

Aims Homecare Limited

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Inspection report

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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?	Requires Improvement ●

Summary of findings

Overall summary

We inspected this service on 16 March 2017. The inspection visit was announced.

Aims Homecare Limited delivers personal care to people in their own homes. At the time of inspection they were delivering support to 76 people and covered the areas of Epsom and Ewell, Reigate and Banstead and Elbridge. The service predominantly supports older people who may have dementia.

Aims Homecare Limited provides a variety of different services to meet people's needs. Support calls vary from 30 minutes to 12 hours. They provide live in carers as well as wake night and sleep in support. The people are supported with a full range of tasks, including maintaining their health and well-being, personal care and support with nutrition and hydration.

We last inspected the service on 11 March 2014 where no concerns identified. This was when the service was registered as Aims Homecare Domiciliary Service.

On the day of inspection we met the registered manager. 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 and relative we spoke to were happy with the support they received from Aims Homecare Limited.

The provider's quality monitoring system focused on the experience of people. It included spot checks and telephone reviews. We found that there were a lack of robust quality assurance systems to highlight any shortfalls. We found shortfalls with people's care plans and risk assessments not reflecting their needs. We also found shortfalls in some staff training and some issues from people that had not been picked up or addressed. Due to staff knowledge the impact on people was low. We have however recommended the provider assess their quality assurance systems to ensure they are robust in all areas.

People told us they felt safe with the staff that came to their home. Staff understood the signs of abuse and their responsibilities to keep people safe. Recruitment practices were followed that helped ensure only suitable staff were employed at the service.

Risks of harm to people were identified at the initial assessment of care and staff understood what actions they needed to take to minimise risks. Staff understood people's needs and abilities.

People were supported by regular members of staff who supported people in a timely manner. Staff were confident and had the knowledge to administer medicines safely. They knew how to support people to take their medicines safely and to keep accurate records.

Staff felt they received the training and support they needed to meet people's needs effectively. Staff felt supported by the management team and were encouraged to consider their own personal development.

The manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff had a good understanding of MCA and DoLS. People made their own decisions about their care and support. When people lacked capacity the best interest process was followed.

People were supported to eat meals of their choice and staff understood the importance of people having sufficient nutrition and hydration. Staff referred people to healthcare professionals for advice and support when their health needs changed.

The service received compliments that highlighted the caring culture of the service. People and relatives praised staff for their caring nature. People and relatives told us staff were kind and respected their privacy, dignity and independence. Care staff were thoughtful and recognised and respected people's wishes and preferences.

People and relatives said that the service was responsive to their needs. The service assessed people's needs so they received support when they needed it.

People received person centred care from a service that had a flexible approach and was responsive to unforeseen circumstances.

People knew how to complain and were confident any complaints would be listened to and action taken to resolve them. When areas of improvement were recognised plans were put in place to resolve them.

People and relatives agreed that the service was managed well. Management understood the service being provided. Staff and management talked about the open door policy in place, which made the management team approachable. The registered manager understood their responsibilities in terms of notifying CQC of significant events at the service.

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. Staff could identify and minimise risks to people's health and safety. Accident and incidents were recorded and staff understood how to report suspected abuse.

The service had arrangements in place to ensure people would be safe in an emergency.

People were supported by sufficient number of staff who supported people regularly and who were recruited safely.

Medicines were managed and administered safely.

Is the service effective?

Good ●

The service was effective.

Staff had the skills and training to support people's needs and staff felt supported.

The requirements of the Mental capacity Act (MCA) were met and staff had a good understanding of the MCA and Deprivation of Liberty Safeguards.

People's nutritional needs were met.

People had access to health and social care professionals who helped them to maintain their health and well-being.

Is the service caring?

Good ●

The service was caring.

Staff understood the importance of building caring relationships with the people they supported.

The service understood what is important to people and took this into account when requests were made to change support times.

People told us staff were kind, respected their privacy and dignity and encouraged them to maintain their independence.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and reviewed to ensure they received appropriate support.

People's care was person centred and care planning involved people and those close to them.

Staff were responsive to the needs and wishes of people.

People and relatives knew how to make a complaint and were confident any concerns they had would be acted on.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

The quality assurance systems did not always pick up on shortfalls of the service.

