

AAA Care Solutions Ltd

# AAA Care Solutions Ltd

## Inspection report

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Date of inspection visit:  
11 April 2022

Date of publication:  
06 May 2022

### 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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

AAA Care Solutions Ltd is a domiciliary care agency. It provides personal care for people living in their own homes. At the time of inspection, the service was supporting three people. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People were not always supported by effective quality assurance systems. The newly registered service had recently started providing services to people and was in the process of implementing systems which had not been embedded in practice. We have made a recommendation about the management of governance systems. People's consent to care had not always been formally recorded. We have not identified evidence of harm. The registered manager and provider took immediate action to ensure their assessment processes included consideration of how people's consent was obtained. A relative confirmed staff always asked for consent before offering support. One relative told us how respectful staff were. Staff provided assurance of how they work with people to ensure they were involved and consented to the support staff provided.

Relatives told us people were supported by staff who understood how to keep people safe. Care plans and risk assessments promoted safety and reflected peoples wishes.

People were protected by staff who were knowledgeable about safeguarding and understood the prevention and reporting of abuse. Practices and policies promoted safety in response to the COVID-19 pandemic. Staff received training, had appropriate personal protective equipment and underwent a regular COVID-19 testing regime to minimise the spread of infection.

People were supported by staff who were trained and competent in their roles. Staff were supported by the registered manager who had developed a programme of spot checks of staff practice where they assessed staff competence and sought feedback from people and relatives to help inform service development. A relative confirmed how they were supported to feedback on the quality of the service, "The [registered manager] listens and understands."

People were involved in their assessment process with the registered manager, care plans were written to enable people to have full control of the support they received. Staff ensured people were involved in their support. People were cared for by empathetic and compassionate staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People knew who the registered manager was and a relative spoke highly of their management skills. Staff

told us the registered manager was approachable and they would be listened to when making suggestions, comments or complaints. One staff member told us, "I can speak to them any time."

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

This service was registered with us on 23 November 2020 and this is the first inspection.

#### Why we inspected

This is the first inspection for this newly registered service.

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

### 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 

# AAA Care Solutions Ltd

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was undertaken by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Notice of inspection

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

Inspection activity started on 7 April 2022 and ended on 13 April 2022. We visited the office location on 11 April 2022.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information held on the service. We used all of this information to plan our inspection.

#### During the inspection

We spoke with one relative who's loved one used the service about their experience of the care provided because we were unable to speak with the person. We spoke with four members of staff including the

registered manager, two care workers and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included one person's care records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We contacted two social care professionals who had contact with the service.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from harm or abuse. A relative told us their loved one felt safe, "[Person] is definitely safe."
- The provider had a safeguarding system in place, including safeguarding and whistleblowing policies and procedures to safeguard people. Members of staff confirmed they had read these.
- Staff received safeguarding training and were able to demonstrate their knowledge on the types of abuse and how to recognise signs of abuse. Staff knew how to escalate concerns internally and to external bodies should this be needed.
- There had been no safeguarding concerns since the service commenced. The registered manager demonstrated their knowledge of reporting safeguarding concerns externally where appropriate. The registered manager explained how investigations would be completed and how learning would be taken forward to minimise reoccurrence.

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

- Risks to people's health were assessed and managed safely. Care plans detailed people's individual risks and guided staff on how the person should be supported. Staff told us how they supported a person with a health condition which involved variable guidance from health professionals. Staff ensured the current guidance was available and shared with managers, staff and relatives. This ensured the person received appropriate support to manage health risks.
- Staff demonstrated they understood risks to people. One spoke about how they managed changes in the person's health and the actions they took to keep them safe.
- During inspection the registered manager implemented further guidance to staff to ensure consistent information about specific health conditions had been recorded along with any potential actions to take.
- Risks to people, such as, risk of falls had been assessed and mitigated. The person's care plans contained risk assessments linked to their support needs. These explained the actions staff should take to promote the person's safety. For example, a risk assessment for moving and handling was available and acted upon by staff. This ensured the person was supported to move about their home safely.
- Environmental risk assessments and checks were completed for people's homes. This was to ensure people's safety and that of staff when care was being delivered.
- At the time of inspection, there had been no adverse events to learn from. The registered manager provided information about how incidents and accidents would be recorded and individually responded to and described how learning from events would be taken forward.

