

Aware Care Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

About the service

Aware Care Limited is a domiciliary care agency providing support with personal care to people living in their own homes. 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. At the time of our inspection the service was supporting 23 people with the regulated activity of personal care.

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

Recruitment records did not show the service had followed the necessary practices which have been designed to ensure people were protected from harm.

Staff understood how to keep people in their care safe from harm. Where risks to individuals had been identified measures had been put in place to reduce or eliminate those risks. Safe systems were in place to ensure people got their medicines at the right times.

People had capacity to consent and this was recorded in their care plans. The registered manager was aware if people lacked mental capacity to consent they needed to support people to have maximum choice and control of their lives and support people in the least restrictive way possible and in their best interests. Policies and systems in the service supported this practice.

People received support from staff who were kind and caring. People were involved in making decisions about their care and were treated with dignity and respect. People were encouraged to be independent and their equality and diversity needs were respected.

People's care needs were assessed before a service was offered, to make sure the service would be able to meet their needs. Care plans were developed to make sure staff knew what they needed to do to meet those needs and provide person centred care. A complaints procedure was in place although there had been no complaints.

Quality assurance processes had not yet been embedded into practice to evidence the quality of the service provided. Everyone we spoke with was happy with the service provided and the quality of the care staff.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 23/08/2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date the service registered with CQC.

Enforcement

We have identified a breach in relation to fit and proper persons employed. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider. We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below

Requires Improvement ●

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 ●

Aware Care Limited

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 carried out 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 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 6 August 2019 and ended on 15 August 2019. We visited the office location on 6 August 2019.

What we did before the inspection

Before the inspection, we reviewed all the information we held about the service including information about important events which the service is required to tell us about by law. We requested and received feedback from other stakeholders. These included the local authority safeguarding team and Healthwatch Kirklees. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

Due to technical problems, the provider was not able to complete a Provider Information Return. 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.

During the inspection

We reviewed a range of records. This included three people's care records. We looked at three staff files in relation to recruitment and staff supervision. We reviewed a variety of available records relating to the management of the service, including policies and procedures.

After the inspection

We spoke with three people and their relatives in relation to the care provided. We rang six members of staff and managed to speak with two. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit 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 requires improvement. This meant some aspects of the service were not always safe. There was an increased risk that people could be harmed.

Staffing and recruitment

- Recruitment processes had not met the requirement of the regulation around the safe recruitment of staff.
- Application forms missed some essential information. The registered manager had not kept a full record of periods of employment, showing beginning and end dates, together with an explanation of periods of non-employment. References in relation to performance in staff's previous roles was missing from their file, and although there were no specific concerns, these records are required to be kept.

This demonstrated a breach in Regulation 19 (Fit and proper persons employed) of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Systems and processes to safeguard people from the risk of abuse

- People told us they felt completely safe with the care provided from the agency. One said, "I wouldn't use them if I didn't."
- The provider had up to date policies and procedures in place in relation to safeguarding and whistleblowing.
- Staff had been trained to recognise the signs and symptoms of abuse and had all undertaken online training.
- The registered manager had just purchased a system which would record times of calls electronically. At the time of the inspection staff were recording call times on the daily records and the registered manager was checking these during their visit to people's homes.

Assessing risk, safety monitoring and management

- Environmental risk assessments were completed to protect staff from harm from an unsafe environment.
- Individual risk assessments had been completed to ensure people were protected from harm. These included risk assessment in relation to falls, medication, moving and handling and smoking. The registered manager said, "At the end of each section of the assessment there is a summary overview of any risk which feeds into the care plan."

Using medicines safely

- The registered manager had trained staff how to manage medicines safely. They were an experienced educator, which meant they had the skills to ensure staff gained the knowledge and skills to safely administer medicines.
- Medicines management systems were organised, and people were receiving their medicines when they

should.

- Staff had been observed administering medicines and this was part of the registered manager's checks. We discussed more formal records of staff competency would provide additional evidence of their competency and directed the registered manager to this information.

Preventing and controlling infection

- People were protected against the risk of infections. Staff had completed training in infection control.
- People told us personal protective equipment such as aprons and gloves were provided and stored in their homes for staff to use.

Learning lessons when things go wrong

- The registered provider had a system in place to record accidents and incidents. At the time of the inspection there had been no accidents. There had been one incident in relation to a slightly late call, and they were able to tell us how systems had been changed to prevent a recurrence.

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 for 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.

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

- The registered manager carried out a detailed and holistic assessment of people's needs and preferences before their care commenced. This ensured the service was able to meet people's needs and that there was clear guidance for staff to follow in relation to risks to people's care, preferences and routines.
- The assessments we reviewed showed these were person centred and highlighted people's desired outcomes.
- People's needs in relation to the protected characteristics under the Equalities Act 2010, were considered in the planning of their care. People's communication requirements were assessed and included in their care plans.

Staff support: induction, training, skills and experience

- New staff received a thorough induction and the registered manager ensured all staff achieved the Care Certificate.
- The registered manager worked alongside all new members of staff for a two-week period before they were placed on the rota. They said, the first week, staff observed them, and the second week, they observed the staff. This also ensured people were introduced to the people they would support.
- Staff were supported by regular supervision, although no staff had received an annual appraisal as the agency had not been operating that long.
- People and relatives told us staff had the skills and knowledge to care. One person said, "Yes, trained. The quality of the carers, the sensitivity of the people coming. I don't think we can expect any more."

Supporting people to eat and drink enough to maintain a balanced diet

- People's dietary requirements and preferences were included in their care plans including the level of support they required. Care notes also described the support being provided around people's nutrition and hydration. The registered manager told us if needed they would work with community nurses to monitor what people had to drink if this was required for their wellbeing.

