

A.I.M.S Support Services Limited

AIMS Enabling Service Agency

Inspection report

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17 November 2016

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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

This inspection took place on 15 and 17 November 2016. At our last inspection in August 2014 we found that the service was meeting all the standards we looked at.

AIMS Enabling Service Agency provides support and personal care to people living at home. There were approximately 50 people using the service at the time of our inspection. The registered manager told us that approximately half of those people were currently receiving personal care. The majority of those receiving personal care were older people. The provision of personal care is regulated by the Care Quality Commission.

There was a registered manager in post at the time of our inspection. 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 and associated Regulations about how the service is run.

People told us they were well treated by the staff and felt safe and trusted them.

Staff could explain how they would recognise and report abuse and they understood their responsibilities in keeping people safe.

Where any risks to people's safety had been identified, the management had thought about and discussed with the person ways to mitigate risks.

People told us that staff came at the time they were supposed to or staff would phone them to say they were running late.

The service was following appropriate recruitment procedures to make sure that only suitable staff were employed at the agency.

Staff we spoke with had a good knowledge of the medicines that people they visited were taking. People told us they were satisfied with the way their medicines were managed.

People who used the service and their relatives were positive about the staff and told us they had confidence in their abilities.

Staff told us that they were provided with training in the areas they needed in order to support people effectively. However, there was no system to monitor and record the training that each staff member had undertaken. There was also no information available to highlight which training was mandatory for all staff to undertake. This meant it was difficult to check if staff had completed all the training they needed to.

Staff understood that it was not right to make choices for people when they could make choices for themselves.

People told us they were happy with the support they received with eating and drinking and staff were aware of people's dietary requirements and preferences.

People confirmed that they were involved as much as they wanted to be in the planning of their care and support. Care plans included the views of people using the service and their relatives. Relatives told us they were kept up to date about any changes by staff at the office.

People and their relatives told us that the management and staff were quick to respond to any changes in their needs and care plans reflected how people were supported to receive care and treatment in accordance with their current needs and preferences.

People told us they had no complaints about the service but said they felt able to raise any concerns without worry.

The agency had a number of quality monitoring systems including yearly surveys for people using the service and their relatives. People we spoke with confirmed that they were asked about the quality of the service and had made comments about this. They felt the service took their views into account in order to improve service delivery.

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. People told us they felt safe and trusted the staff who supported them.

Where any risks to people's safety had been identified, the management had recorded ways to mitigate these risks.

There were systems in place to ensure people were supported with their medicines safely and appropriately.

Is the service effective?

Good ●

The service was effective. People were positive about the staff and felt they had the knowledge and skills necessary to support them properly.

Staff understood the principles of the Mental Capacity Act (2005) and told us they would always presume a person could make their own decisions about their care and treatment.

Staff told us that they were provided with training in the areas they needed in order to support people effectively.

Is the service caring?

Good ●

The service was caring. People told us the staff treated them with compassion and kindness.

Staff understood that people's diversity was important and something that needed to be upheld and valued.

Staff demonstrated a good understanding of peoples' likes and dislikes and their life history.

Is the service responsive?

Good ●

The service was responsive. People told us that the management and staff listened to them and acted on their suggestions and wishes.

People told us they were happy to raise any concerns they had with any of the staff and management of the service.

Is the service well-led?

Good ●

The service was well-led. People we spoke with confirmed that they were asked about the quality of the service and had made comments about this. They felt the service took their views into account in order to improve.

Staff were positive about the management and told us they appreciated the clear guidance and support they received.

AIMS Enabling Service Agency

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 checked 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 was undertaken on 15 and 17 November 2016. We gave the provider two days' notice that we would be visiting their head office. We spoke with 14 people who used the service and three relatives over the phone.

The inspection and interviews were carried out by one inspector and two experts-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 information we had about the provider, including notifications of any safeguarding or other incidents affecting the safety and wellbeing of people.

We spoke with four staff who supported people with personal care and three managers including the training and recruitment manager and the registered manager.

We looked at five people's care plans and other documents relating to their care including risk assessments and daily notes. We looked at other records held by the agency including staff and management meeting minutes as well as health and safety documents, quality audits and surveys.

Is the service safe?

Our findings

People told us they were well treated by the staff and felt safe with them. One person told us, "Yes I do, I feel very safe and comfortable in their presence. I am thinking of increasing the hours with this company." Another person commented, "Yes I am certainly safe." Relatives told us they had no concerns about safety and that they trusted the staff who supported their relatives. A relative commented, "The care worker is very trustworthy indeed."

Staff could explain how they would recognise and report abuse. They told us and records confirmed that they had received training in safeguarding adults. Staff understood how to "whistle-blow" and were confident that the management would take action if they had any concerns. Staff were aware that they could also report any concerns to outside organisations such as the police, the local authority or the Care Quality Commission.

Before people were offered a service, a pre-assessment of their needs was undertaken by the management of the service. Part of this assessment involved looking at any risks faced by the person or by the staff supporting them. We saw that risk assessments had been undertaken in relation to mobility, falls and nutrition.