The service ensured there was a positive culture that was person centred, open, inclusive and empowering for people who used the service.

Staff knew and understood the organisational values which were reflected in the support we observed.

Aims Homecare 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.

The inspection took place on 16 March 2017 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure someone would be available to meet with us. This inspection was carried out by two inspectors. The inspection involved a visit to the office, visits to people in their homes and interviewing staff. Follow up calls to people, relatives and staff were made.

The provider completed 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.

We reviewed the information we held about the service. We looked at information received from relatives, social workers and commissioners and in the statutory notifications we had received during the previous 12 months. A statutory notification is information about important events which the provider is required to send to us by law.

Before the inspection, we sent surveys to people who used the service, their relatives and those who were involved in their care to obtain their views of the care and support provided. Surveys were returned from 13 people, five relatives and six staff. During our inspection visit we spoke with 16 people and two relatives. We also spoke to 16 staff including the registered manager.

We reviewed nine people's care plans and daily records, to see how their care and support was planned and delivered. We checked whether staff were recruited safely and trained to deliver care and support appropriate to each person's needs. We reviewed records of the checks the management team made to assure themselves people received a quality service.

Is the service safe?

Our findings

People said they felt safe receiving support from Aims Homecare Limited. One person said, "I am definitely safe." A relative described their loved one as being, "Absolutely safe," with the care provided by Aims Homecare Limited. Despite this one relative who filled out our survey said people were not safe from the risk of abuse. As a follow up to this information we asked people and relatives about whether people were safe from abuse. Everyone we spoke to agreed that they were safe from abuse. Furthermore all people who filled out our survey said that they were safe from the risk of abuse.

People were supported by staff who were able to describe different types of abuse and knew how to report suspected abuse. Staff had good working knowledge of safeguarding procedures. One member of staff said they would report any concerns immediately. Information about raising concerns was made available to people in their support files, which were left in their house. The registered manager understood their responsibility to raise safeguarding alerts with the local authority when they had any concerns. No concerns of this nature had needed to be reported.

Staff had the knowledge and skills to keep people safe. People informed us that they were supported by a small core team who knew them well. Staff explained that if they know people well then this helps manage risk more effectively. Due to this staff were able to identify and minimise risks to people's health, safety and wellbeing. A variety of risks to people had been identified that included moving and handling, malnutrition and dehydration. Staff told us that when people are at risk of dehydration they encouraged them to drink and monitor and record the drinks they had. Staff also said they would leave drinks within reach for people at the end of the support call so this would reduce the risk of dehydration. This was confirmed by a person who was unable to get to their kitchen to get themselves a drink and was therefore at risk of dehydration.

Where a person's health had changed it was evident that staff worked with other professionals to manage risks. We saw that staff worked with appropriate health professionals when needed, including district nurses. For example, we saw that a person who was at risk of developing pressure sores had a pressure relieving mattress and relevant support guidelines.

Although not many accidents and incidents happened they were recorded and monitored by the provider. This ensured the registered manager could identify any patterns or trends and take action to prevent further incidents. People were supported by staff who knew how to appropriately respond to accidents and incidents. One member of staff said the action they take depends on the seriousness of the incident. They said, "If it is a serious situation I would check them, call 999, make sure they are comfortable and reassure them."

Staff understood how to keep people safe in their own homes. Assessments had been completed to identify and manage any risks of harm to people around their home. People had environmental risk assessments, which staff completed and which were reviewed and updated when things changed. People who were hoisted had a plan, which highlighted risks and how they should be supported.

People would be protected in an emergency. Arrangements were in place to manage people's safety. These arrangements included a contingency plan, which highlighted that the service had local teams covering local areas to minimise the risk of potential missed calls. The plan also detailed how the provider would support people when there was a disruption to service delivery, for example because of bad weather.

The registered manager understood that matching people's needs with the level of staff was of primary importance to ensure safe standards of care. People's needs were regularly assessed and reviewed and staffing levels were planned around needs highlighted. Support calls were monitored and reported on by the management team and a system was introduced to reduce the risk of missed calls. There had been no missed calls and people confirmed this. People told us that staff arrived at the agreed time and supported them with what they needed. One person said, "They are on time." Staff told us there was enough staff to support people safely and they did not feel rushed. A relative said, "Aims are one of the best, particularly for time keeping."

