

Aspect Domiciliary Care Limited

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## Inspection report

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12 January 2017

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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 was announced and took place on 11 and 12 January 2017. We told the provider one day before our visit that we would be coming to ensure that the people we needed to talk to would be available. Since the last inspection of the agency in November 2013, the agency has re-registered under a new address. The last inspection found the agency had complied with a Warning Notice issued at a previous inspection in September of 2013.

Aspect Domiciliary Care Limited provides personal care and support to people who live in their own homes and also provides a healthcare recruitment service. The latter function of the agency was not included as part of the inspection as it does not fall within scope of the Health and Social Care Act 2008 and associated Regulations. At the time of our inspection the agency was providing personal care and support to 10 people in their homes.

A registered manager was in post at the time of the 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 2008 and associated Regulations about how the service is run.

People's care and support needs were met with people saying care workers were kind, caring and respectful.

Staff had been trained in safeguarding adults and were knowledgeable about the types of abuse and how to take action if they had concerns.

Accidents and incidents were monitored to look for any trends where action could be taken to reduce likelihood of recurrence.

Recruitment systems were being followed to make sure that suitable, qualified staff were employed in the right numbers for effective running of the service.

Where assistance with, or administration of medicines formed part of a person's care package, this was managed safely.

The staff team were suitably trained providing them with the knowledge and skills to fulfil their role effectively.

Staff were well supported through supervision sessions with a line manager, and an annual performance review.

Staff and the manager were aware of the requirements of the Mental Capacity Act 2005 and acted in

people's best interests where people lacked capacity to consent.

People and staff were very positive about the standards of care provided. People told us they were treated compassionately as individuals, with staff knowing people's needs.

People's care needs had been thoroughly assessed and care plans put in place to inform staff of how to care for and support people. The plans were person centred and covered all areas of people's needs. The plans we looked at in depth were up to date and accurate.

It was agreed that sending of a weekly schedule to each person would be re-instated to inform people which carer worker would be visiting each day.

There were complaint systems in place and people were aware of how to make a complaint.

The home was well led. There was a positive, open culture reflected in morale of workers.

There were systems in place to audit and monitor the quality of service provided to people.

## 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 were protected from harm because risks were identified and managed appropriately.

There were safe medication administration systems in place and people received their medicines when required.

There were sufficient staff with the right skills and knowledge to meet people's needs.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who were themselves supported through regular training and supervision.

People's rights were protected because staff followed the requirements of the Mental Capacity Act 2005 and people were consulted about their care needs and how staff should support them.

### Is the service caring?

Good ●

The service was caring.

Care workers were supportive, respectful and knowledgeable about how people wished to be supported.

People said care workers respected their privacy and dignity.

### Is the service responsive?

Good ●

The service was responsive to people's changing needs.

People received the care they needed with care plans reflecting their individual needs. Plans were regularly reviewed and updated.

The agency had a complaints procedure and people felt able to

raise any concerns.

**Is the service well-led?**

**Good** ●

The service was well led.

There were systems in place to monitor, and where necessary to improve, the quality of service provided.

There was a positive culture where people and staff were confident to report any concerns to the management team.

# Aspect Domiciliary Care 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 was 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.

Before the inspection, we sent the registered manager a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The registered manager told us that they did not receive this owing to a change of offices and addresses.

We reviewed the notifications the service had sent us since we carried out our last inspection. These had not included any substantiated safeguarding allegations. A notification is information about important events which the service is required to send us by law.

This inspection took place on 11 and 12 January 2017 and was announced. A day's notice was given to ensure the registered manager would be available.

The registered manager and care coordinator assisted us on the first day of the inspection which we spent at the agency's office. On the second day of the inspection we visited three people receiving a service, spoke with five other people and two members of staff on the phone.

We looked in depth at three people's care and support records, their medication administration records as well as records relating to the management of the service. These including staffing rotas, staff recruitment and training records, risk assessments and a selection of the provider's audits, policies and quality assurance surveys.

# Is the service safe?

## Our findings

The people we visited and the people we telephoned were very positive about the care and support they received from the agency. People told us that they had formed trusting relationships with their care workers and no one had any concerns about their safety. The following comments were examples of what people told us; "I am very pleased with them, I had a different agency in the past and they were not as good", "Very pleased; they treat you beautifully", and "The staff are all good".

