

Aspects Care Limited

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Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 15 October 2014 and was announced. Announcing our inspection meant that arrangements could be made for us to meet with people that were using the service and to talk with the staff who were working for the agency.

We last inspected this provider in June 2014. At that time we found that four of the regulations we assessed were not being met. This meant in these areas the provider was not meeting the requirements of the law or meeting the needs of the people who were using the service. Following the inspection in June 2014 the provider developed an action plan telling us how they would make

changes and improvements to achieve compliance. At this inspection we looked at the progress that the provider had made and found that the service was now providing a good service to people.

Aspects Care provides a care service to people in their own home. The provider can support people who are living with dementia, have a learning disability, mental health needs, older people and people who have a physical or sensory impairment. Some people require short calls to help with a specific need and some people using the service have longer support needs of up to 24 hours each day.

Summary of findings

The service had a registered manager 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.

People using the service told us they felt safe and this was confirmed by their relatives, staff, and the professional health staff who work alongside people using the service. Staff we spoke with were aware of the different types of abuse and of their responsibility to identify and report it. We found there were adequate numbers of staff to support people when they needed help. We found that medicines were being safely administered when people needed them.

People were being supported to stay healthy by staff that explained healthy living choices and provided the support people needed to make and attend healthcare appointments. People were being encouraged to eat food they liked that would promote their well-being.

People told us that the staff that were supporting them were kind and friendly. We observed the way staff supported people when we met them in the agency's office. We observed staff supporting people to be as independent as possible and we saw people were relaxed and enjoyed each other's company. People we met had been supported with their personal care and each person was presented in a way that reflected their individual tastes, gender and culture.

Systems were in place for people to give feedback about the service. We were able to track the work that had been undertaken in response to these comments. This meant people's feedback was used to evaluate and develop the service further.

There was an effective manager who was aware of their responsibilities and demonstrated that they had a constructive relationship with the registered provider, which ensured people benefitted from a service that was developing and continually looking for ways to improve.

Summary of findings

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 not always safe. Assessments for people with complex needs had not always been undertaken in sufficient detail to ensure they would be safe when they started to use the service.

People told us they felt safe and systems were in place to ensure practices such as recruitment, identifying and reporting safeguarding matters, staffing, medicine administration and risk assessments were undertaken robustly to protect people and promote their freedom.

Requires Improvement



Is the service effective?

The service was effective. Staff we observed had the skills and knowledge needed to support people with their needs and wishes. People were supported in line with their care plan to maintain good health and to eat a varied and nutritious diet.

The manager's knowledge and access to resources meant the provider would have been able to follow the requirements of the Mental Capacity Act in the event of this being required.

Good



Is the service caring?

The service was caring. People told us they liked the staff that supported them and we saw and heard some kind and friendly interactions during our inspection.

People were supported to be as involved in planning and meeting their own care needs as far as they were able.

People's dignity and privacy was respected by the staff who supported them.

Good



Is the service responsive?

The service was responsive. We found people were receiving a service that had been tailored to meet their own needs and wishes. There were opportunities for people to share ideas and concerns which were used to improve the service.

Good



Is the service well-led?

The service was well led. The registered manager was involved in the day-to-day running of the agency and demonstrated a clear vision for the continuous improvement and development of the service.

Good



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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 15 October 2014 and was announced. The provider was given 24 hours' notice because the location provided a domiciliary care service and we wanted to ensure we would have the opportunity to talk and meet with people who used the service and the staff who supported them.

The inspection was undertaken by one inspector, over one and a half days. Before the inspection we looked at the information we already had about the provider. Providers are required to notify the Care Quality Commission about events and incidents that occur to people that they provide care and support to. We refer to these as notifications. We used this information to plan what areas we were going to focus on during our inspection.

During the inspection we spoke with seven people who used the service, seven members of staff, two relatives of people who used the service and four professionals who supported people that used the agency. We reviewed four records about people's care, three staff recruitment files, health and safety records and the records showing what systems were in place to ensure the agency was safe and well run.

Is the service safe?