People were protected by staff employed that had undergone safe recruitment practices. Staff files included application forms, records of interview and appropriate references. Documentation recorded that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults.

People received their medicines in a safe way. People said they received their medicines on time. People were supported with their medicines by staff who were confident and knowledgeable about the medicines they administered. Depending on people's needs staff ensured medicines were being stored in people's homes in a safe way. There were systems in place to dispose of medicines safely. Medicine administration recording (MAR) charts showed all prescribed medicines were signed as being taken.

Is the service effective?

Our findings

People and relatives told us staff had the right skills and knowledge to give them the care and support they needed. A person said, "They are well trained and can do everything." Another person said, "As far as I can tell they are well trained." People and relatives who filled out our survey agreed that the staff have the skills and knowledge to give the required support. Staff agreed that they had enough training to carry out their responsibilities. One member of staff said, "I am always asked if I want extra training."

The registered manager was qualified to provide some practical training to staff. This training was delivered in a way that suited the needs of the staff and got the best results for people. The provider ensured that there is a mixture of class room training and eLearning. This training covered areas that were appropriate to meet the needs of people. Training covered areas such as moving and handling, dementia awareness and health and safety. Despite this a number of staff were due updates on their safeguarding and medicines training. When we asked staff we found them to have good knowledge of safeguarding, how to report concerns and the medicines they administered. Due to this the impact on people was low.

Staff told us that the staff induction was centred on their needs. The induction focused on policy and procedures, expectations of the role, shadowing and mandatory training, such as safeguarding and first aid. We spoke to a new member of staff who said the induction was "good," they had, "enough training," and they completed shadowing sessions to gain knowledge and experience. All new staff were supported to complete the Care Certificate. The Care Certificate is a qualification that aims to equip health and social care support workers with the knowledge and skills which they need to provide safe, compassionate care.

Staff felt supported by the management team. One member of staff said, "The manager always helps us improve and achieve our goals." Another member of staff said, "I feel supported. I can speak to the manager when I need." People were supported by staff who had regular supervisions (one to one meetings) with their line manager. Staff also had unannounced spot checks from management while they were carrying out support. These spot checks linked to discussions about performance and staff development. These gave staff the opportunity to discuss their development and training needs so they could support people in the best possible way. One spot check identified a member of staff left a person without supporting them to do their washing up. This was identified by management and addressed in supervision. The management team actively encouraged personal development with the offer of diplomas in health and social care.

We looked to see if the service was working within the principles of The Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. 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.

Where people could not make decisions for themselves the processes to ensure decisions were made in

their best interests were followed. We saw that when people lack capacity the appropriate people with the right authority were making decisions in their best interest. We saw that a person had a mental capacity assessment and a best interest meeting when they moved home.

Staff had a good understanding of the MCA including the nature and types of consent, people's right to take risks and the necessity to act in people's best interests when required. A member of staff said, "For me mental capacity is when a person can decide about things. It's about choice." Another member of staff said gaining consent is all about, "Involving and communicating with people." People said their choices were respected by the staff that supported them.

No one's freedom had been restricted to keep them safe. People can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The application procedures for this for domiciliary care services and supported living schemes are called the Deprivation of Liberty Safeguards (DoLS). Although at the time of the inspection no one was being deprived of their liberty the registered manager understood the implications of The MCA and DoLS on the people they support

People were supported by staff who ensured they were eating and drinking enough to stay healthy. People were fully involved in choosing what they had to eat and drink. One person with communication support needs was shown food as an object of reference so they could make an informed decision about what they wanted to eat. When necessary staff monitored food and fluid intake and if they had concerns they said they would raise them with the family, the office and relevant health professionals. People said they were left drinks and snacks if they needed at the end of their support calls so they had enough to eat and drink.

People were supported to maintain their health and wellbeing. People's care plans included their medical history and current medical conditions, so staff knew the signs to look for that might indicate a person was unwell. Where people's health had changed appropriate referrals were made to specialists to help them ensure they received the most effective support, this included referrals to the district nurse team. Staff supported people to see the GP if they felt unwell, or called the emergency services if they found a person in distress.

Is the service caring?