The manager had taken steps to make sure people were protected from avoidable harm and abuse because staff had been provided with training in adult safeguarding and this included knowledge about the types of abuse and how to refer concerns or allegations. The training records confirmed staff had completed their adult safeguarding training courses and received refresher training when required. Staff we spoke with told us they could identify the signs of abuse, as this had been covered on their training, and knew how to report possible abuse to the local social services.

There were systems in place to identify and manage risks in delivering care to people so that both they and staff were protected from avoidable harm. A part of these systems was for risk assessments to be undertaken before a package of care was put in place. The registered manager or the care co-ordinator would visit the person's home to assess risks posed by the environment and also to evaluate risk of the person having falls, manage their medicines as well as any moving and handling requirements.

Accidents and incidents were recorded and monitored to make sure there were no trends or factors whereby action could be taken to reduce likelihood of recurrence.

There was an out of hours and on-call system in place so that people or care workers could contact the service in emergencies. One person told us about having to call the agency in an emergency and how well they had responded, sending a care worker to them immediately to resolve the situation. Other people said they had not experienced difficulties in contacting the office.

The registered manager told us that they always ensured there were enough staff in place before the agency accepted a new package of care. People we visited and spoke to on the phone said that they received good continuity of care by having received regular care workers and there was always cover of staff for annual leave and sickness. Staff schedules confirmed that people's visits were covered.

The required checks had been carried out and required recruitment records in place before new staff were taken on to work at the agency. Records contained a photograph of the staff member concerned, proof of their identity, references, a health declaration and a full employment history with gaps explained and reasons given for ceasing work when working in care. A check had also been made with the Disclosure and Barring Service to make sure staff were suitable to work caring for people.

Management and administration of medicines was safely managed. Care workers had been trained in the administration of medicines with records also showing their competency to administer medicines safely had

been assessed. Care workers had access in people's homes to the person's medication care plan. The majority of people only required prompting and reminding to take their medicines but most people needed staff to administer prescribed creams. A system of "spot checks" by the registered manager or care coordinator ensured that the staff were following the correct instructions for medicines and keeping appropriate records.

People told us they had no complaints or concerns with regards to how staff supported them with their medicines. We checked a sample of medicine administration records (MAR) and found that they had been completed in full showing people had received the medicines they required.



# Is the service effective?

## Our findings

People we visited and the people we phoned told us the staff looked after them in the manner they preferred. They said they had confidence in the staff, making comments such as, "All the staff are nice and well-trained", and "They all know me and check that I am okay". Staff we spoke with were satisfied with the levels of training offered to them and said that the registered manager ensured that they kept up to date with training requirements. A member of staff told us that after one year's service they were offered and supported to complete National Vocational qualification of NVQ level 3.

Staff training records showed that new members of staff completed an induction training programme which included a period of work shadowing alongside experienced staff. For people new to care, their induction led to the care certificate, a nationally recognised induction qualification.

All care workers completed core training that included safeguarding, fire safety, moving and handling, health and safety, medicines awareness and The Mental Capacity Act 2005 (MCA). Records also showed that staff were offered more specialist training in other areas in, such as stroke awareness and end of life care if they were supporting people with these conditions. Staff training records were held on people's personal files and corroborated that they were up to date with training requirements.

Staff received supervision through one to one meetings with their line manager and an annual appraisal. Staff told us that by virtue of being a small agency with five main care workers supporting ten people in the community, they were a close knit team and the registered manager was always available for support or advice. Records also showed topics relating to best practice in caring for people were discussed at staff meetings, the last being held in November 2016.

People's rights were protected as the staff acted in accordance with the MCA, seeking consent where people were able to make decisions about their care and support. Staff had a good awareness of the MCA and how to put the principles in the practice of their work. People we visited and the people we phoned confirmed that they had been involved in care planning and their consent sought on how they were supported.

Staff supported some people with meal preparation as identified in people's care plans. People told us that where this was part of their support package, the care workers always made sure they had food and drinks left in their reach and ensured that had enough to eat. Records in people's homes identified what food and drinks had been prepared for the person. Where there concerns about people nutritional or dietary intake, more in depth monitoring and recording was in place to help support people.

People were supported with their health care needs and staff worked with healthcare workers to support people if this was pertinent to their care. For example, the agency supported a person who was being visited by district nurses for wound care. The registered manager told us that they often liaised with the nurses and GP's, working collaboratively to meet people's needs.