Our findings

Assessments of people's needs had been completed before the person joined the service. These had been used to identify the number of staff and the skills staff required to meet people's individual care needs. However assessments of people with higher support needs did not always contain enough information to keep the person safe when they started to receive the service. This was because risk based information had not always been identified by the provider or disclosed to them during the assessment process. Therefore the provider could not always accurately identify the staffing levels or ensure that staff had the right mix of skills and experience. We identified examples of this where people had come to harm or had been placed at risk of harm both during the inspection and from the notifications the provider had sent to us. We found that the provider always responded promptly to changes in needs once they had been identified, we also found that in some occasions despite the providers best efforts information had not been disclosed. However we also found examples where the providers own assessment could have been more robust.

People we spoke with explained that staff supported them with a variety of activities and needs including their personal care and supporting them when they went out into the community. Everyone we spoke with reported that they felt safe with staff when undertaking all of these activities. People's comments included, "Staff help me a lot. I feel safe. I really appreciate that" and "I never feel unsafe. If I have a problem I call my 'care co' [care co-ordinator] I can call her anytime."

We asked seven members of staff if they would be happy for a member of their family to use the service Aspects Care provided. Everyone told us they would be and went on to describe why. Comments from staff included, "I've genuinely never had a problem with safety here. I think the protocols are very good" and, "I wouldn't work here if I thought people were neglected."

We spoke with four health care professionals who were supporting people that used the service provided by Aspects Care. They all told us that they felt people using the service were safe. One professional told us they had used the service multiple times and had only had positive

outcomes from the people they had placed there. Another professional praised the way staff supported the person when they behaved in a way that could put them or others at risk.

We looked at what steps the provider had taken to balance promoting people's independence while protecting people from known risks as far as possible. We found that staff had received training in safeguarding and the staff we spoke with were aware of what abuse was and were confident of the steps they should take to report it. The manager had introduced ways for staff and people using the service to raise concerns, and we saw evidence that some people had used these. This meant people using the service could be confident staff would recognise the potential signs of abuse and know what to do if they suspected abuse had taken place.

Some people we met told us they could become angry and sometimes hurt themselves or damage their homes. These people were able to tell us how staff supported them during these times, and told us how they had been part of planning their own care. People also told us how they had been involved in evaluating the incident when they had calmed down. This was a very positive way of including people in their care and helping them to make decisions about risks.

The manager was able to show us how they matched the staffing requirements to staff availability using a specialised computer programme. This programme, alongside the manager's detailed knowledge of people's needs ensured that staff of the correct gender, culture and with the required skills was on duty each day. We explored the resources available to cover unexpected absences or a sudden increased demand in the service. We found that capacity to cover these needs had been built in to the staffing numbers and that on-call arrangements provided further support to the staff team in the event of an emergency.

Recruitment records we looked at showed that robust checks were made before new employees were offered employment with the provider. This was a way of ensuring the staff employed were suitable to support people to meet their care needs.

The manager shared with us examples of the work taken to investigate and put right unsafe practice. We tracked the work undertaken following a medicine administration error

Is the service safe?

and found that staff had been supported to re-train and to be re-assessed before taking responsibility for medicine management again. This process ensured that people were always supported by staff that had the skills required to administer their medicines safely.

Staff we spoke with were able to describe how they administered medicines safely. Staff told us and records confirmed that staff had been trained and received practical assessments to ensure they were safe to administer medicines before being allowed to do this. Medicines management was underpinned with a medicines policy that reflected safe medicine handling practices. People's medicines were all stored in their own

home and we did not observe these. Staff we spoke with described how they supported people to ensure they always had a supply of the medicines they had been prescribed and that these were stored safely. We saw completed medicine record sheets that showed people had been offered their medicines at the right time and that staff had signed to confirm they had administered these. Senior care staff were responsible for auditing the medicines and ensuring that they had been given as prescribed. We saw these audits had been undertaken regularly and showed people benefitted from good medicine management practices.

Is the service effective?

Our findings

People told us they were being supported to live their lives in the way that they preferred. People told us, “I know who my staff are and I like them” and “I can see the doctor and dentist. I don’t want to see the optician.” We asked people about how decisions involving them are made. People explained how they were encouraged to be as independent as possible and one person told us, “I do. [Regards who makes decisions concerning their life.] Staff help me to work out what I want.”