Staffing and recruitment

- There were enough staff to support people safely; a relative told us staff were always on time and they had not experienced any missed calls. Staff always stayed for their allocated time and they did not feel rushed. One relative, referring to calls told us, "They are flexible with times".
- Staffing levels were calculated by the number of people using the service and their needs. Our observations were there were enough staff to safely support people, this was reflected in the staff rota. In the event of staff shortages, the registered manager was available to provide assistance for people when needed.
- Staff were recruited safely. Employment histories and any gaps of employment had been discussed at interview and documented. Pre-employment checks such as references and Disclosure and Barring Service (criminal record checks) were obtained prior to employment. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- Medicines were managed safely. Staff were trained to administer medicines; their competencies were assessed by the registered manager.
- A relative confirmed staff assisted their loved one with medicines and they were given on time. They told us, "Staff are fine with medicines and communicate any problems".
- People received their 'when required' (PRN) medicines such as pain relief. PRN protocols were in place to guide staff if people could not communicate their need. The protocols were personalised to the individual.
- The registered manager undertook monthly audits to ensure administration and medication administration records (MARs) were completed appropriately.

#### Preventing and controlling infection

- Staff had received training in infection prevention and control (IPC). This included the use of personal protective equipment (PPE). Staff told us there were ample stocks of PPE and this was readily available to them.
- The registered manager carried out spot checks on staff to ensure they were wearing appropriate PPE and undertook audits of practices to ensure people were kept safe from the transmission of infections.
- We were assured that the provider's infection prevention and control policy was up to date. Staff had completed the relevant training.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA

- During the inspection the provider acknowledged their assessment process had not always assessed a person's capacity to make their own decisions. They took immediate action to ensure this was addressed. The provider told us, "The policy and procedures are in place, we need to follow necessary steps to engage with people, relatives and staff to ensure this is completed." We did not identify evidence of harm; however, this was an area in need of improvement to ensure systems effectively supported people with decision making.
- Staff received MCA training and understood how to work in the least restrictive way for people. Staff described ways they supported people using the principles of the MCA and gave scenarios of when they would carry out mental capacity assessments to work in people's best interests.
- Staff told us how they asked for consent when providing support to a person, "It's important to understand how much a person is able to consent and we must never assume a person doesn't have capacity". A relative confirmed staff respected the day-to-day choices and decisions their loved one made.

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

- The registered manager used an assessment tool to identify people's needs before they started to use the service. This guided the assessor to check all aspects of a person's health and social needs.
- Staff carried out initial assessments before people used the service to ensure people's needs could be met. Care plans were written based on people's needs and wishes.
- A relative told us the registered manager visited them and their loved one to discuss the type of care they wanted to receive. This helped to ensure care was provided from point of view of the person receiving care. One relative told us, "[The registered manager] asked lots of detailed questions about [persons] needs".

Staff support: induction, training, skills and experience

- Staff had the knowledge and skills to support people effectively. People were supported by staff who received training relevant to their role such as moving and handling and person-centred care.
- A relative spoke positively about staff skills and in particular about their willingness to listen to ensure support achieved positive outcomes for the person and the family.
- The registered manager told us new staff would be shadowed by experienced staff until they were assessed as competent to work alone. New staff would also undertake the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. The management were trained to assess staff on completion of the care certificate.

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

- People had access to healthcare agencies and support. Staff worked with agencies to provide good outcomes for people. For example, the service worked with the district nursing team to ensure a person received effective healthcare support.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported by staff who knew them well and were respectful of their needs. The registered manager undertook spot checks and received positive feedback from relatives. One relative told us, "They are very understanding, patient and listen. The main thing is [person] is comfortable."
- Staff described people's routines and personal preferences as well as what would make a good day for the person. One staff member told us, "I enjoy helping [person] to live their life."
- Staff documented people's feelings and opinions as well as the care delivered, care was documented in a respectful way.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People had full involvement in their care and support which was reviewed to suit them. One relative spoke to us about the "Bespoke service" AAA Support Solutions Ltd had provided and how this promoted positive outcomes for the person and relatives. They also told us staff had enough time to provide compassionate, caring support. They described staff positively as, "Not rushing out of the door at the end of their call".
- People's care was reviewed on a regular basis and when their needs changed. People were given the opportunity to make changes. A relative described how following a discussion with the registered manager, changes were made to staff practices. "They think outside of the box, think of a solution to help my loved one and me".
- People's independence was encouraged and respected by staff. Staff gave examples of how they respected people's privacy and encouraged independence whilst assisting with personal care. When talking about people, staff described them as strong and independent. One staff member said, "[Person] will tell us what they need help with."
- Positive feedback from a relative evidenced staff respected the person's dignity and independence and put this into practice.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care was personalised to their wishes and goals. One relative told us, "They go over and above to make sure the person is happy."
- People's care records were detailed to include life histories and what was important to them. Staff discussed aspirations with people to see how they could be supported to achieve their goals. For example, a person valued the importance of their cultural heritage. Staff worked with them and consistently demonstrated an awareness of the person's choices. A relative told us, staff always spoke to their loved one in a culturally appropriate manner.
- People were able to make decisions to suit their needs and lifestyles, for example, times, frequencies and lengths of visits. A relative told us changes had been made and accommodated, records confirmed this.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and met. Staff advised all documentation could be produced in large print and an easy read format if required and they would arrange time to read documentation aloud for people to aid their understanding or if a different language was spoken, picture aids would be used or translation with the help of family.
- Staff spoke of how they had supported communication with the help of family members to translate.