Where risks had been identified, the management had thought about and discussed with the person ways to mitigate these risks. For example, we saw that one person was identified as being at risk of not drinking enough. In this person's care plan it was recorded that staff were to offer drinks and make sure a drink was prepared for that person before staff left.

People told us that the management of the service had talked with them about the risks they faced in connection with their care. When we asked people, they told us, "Yes, when I was getting in and out of the shower," another person replied, "Yes they have, when they visited and looked at my home and environment."

Staff knew the risks the people they supported faced and were able to describe these risks to us. These matched the risk assessments recorded in people's care plans.

People told us that staff came at the time they were supposed to or they would phone to say if they were running late. One person told us, "Sometimes they're late because of the traffic round here and they do call." Another person commented, "Yes they are on time. If there are any issues of lateness, due to the traffic, the office calls."

The registered manager told us that there had been problems with staff timekeeping and a new system of staff monitoring had been recently introduced so that the office could track where the staff were when they were working.

Staff told us there were enough of them to meet people's needs and they had enough time to carry out the

tasks required. They said they would inform their manager if they felt they needed more time to complete complex tasks or any additional tasks.

Staff had undertaken training in the management of medicines and were aware of their responsibilities in this area including what they should and should not do when supporting people with their medicines.

Staff told us that the management carried out spot checks in people's homes which included observing staff dealing with medicines and carrying out medicine records audits. We saw records of these spot checks and audits in people's care files. Most people we spoke with told us they dealt with their own medicines and the people who required support from staff said they were satisfied with this.

We checked a random selection of five staff files to see if the provider was following appropriate recruitment procedures to make sure that only suitable staff were being employed. Staff files contained recruitment documentation including references, criminal record checks and information about the experience and skills of the individual. We saw that the provider also carried out checks to make sure that staff were legally allowed to work in the UK.

Is the service effective?

Our findings

People who used the service and their relatives told us they had confidence in the staff who supported them. One person told us, "Yes they are trained. There is no problem with this. You feel this by the way they look after me."

Another person commented, "They seem to be OK. They seem to know how to do moving and handling." A relative commented, "No issues whatsoever, the carers are trained." Another relative told us, "The care given has been excellent; my relative has become stronger and has turned the corner for the better."

Staff were positive about the support they received in relation to their training and development. One staff member commented, "Training is good." Another staff member told us, "I've done quite a few."

The service used a number of different training methods which included online training, classroom based training and nationally recognised vocational training. Despite staff telling us they had received training relevant to their roles, there was no system for monitoring staff training. There was a risk staff would not receive mandatory training or refresher training they required. We spoke with the registered manager who acknowledged the issue and told us they would be developing a training plan and monitoring system.

Staff confirmed they received supervision and annual appraisals. Although staff told us these supervision sessions were very useful, they were not always sure how many they should be receiving. The training and recruitment manager acknowledged that supervisions were not as frequent as they would like and that these should take place around three times a year. Despite this, staff we spoke with told us they felt supported by the management team and could discuss any concerns when they arose. One staff member told us, "I can ring them anytime if there is a problem."

Staff told us about the induction procedure they undertook when they first started working for the agency. They told us this was useful and involved looking at policies and procedures, undertaking essential training and shadowing more experienced staff until they were confident to work on their own.

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 basic principles of the MCA (2005) and told us they would always presume a person could make their own decisions about their care and treatment. The registered manager told us that very few people who were currently being supported by the service lacked the capacity to make decisions relating to their care. Some staff had received training in understanding how the MCA related to the people they were supporting and the registered manager told us this training was on going.

People told us that staff always asked for their permission before carrying out any required tasks for them and did not do anything they did not want them to do. People's comments included, "On the whole they're polite and ask" and "They do ask [permission]."

Where appropriate and when this was part of a person's care package, details of people's dietary needs and eating and drinking requirements were recorded in their care plan and indicated food likes and dislikes and what support they needed.

People told us they were happy with how the staff supported them with eating and drinking. Staff told us that most people shopped for themselves and chose their own meals. We were told that people's food and fluid intake was monitored and recorded when this was required by their GP. We saw on one person's care plan that there were concerns that they were not eating enough. The staff were recording how well the person was eating in their daily notes so this could be monitored.

Where the agency took primary responsibility for organising people's access to healthcare services and support, we saw that records were maintained of appointments made and attended to GPs, dentists, optician and chiropodists. One person told us, "Yes. She's very good and comes with me to hospital appointments."

Care plans showed the provider had obtained the necessary detail about people's healthcare needs and had provided specific guidance to staff about how to support people to manage these conditions. Staff we spoke with had a good understanding about the current medical and health conditions of the people they supported. They knew who to contact if they had concerns about a person's health including emergency contacts. A relative commented, "If there are any problems they call me and I sort it out."

Is the service caring?

Our findings

People told us they liked the staff who supported them and that they were treated with warmth and kindness. Comments about the staff were very positive and included, "They are extremely polite and caring. They take their time with my relative," "I have witnessed the utmost care given to my relative; very sensitive" and "Yes, they are very very caring."