The manager told us that they made deliberate efforts to match people with staff they would like. One member of staff told us, “On my project we have a really steady team of staff. We know each other and the person we support really well” and “The staff team has been stable for months now. I am confident in all my colleagues and can raise concerns with any of them easily.” The manager went on to tell us how they had included people who used the service in staff recruitment and that people were encouraged to feedback on the staff that supported them to ensure they were being supported by people they liked and who understood their needs and wishes.

Staff told us that they had received regular training and supervisions. Comments from staff included, “They [Aspects Care] offer a lot of training. Supervisions are regular” and “Training is first class. They are very efficient at calling us in for training.” One member of staff we spoke with had recently completed their induction. They told us “Induction made me feel ready for work. Now I am excited to get started.”

Since our last inspection the agency’s training department had reviewed the type and quality of training available to staff. The training manager shared with us the work they had started and were planning to deliver in the near future to ensure the staff team were well skilled to meet the needs of the people they were supporting. This meant the staff team would benefit from professional development and have greater skills to support the people they work with.

At the time of our inspection the agency was not supporting anyone who lacked mental capacity (the ability to make decisions about themselves independently). The manager had awareness of the Mental Capacity Act (MCA) and how this related to their work. The manager’s knowledge and access to resources meant the agency

would have been able to follow the requirements of the MCA in the event of this being required. The manager had identified the need for further in-depth training for themselves and for the staff team to ensure they were all able to understand and use the MCA and they had made arrangements to access this.

Staff we spoke with were aware of the need to seek people’s consent and were able to describe how they did this on a day-to-day basis. They were also aware of the fact they were working in people’s own homes and could be asked to leave. Staff were aware of the need to encourage people to make decisions for themselves wherever possible, and described how they would involve people’s family and professionals if a person was unable to do this for themselves. The manager was able to provide evidence of conversations and referrals where support for people had been requested. This ensured people’s care and support was always offered in line with legislation and guidance.

Some people had behaviour that could cause harm to themselves or others. We found that the agency had worked with other professionals to develop guidelines for these situations. Staff we spoke with all confirmed that restraint was never used. Staff described how they would distract (offer people an alternative activity) or de-escalate (help people calm down) behaviours as prompted by the guidelines and their own experience of the person. Sometimes medicines were used to help people calm down if they had been prescribed and the other options had been exhausted.

People we met were planning their meals independently or with minimal support from the staff team. We saw that the staff were supporting people to make healthy eating choices where possible but were respectful of people’s wishes if they chose not to follow the advice. Staff were supporting people to attend appointments with the dietician when this was part of their care plan.

People confirmed staff had helped them access health care appointments. Some people were able to access healthcare independently and others needed staff to help them make and attend appointments. Records we saw showed that people had been supported to register with a local Doctor and attend the appointments they needed to, in order to stay healthy.

Is the service caring?

Our findings

People we met and spoke with told us staff were caring and treated them kindly. Specific comments from people included, “Yes, they are kind to me. They do the right thing” and “The staff work very hard to look after me.” People told us that staff helped them with a wide variety of different care needs and helped them to be as independent as possible. People’s comments included, “They help me with all sorts of things, care for me, my make-up, my creams, housework, cooking, and laundry. They are all really nice to me, like friends and not carers. No one from here has ever been unkind to me” and “I’m getting on well here. They are kind to me and encourage me to do as much for myself as I can.”

Staff we spoke with showed compassion for the people they were supporting and were able to describe people in detail, sharing people’s habits, things that made them laugh and the staff were able to tell us about people and places that were important to each person. Staff we spoke with were able to tell us if people practised a faith or culture, and we saw records in people’s files that provided supporting evidence that these wishes were being met in the way people had requested.

People we met who used the service had all been supported to undertake personal care in the way they wished. We observed that people had all been supported to express their individuality in the way they presented themselves.