Our findings

Aims Homecare Limited received compliments about the care they provided. These compliments highlighted a caring culture that focused on providing quality care for individuals. One compliment read, 'X has been treated with kindness and the upmost respect. You have catered to X's every need.'

People said that they were well cared for by staff. One person said, "I like them very much." Another person said they have a, "Wonderful time," when staff called to support them. A relative explained they were thrilled with the member of staff who supports their loved one as he is, "So kind and gives so much." Comments made by people and relatives described staff as, "Friendly," "Wonderful," "Polite," "Excellent" and "Very considerate." One person explained they, "Get on like a house on fire," with the member of staff.

Staff understood the importance of developing positive relationships with people, their families and other people who were important to them. Staff told us seeing people regularly meant they could develop a good relationship with them and ensured staff understood their needs better. Staff explained that this helped them treat people as individuals. During the inspection we observed positive and friendly conversations between people and staff. During the visits we observed the atmosphere between people and staff was relaxed. This highlighted that people were clearly confident and comfortable.

People were supported to express their views and be actively involved in decision making about their care. People said that close relatives and people who were important to them, were involved in planning and reviewing their care, if they wanted them to be. People told us that support was being offered in line with care plans and we observed this on the day of inspection. We saw that people regularly requested support for a particular time. These requests were met with a flexible approach, which empowered people to be as independent as possible. We saw that one person had their support session rearranged due to a last minute medical appointment.

Staff told us they read people's care plans before they started working with them. Staff told us they "encourage" and "prompt" so they promoted people's independence. A person explained that they were supported to be as independent as possible with their personal care. This allowed them to have control, go at their own pace and maintain their dignity.

People's privacy and dignity was respected. All people and relatives who filled out our survey said that carers supported people with dignity and respect. A relative said, "They absolutely 100% treat X with dignity and respect." We observed that a staff member closed the door when supporting a person with personal care. This was done to protect their dignity. When asked about other ways staff respected people a member of staff gave an example of respecting a person's choice. They explained that a person did not want staff to go into their bedroom. This is something that was respected as, "it is their choice."

During the inspection information about people being supported was shared with us sensitively and discretely. Staff spoke respectfully about people, in their conversations with us; they showed their appreciation of people's individuality and character. Staff knew people's background history and the events

and those in their lives that were important to them. During the inspection staff were observed giving each other updates on people's support in a confidential and professional manner.

Is the service responsive?

Our findings

People and relatives said the support received from Aims Homecare Limited was responsive.

Before people's support commenced an assessment of people's needs was completed with relatives or people who were important to them. This meant staff had sufficient information to determine whether they were able to meet people's needs before support started. This also allowed the provider to understand the likes and dislikes of people so support packages could be tailored to meet their needs and requests.

Feedback from people about the support they received was positive. One person said, "They definitely know me." Staff said they had adequate information to support people in line with their needs. One member of staff explained they would ask a colleague or the person themselves if they needed any more information. Our observations on the day showed staff knew people well and were able to meet their needs in a person centred way.

Staff were able to tell us about people's choices and preferences. Staff had an overview of the person, their life, preferences and support needs. Although care plans were task focused staff understood the individual needs and wishes of people. We saw that people's wishes were respected. One person said, "They respect my choice."

A system was in place to ensure that people's support needs were reviewed every six months. When asked, people said that they were involved in these reviews. We saw reviews of care happened regularly and a relative said, "We have a regular review to see if X's needs are the same." We saw that these reviews reflected the support that people received. After one person's review their support package was reduced as they had become more independent.

Aims Homecare Limited provided a flexible service so they were responsive to the changing needs and wishes of people. There were several examples of when extra support was arranged or support calls were rearranged at short notice. For example, when a person had a visit from their family.

Staff were responsive to the changing needs of people. Staff were trained to pick up, notice and respond to changes in people's needs. We saw that when it was required staff would seek medical support and advice if they had concerns for people's health and wellbeing. For example making doctors' appointments or calling paramedics in an emergency.

People were supported by staff who were responsive to unforeseen situations. One person who was suffering from a health related issue had their support calls increased. We also saw that support was increased and support times changed to meet the changing needs of another person. The service had an out of hours on call service that meant that staff could respond to people's changing needs out of hours and on the weekend.