People confirmed that they were involved as much as they wanted to be in the planning of their care and support. People told us that staff listened to them and respected their choices and decisions. One person told us, "They do not tell me what to do; I tell them what I want doing. They always listen." Another person commented, "I have a good relationship with the carers; they know what my needs are. I don't need to repeat instructions."

One relative told us, "I hear my relative laugh and the carer laugh; this gives me the assurance things are good."

Staff we spoke with had undertaken training in equality and diversity and understood that racism or ageism were forms of abuse. They gave us examples of how they valued and supported people's differences. They told us that it was important to respect people's culture and customs when visiting and gave us examples in relation to food preparation and religious observance. One staff member said they would always take their shoes off or wear shoe covers when visiting someone if this was requested.

Staff told us they enjoyed supporting people and demonstrated a good understanding of people's likes and dislikes and their life history. A person we spoke with told us, "I am fortunate I have the same carer and we have built up a good relationship."

People confirmed that they were treated with respect and their privacy was maintained. One person told us, "Very pleasant; always respectful to me." Another person commented, "Always treat me with respect and dignity."

Staff gave us examples of how they maintained people's dignity and privacy not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information about people should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting people's dignity.

Is the service responsive?

Our findings

People using this service and their relatives told us that the management and staff responded to any changes in their needs. One person told us, "They tend to be responsive. My condition can be unpredictable." Relatives told us they were kept up to date with any issues.

We saw from people's care records and by talking with staff that any changes or deterioration to people's health conditions were noted by staff and reported to the management of the service.

The registered manager told us that, before any changes or increases were made to people's care packages, they would always make sure the person was seen by their doctor to see if any change or deterioration in their health condition could be addressed and improved. Staff gave us examples of where they had called out the GP or an ambulance if someone had become ill or had an accident.

Each person had a care plan that was designed to meet their individual needs. Care plans reflected how people were supported to receive care and treatment in accordance with their needs and preferences. One person told us, "They know what is in the care plan; they carry out those activities well."

We checked the care records for five people. The registered manager was in the process of implementing a new system of care planning so some plans we saw were on the new system. The manager told us that this new system was designed to be more flexible and could be recorded electronically on the work phones supplied to all staff. This meant that any changes to people's needs could be made by the office and updated on staff phones to better assist with communication.

We saw that people had been involved in their care planning and each person had recorded their aspirations and goals of receiving the service. For example, some people had recorded that the help they received would improve their independence and well-being.

People's needs were being regularly reviewed by the agency, the person receiving the service, their relatives and the placing authority if applicable. Where these needs had changed, usually because someone had become more dependent, the service had made changes to the person's care plan.

Care plans included a record of people's care needs, including personal and medical history, likes and dislikes, recent care and treatment and the involvement of family members.

People told us they had no complaints about the service but said they felt able to raise any concerns without worry. When we asked people who they would raise any complaints with, they told us they could speak to any of the staff or management.

One person told us, "I was not happy with the new carers. I told the office and they immediately changed this for me." A relative commented, "We do not have any complaints. We have the number to contact the office but no need to use it."

We saw that, where complaints had been raised, these had been appropriately investigated and dealt with by the registered manager. There was a recorded outcome of the investigation, the complainant's satisfaction with this outcome and action taken to make sure the issue was not repeated.

The manager told us that, following feedback and a number of concerns from people about staff's lateness, a new electronic system of staff monitoring had been introduced. This meant that the office could let people know if staff were caught up in traffic and might be late.

Is the service well-led?

Our findings

People using the service, their relatives and staff were positive about the registered manager. One staff member told us that the registered manager, "Knows what she is doing and knows what she is talking about." Another staff commented that the registered manager was, "A good manager; very helpful and supportive."

People who used the service and their relatives told us that they felt the service was well run.

Staff told us that the management listened and acted on any suggestions they made for service improvements. For example, staff told us about recent suggestions they had made in relation to keeping staff in specific locations if possible to limit travel times.

There were systems in place to monitor the safety and quality of the service provided. These included yearly quality surveys, spot checks on staff and regular reviews of service provision.

Most people confirmed they had been asked for their views about the agency but some people we asked could not remember if they had been sent quality monitoring surveys. However, people told us that they could contact the service and that they were listened to. A person we spoke with told us, "The managers come and they listen to me." A relative commented, "They do listen and respect us and try their best; no issues whatsoever."

We saw completed surveys that indicated people were satisfied with the service. Comments recorded from last year's survey included, "When it goes right it's excellent," "Communication and administration are very important. This AIMS needs to improve. Otherwise very happy and content" and "Just staff to be on time."

The registered manager told us that they would contact the respondent if there were any issues that needed addressing straight away. People's feedback was also discussed at management meetings where ways to improve the service were considered. For example, as a result of the feedback from last year's survey in addition to other sources of feedback, the registered manager had implemented the new care planning and staff monitoring systems to improve communication and staff punctuality.

Staff told us that they were aware of the organisation's visions and values. They told us that people using the service were always their priority and that they must treat people with dignity and respect. When we discussed these visions and values with the management team it was clear that these values were shared across the service.