supported. The registered manager was aware that this information needed to be collected following learning from their sister service's CQC inspection earlier this month. Of the care records we reviewed we saw one person was palliative, they had stopped all treatment and was being supported by staff from the local hospice. However, it did not contain specific information about the person's wishes, for example their preferred place to die. The registered manager confirmed as part of a planned care plan review they would ensure this information was collected.

A complaints process was in place. From viewing records we saw appropriate action was taken to

investigate concerns. We also saw that staff meetings were held in response to a spike in complaints and to instruct all staff about what was expected and how they could address the concerns raised. We saw the main complaint raised was in regards to time keeping and the registered manager was in the process of addressing this through reviewing scheduling. We received mixed feedback from people and their relatives about the action taken by the management team in response to concerns or complaints raised. One relative told us, "They came out and did the care plan and asked us what we wanted. If there is something we don't like we just tell them, it's that simple." Whereas another relative said, "We rang about the problem and emailed and we were told they would get back to us but we have heard nothing. So I called again and they are coming out next week as the care plan needs to be changed as well but it's all 'we are sorry' but no explanation and no real responses."

Good

Is the service well-led?

Our findings

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. One staff member said in regards to the registered manager, "He's really good…He's one of the best ones. He used to be a carer, so he understands…Since [the registered manager] took over it has gone from strength to strength." On the whole we received positive feedback from people and their relatives about the management of the service. However, some people spoken with felt communication from the office staff and management team could be improved to ensure they were kept up to date with any changes in their regular staff member.

At our previous inspection on 16 March 2017 we found the quality assurance systems were not sufficiently robust to ensure ongoing monitoring of the quality of care records and risk assessments, meaning some records were lacking the required information. We also found appropriate processes were not in place to track staff's compliance with required training courses, particularly in regards to medicines and safeguarding adults' refresher training.

At this inspection we found these concerns had been addressed. We saw care plans and risk assessments had been reviewed and updated since our previous inspection. The care coordinator and registered manager were also in the process of making additional improvements to people's care records following feedback at a CQC inspection at the provider's other service. At this inspection the management team showed us copies of the updated plans which provided detailed information about people's needs and how they were to be supported, incorporating their preferences and wishes in order to provide personalised care.

The registered manager had matrices in place to monitor and track staff's compliance with their mandatory training, supervision and spot checks. This enabled the registered manager to ensure staff were adhering to their mandatory training responsibilities, the quality of their work was regularly reviewed and there were regular conversations between staff and the registered manager to review their performance. We viewed the spot checks undertaken during July 2018. In some of these there had been concerns raised about the quality of staff and their adherence to the provider's policies and procedures. We saw the registered manager had booked supervision sessions with these staff to address these quality concerns with them.

During spot checks staff obtained feedback from people about their experiences and gather their opinions of the service. The provider also asked people to complete 'quality service reviews' which identified their satisfaction with the service and the care provided by the staff We viewed the recently completed 'quality service reviews' and saw the feedback was very positive. Comments from people included, "[Staff member] takes time to go the extra mile." "Good carers who know my needs." "Good carers take their time. Feel not rushed." "Good care and support. My carers come on time, stay whole time." "Specifically like [staff member]. Takes time out his day for me. Understands my needs well and always spends time with me."

We also saw some emails the registered manager had received complimenting the quality of care provision. This included feedback from a person's social worker and a relative. The comments included, "I just wanted to give a compliment towards the work and support that [staff] was providing for [person]. He managed [person] very well and the way in which he was delivering support and communicating with him. From speaking with [person] and expressing how I felt his carer was very good he also expressed that he is the best carer he has had and does a great amount of work for him." And, "I just wanted to take a moment to say how thankful I was for the care my mum got last week. I have to say the care my mother has been receiving over more than a few months now has been first class generally. But last week my mum became unwell, and the lady's that looked after her were fantastic. They spotted she was not her usual self and contacted the doctors…knowing that these brilliant people are looking after mum means so much to me. They really do care and have more than once gone beyond the call of duty to look out for my mum." We received feedback from a representative from the local authority quality team who said they did not have any current concerns regarding the quality of care provision by Aims Homecare.

We reviewed a selection of the provider's policies and saw these were in date and had been reviewed within the last year.

The provider had developed a business development plan for 2018. This looked at how they could increase recruitment, stabilise staff turnover and improve efficiencies including reducing travel time for staff. The care coordinator was in the process of amending some staff allocations to make these efficiencies which was impacting on the consistency of staff allocation currently, but would help to establish this consistency in the future.

Staff meetings were regularly held to discuss business development and inform staff about any changes. We also saw that staff meetings were held to remind staff about good practice and the provider's expectations regarding staff performance, this included reminding staff to always wear their uniform. Staff recognition schemes were in place to acknowledge good practice and thank staff for their hard work. This helped staff to feel appreciated and valued. Staff told us they felt well supported by the registered manager and this helped improve the quality of care delivered. One staff member told us, "Day by day I learn something new and all the time I have the support from the company. I try to manage what's right for the client. I always ask the office about what is right." And "Whenever I have a problem I go straight away to the manager and straight away the manager or care coordinator addresses it."

The registered manager was aware of and adhered to their CQC registration requirements. This included submitting notifications about key events that occurred at the service.