## Is the service caring?

### Our findings

People we visited and people we spoke with on the phone were complimentary about the service as a whole and felt their care workers were caring in their approach. One person told us, "They are on time. Efficient and the girls are so pleasant". Another person said, "They are always helpful and check I am okay". No one had anything negative to say about their care worker. They also confirmed that care workers were respectful of their choices and preferences and would do everything possible to make sure people were left comfortable and prepared for the day. One person told us about a small gift given to them by their care worker at Christmas that they had very much appreciated.

On the first day of the inspection we spoke with the coordinator, who clearly knew the needs of everyone receiving a service. People all knew the coordinator and said they had a good relationship with them and that they were always helpful and available.

People told us that they were supported in the manner they preferred and care plans included some information about people's lifestyle, preferences, likes and dislikes. This meant that new staff would be able to understand and know how to support someone's needs in a consistent way. Care workers we spoke with were knowledgeable of people's needs and how they wished to be supported.

Care workers knew about requirements to keep people's personal information confidential. People confirmed that care workers did not share private information about other people with them.

People told us that care workers always respected their privacy and dignity.

## Is the service responsive?

### Our findings

People, as well as being positive about the standard of care and support they received, said the agency was responsive when their needs changed. One person told us that their health condition had deteriorated over time and they had needed additional care, which was arranged with the agency to their satisfaction.

The registered manager and the care coordinator carried out an assessment of needs and completed risk assessments before a service was provided, to ensure that the agency could provide appropriate care and support. A care and support plan was then developed with the person (or with their relative) and this agreed before the package of care was started.

Care plans were up to date, person centred and clearly written with a step by step description of how care workers should support people at each visit. Plans also informed of what people were able to do independently, and what activities they would require support with.

The registered manager told us that schedules detailing which members of staff would be visiting each day were no longer sent to people as feedback had informed that people did not require these. However, the people we visited and spoke to on the phone felt that a weekly schedule would enhance the service. Nobody felt strongly about this issue as they said they knew the care workers who visited and they would tell them, if asked who would be making the next visit but overall, people would prefer to receive a weekly schedule. This was discussed with the registered manager and it was agreed that the schedules would be reinstated. This will be monitored at future inspections.

People told us staff stayed with them for the full length of their visit and made sure they had given them all the support they required before leaving. Care records were written after each visit with the times and lengths of their stay. People we visited said workers usually arrived on time and if delayed care workers or the office would telephone to inform them of this. Two people told us that at some point in the past a visit was nearly missed, however, after a call to the office, a care worker was sent out straight away so that people's care needs were not left unattended.

Each person received a copy of the agency's complaints procedure within the information pack provided at the beginning of the contract. The complaint's log recorded a small number of complaints raised with the service. The last, raised in June 2016, had been resolved to the satisfaction of the person who raised the complaint by providing more convenient visiting times.

Surveys showed that people knew who to go to if they had a complaint. People told us they had confidence they would be listened to and their complaint would be fully investigated.

## Is the service well-led?

### Our findings

Both people and staff said the service was well-managed. One person told us, "They give a very good service; I would give them ten out of ten". One member of staff, when asked why they thought the agency was good, said, "They are good people and support staff". These views were also reflected in returned questionnaires with people saying they would recommend the service to others.

Overall, we found there was good morale in the agency and a positive leadership to provide a good service to people. Staff felt the registered manager was supportive and committed to providing a high standard of care to people.

Quality assurance systems were in place to monitor the quality of service and to make sure people were satisfied with the service. One of these procedures was for the coordinator to make contact with a new service user 48 and 72 hours after first receiving a service. This was in place to make sure any issues were dealt with that would ensure people were getting the service they required. People confirmed that this procedure had been followed when they had started with the agency.

Other systems in place to make sure people were getting a service to meet their needs included a review after six months for people with non-complex needs and more frequent reviews for people with more complex needs. People and staff also confirmed that spot checks conducted by the agency took place quarterly as well as quality assurance visits when people were surveyed but their satisfaction with the service they were receiving.

Medication administration records returned by staff to the office each month were monitored to pick up any issues or incomplete records.

Staff were aware of the whistleblowing policy, which was in line with current legislation.

The registered manager had notified the Care Quality Commission about significant events, as required in law. We use this information to monitor the service and ensure they respond appropriately to keep people safe.

There were also other audits in place to ensure a quality service was maintained. Examples of audits included health and safety, complaints and environmental risks in people's homes. The audits gave an overview of the service and enabled any trends to be identified and actions taken to address any shortfalls.