We observed and people told us that as far as possible people were encouraged to be as independent in decision making as possible. During the inspection a weekly review meeting was held for one person, we saw how the person was included in the meeting and given opportunity to contribute to the planning and review of their care. We saw evidence in people’s files that where people had to make particularly complex decisions, support from local advocacy agencies had been sourced for them. We observed the support and interactions between people and the staff members supporting them when they visited the providers office. We observed that staff encouraged people to be as independent as possible, and to express their feelings and experiences about the care and support they had received.

People we met lived in their own home. People told us that staff sought consent before entering their home. People and staff shared examples with us when people had been enabled to see people important to them in private, or how the staff had been mindful of people’s dignity when helping with personal care. This meant efforts were being made to maintain people’s privacy, dignity and their human rights.

Is the service responsive?

Our findings

We observed that office staff operated an “open door” policy. People told us and we observed that people could ‘pop in’ to the office to catch up with staff there, to talk through any worries or to attend their review meetings. Several people told us they felt able to phone the office staff or their care co-ordinator in the event of any concerns. We saw that records which showed concerns raised by people using the service had been taken seriously, investigated and that the person received a letter of response. The complaints process was available in an easy read-pictorial format. Since our last inspection a feedback form for staff had been distributed with each pay slip. This provided staff with an opportunity to provide feedback on any aspect of the service and was a way of raising concerns anonymously if they wished. The manager was able to show the work undertaken to investigate the feedback and to provide a response to the member of staff. Where appropriate changes were made to the service to ensure the learning from the complaint was put into practice.

Staff we spoke with explained how in their experience the service was responsive. Staff were able to tell us how people got the service they needed when they needed it. Examples included working pro-actively, one member of staff told us, “We know the person well so we can respond to what we anticipate” and another staff told us “Staff on the project work flexibly to meet people’s needs. For example we might change our shift times to ensure we are available when the person needs us. A good example is to attend hospital appointments.”

We found that assessments were completed prior to a service being offered to a person and that people had been approached for their views about how they wanted the provider to meet their needs. We found the assessments included information about people’s preferences, needs and wishes. They also listed the people who were important to the person and information about how they practised their culture and religion. We found that the provider had kept people’s needs under review and had responded promptly when gaps in the assessment information about how a person required support were identified. This included alerting the relevant agencies, increasing the staff support and making referrals to the relevant people and agencies.

Care plans we looked at were individual to each person. The care plans showed each person’s strengths and where they could be independent as well as the areas in which they required support. The records all contained information about the person’s family and life history where this was appropriate. Some people’s support included help to undertake social activities both at home and in the community. People we met with spoke enthusiastically about some of the groups and activities they were able to take part in both independently and with staff support. Working in this way meant that people’s care was individual to each person, and that people were supported to stay in touch with the people that were important to them.

Is the service well-led?

Our findings

People told us they knew who the managers were, and they were confident to contact them. We found evidence that the management team had taken positive actions since our last inspection to improve the culture of the agency and to make it inclusive. The majority of staff we spoke with confirmed this and told us, “You get good support from the on-call. It is rare I need to use them, but managers have come out to me when I needed support” and “The managers are all approachable and will make time for you if you need to talk something through.”

However other staff still felt there was still progress needed in this area and their comments included, “With some issues the organisation helps you but at other times it is like talking to a brick wall.” Another member of staff told us that the turnover of care co-ordinators in the project they worked in had been unsettling and that they needed time to build up a trusting relationship. The manager was able to explain how these issues were being addressed to ensure both staff and people using the service benefitted from increased stability.

We found that actions including weekly visits by the care co-ordinators to see people in their homes, the opportunity to complete quality surveys, attendance at events in the office had all been offered to people involved in the service to encourage open communication and feedback. The manager demonstrated that they communicated openly with professionals who supported people using the service, with the local commissioners and safeguarding adult’s team. This helped to ensure the provider was operating in an open and fair way.

The registered manager was experienced and was clear about her responsibilities to deliver a service. We found that the registered provider was actively involved in the service and was also aware of the challenges, risks and achievements.

The manager was able to describe and show us quality checks they had undertaken to ensure the service was meeting the needs of the people and was safe. These included consulting with people and their relatives about the service they had received. The manager was committed to continuous improvement that would ensure people benefitted from a service that was continually looking for ways to develop and improve.