Improving care quality in response to complaints or concerns

- Staff encouraged people to give their feedback on the service. A relative confirmed they would be comfortable to approach staff to raise a complaint. One relative told us, "The registered manager listens to feedback and acts promptly on any concerns."
- The service had not received any complaints. The provider told us they would be open to complaints. Staff explained what actions they would take in the event of receiving a complaint, how they would investigate and respond.
- The complaints procedure included response timescales and where to escalate concerns if the complainant was not satisfied with the outcome.



# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The registered manager could not always be assured systems in operation effectively monitored the quality performance of the service. The service had recently started providing services to people and was in the process of formalising arrangements. For example, staff completed support records in the person's home, the registered manager relied on visits to the person's home to be able to effectively monitor the quality of support. The service did not always ensure staff supervision and development conversations considered whether it was appropriate for these to take place in the person's home.
- The provider was in the process of making improvements and had acknowledged the need to formalise some systems. They told us they were in the process of moving to online care management processes which would ensure effective oversight of the service.
- A relative confirmed, "The service is good, but to be better, they need automated systems for care notes which would help communication".
- The service had not held staff meetings and could not be always assured staff received feedback about their performance or received support with objectives in accordance with development plans of the service. This increased the potential risk of missed learning opportunities.
- The provider told us they had not as yet completed any audits and planned to review the quality of the service after the first six months. This was an area in need of improvement.

We recommend the provider consider current guidance on identifying and managing risks to the quality of the service and take action to update their practice accordingly.

- The registered manager told us how they planned to manage the quality of the service, "We will continue to do staff spot checks while creating a staff spot check log. We will continue using the staff monitoring forms to gather information on the quality of care by checking staff implement the care plan as per any changes."
- The registered manager had daily oversight of the service and undertook spot check visits to people. Staff told us they provided support during spot checks of the service and telephone calls. During the visits the registered manager carried out checks on documentation such as daily records and care plans. The registered manager had recently developed a more formal recorded quality assurance audits to be used as the service grows.
- A relative spoke highly of the provider and comments included, "They are thinking about the quality of care not just talking about it." "We receive a personalised service from a smaller service," and, "I hope they

stay the same as the service grows".

- Staff gave positive feedback regarding the registered manager. Staff told us, "The registered manager listens to us, we can ring anytime". And "If we have questions, we always get a response from them".
- The registered manager demonstrated their knowledge of regulatory requirements. They understood their duty to notify CQC of events within the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a positive and inclusive culture for people. Senior staff visited people to carry out care reviews and gained their feedback. One relative spoke about negative experiences they had with other care providers and told us how their confidence with care services had grown since working with AAA Support Solutions Ltd, "I have learnt to trust the registered manager, someone will be here". They told us the registered manager communicated regularly with them to review the quality of the service being provided and "Any problems I can text them."
- The provider and registered manager genuinely welcomed feedback and were able to demonstrate how they had taken timely action in response. A relative told us, "The registered manager has visited them three times so far and follows up on any concerns with staff practice".
- The provider encouraged customers to provide feedback about the service they had provided online to support the development of their reputation in the area.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their duty to be transparent and truthful when something was to go wrong. They described the importance of providing an apology and dealing with the concern in a timely manner.

Working in partnership with others

- The service worked in alongside with external agencies and other care providers to ensure continuity of care for people. Health professionals including district nurses and GPs were involved to provide advice for staff to support people's needs.
- The registered manager advised they networked with other managers, shared knowledge, best practice and offered mutual support.