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

- The registered manager confirmed they maintained regular contact with relevant services such as social workers, occupational therapists, district nurses.
- Care records contained information about professionals involved with the person's care.

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 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. 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.

- The registered manager confirmed they were not supporting anyone who lacked the capacity to consent to their care arrangements. They had systems in place if this was the case, and was aware they would need to undertake an assessment of capacity for the specific decisions concerned, and record best interest decisions.

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 spoke highly about the care. One said, "I have been delighted with the care. They have been charming. I was very nervous at first, we got on well. A pleasant surprise." A relative said, "They are dependable, caring and really do take the person they are looking after in consideration."
- Care plans were person centred and included people's views about how they wished to be supported.
- Staff had received training on the importance of treating people with dignity and respect.

Supporting people to express their views and be involved in making decisions about their care

- People's views and preferences were clearly expressed in their care plans. We saw each care file had details of people's preferred routines and people told us staff followed these.
- People told us they had been involved in devising their care plans and care was provided in the way they wanted. One relative said, "[Name] went through the care plan with [relative]. One person told us, "I feel in control. With this company you are an individual not a slab of meat. It is really good dealing with a small company."
- People told us communication was good to ensure appropriate care was provided between care staff. One relative said staff record what they had done that day which helped them as a carer, "It is due to the good communication. [Name] fills it in at every visit. Leaves a record in the home so I can see what they have done."

Respecting and promoting people's privacy, dignity and independence

- People told us staff were respectful and promoted their privacy and independence. One said, "They protect my privacy. I feel very comfortable with them."
- Staff confirmed this, and one said when providing personal care, "Make sure the blinds are closed, there is no one else in the room. Putting them at ease."
- People were supported to be as independent as possible and staff encouraged them to do as much for themselves as possible. Staff recognised the importance of promoting independence on people's wellbeing.
- People's records were kept securely to maintain privacy and confidentiality in the office. The door to the office, had a key code to keep records secure.

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

- The registered manager completed a thorough initial assessment to ensure they had the information to support the development of a person-centred plan of care.
- Care plans were of a high standard and detailed and detailed information about people's life histories, interests, needs and aspirations.
- One member of staff said they went out of their way to ensure care was person-centred and staff were matched to people supported. They said, "It's their needs we are tailoring for. [Registered manager's name] looks at the strengths of staff and matches this to the client."
- The registered manager stressed how important it was to identify how people wanted their care to be provided down to the little details. For example, staff were required to always, "Give people a choice of where they want to dress. Don't always assume that because you are washing in the bathroom they want to dress in the bathroom, they might prefer to dress in the bedroom."
- People were provided with a copy of the rota each week which detailed which staff would visit them and the time of the visit. This enhanced personalised care for those people who thrived on knowing care would be provided by a consistent staff team.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager was aware of the AIS and considered people's communication needs at assessment. Information about communication needs was recorded in people's care plans.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider was supporting some people with accessing the community and involved in leisure activities.
- The service provided companionship and supported people with leisure activities. Staff and people gave us many excellent examples of positive outcomes for people. One relative said, "[Name] tries various things, various crafts, music too." All of which had a positive impact on their relative's wellbeing.

Improving care quality in response to complaints or concerns

- The provider had policies and procedures in place to manage complaints, concerns and compliments. There had been no complaints at the service but there had been many compliments.

End of life care and support

- The provider was not caring for people at the end of their lives at the time of this inspection.

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 in relation to recruitment practices.

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

- The registered manager had assured herself of the quality of the staff they recruited, and knew most of the staff personally, or as a recommendation. However, some of the required information was not available, which meant there was a lack of recorded evidence to support safe recruitment practices. The breached the regulation around fit and proper person's employed.
- The provider carried out regular spot checks to oversee staff performance and to check the quality of care and people's experiences. They recorded their findings in detail which ensured they were accountable for the service.
- Staff were clear about their roles. They received information on induction and throughout training about what was expected from them. New staff were introduced to people who used the service while shadowing the registered manager.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff and people at the service talked about the positive culture of the organisation. Staff felt very supported by the manager and their management skills, which positively impacted their abilities to care for people.
- Staff reported good team working. One said, "We are a family unit. We pull together and provide the best possible care for the clients."
- Visits were planned with time between visits for travel and appropriate time during the visit to care for people.
 - The registered manager knew people very well and collated a weekly update from staff and relatives to ensure people's care needs were met and any changes recorded. The registered manager said, "I do all the care for all new service users before any carer gets involved. I do really think it gives the staff confidence. I do everything."

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

- CQC had not received any notifications from the provider, as there had been no notifiable events. The registered manager understood their requirements to notify us of all incidents of concern, including serious injuries, deaths and safeguarding alerts. This is to ensure providers and registered managers are open and transparent with people who use services.

- The registered manager was open and transparent when dealing with issues and concerns. They understood their responsibility to apologise to people and give feedback if things went wrong.

Continuous learning and improving care

- The service was still relatively new and had only recently increased the number of people using the service. The registered manager was constantly checking care was provided, but there was a lack of recorded audits. They understood fully the requirement to benchmark their service to demonstrate the quality of the service they provided and had plans in place to ensure they recorded all audits going forwards.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were systems in place for gathering the views of people using the service. The registered manager told us they spoke with people and their relatives on a weekly basis.
- They had strong links with the local community and had developed the service through word of mouth and attendance at community events.
- The registered manager had sent out questionnaires to obtain the views of people using the service.

Working in partnership with others

- We saw evidence the service worked in partnership with other services to ensure people were provided with compassionate, person-centred care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Records did not evidence a full record of periods of employment, showing beginning and end dates, together with an explanation of periods of non-employment. References in relation to performance in staff's previous roles was missing.</p>