People were made aware of their rights by staff who knew them well and who had an understanding of the

organisations complaints procedure. People and relatives knew how to raise complaints and concerns. Each person had information about how they can make a complaint in their service user guide, which was kept in their house. There had been three complaints in the past 12 months. These complaints had been dealt with in line with the provider's complaints procedure. One complaint was about staff conduct. This has been investigated and discussed in supervision. One person said, "I can't complain. Staff know me inside and out." Another person said, "I would tell them if I didn't like something." Another simply said, "I can't fault them." People and relatives were confident that the management would respond appropriately to their complaints or concerns. The registered manager said that when received, complaints and concerns would be taken seriously by them and used as an opportunity to improve the service.

Is the service well-led?

Our findings

People spoke of Aims Homecare Limited positively and all described that the service was well managed. One person said, "I would not hesitate to recommend Aims." Another person just simply said, "I am very pleased. They are brilliant." A member of staff described Aims Homecare Limited as a, "Friendly organisation."

The experiences of people were the cornerstone of the service's quality assurance system. The service carried out spot checks that focused on support calls. These would be arranged with the consent of people but were unannounced for the care staff. These involved a member of the management team shadowing a support call and speaking to the person being supported. These covered areas such as rapport and manual handling. The aim of the spot checks was to ensure that support provided was in line with the organisational values and fed into discussions about staff performance. The monitoring of support calls also gave people the opportunity to speak face to face with management about how their support was going and what could be improved.

The registered manager informed us they had not carried out as many spot checks as he would have liked recently. He said there had not been any completed in the last two months due to a busy schedule. As a result when we spoke to people three of them said they had minor issues with the support, which had not been picked up by the provider. For example issues with the way members of staff are supporting people. On speaking to these people we felt the issues they had would have been highlighted and addressed by management if they had received a recent spot check.

The provider encouraged people's involvement in their care. The service had regular telephone feedback sessions, which provided positive results. As a follow up to the most recent telephone review the registered manager conducted an investigation regarding time keeping as two people had mentioned it to be an issue. The registered manager had implemented an action plan to improve issues in this area. These improvements were reflected in the comments we received from people and relatives during the inspection process.

Despite people receiving regular reviews of their care which ensured care plans and risk assessments were in place there were no formal monitoring systems to assess the quality of some of this work. For example, we found that people's support needs highlighted in their assessments were not always carried through to their care plans and risk assessments. We also saw that care plans and risk assessments did not always reflected people's needs and were not always person centred. Although the registered manager had started to put things in place to address this it should have been picked up and actioned before the inspection.

When shortfalls were highlighted by the registered manager action to rectify these areas were not as proactive as they should have been. For example, the registered manager was aware of a shortfall of training for staff but action was slow to address this. Although staff were enrolled on the training they needed on the day of inspection 32 staff had not completed their medicine refresher training and 35 had not completed their safeguarding refresher training. The registered manager had put support in place for staff including

discussions and knowledge sharing during team meetings to reduce the impact of this training shortfall on the people being supported. When we asked staff we found them to have good knowledge of safeguarding, how to report concerns and the medicines they administered. Due to this the impact on people was low.

Due to the numerous shortfalls of quality assurance systems and the potential impact this could have on people this is a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us about the service's missions and organisation values of providing quality care with well supported staff. The registered manager explained that people's independence is at the heart of everything they do. Staff we spoke with understood and followed these values to ensure people received person centred care to aid their independence. A member of staff said, "We are here to support people to be as independent as they can be." Another member of staff said, "We work together to have good quality support for the client."

There was a culture that was person-centred, open, inclusive and empowering. Management and staff talked of the 'open door policy' that was in place. This made staff feel they could approach management for support when needed. People and relatives benefited from this culture too. One person said, "The office are helpful." A relative took time to explain that the staff in the office were as polite as the care staff.

The registered manager and staff had a shared understanding of the key challenges, aims, achievements, concerns and risks, which were highlighted in their provider information return (PIR). For example, personal development of all staff employed is an important focus, particularly when it comes to completing diplomas in health and social care. During the inspection we saw that training and support was available for staff who wanted to develop and drive improvement within the agency. Several members of staff were working towards their diploma in health and social care, which they said they were being supported by the provider to complete.

The registered manager understood their legal responsibilities. They sent us notifications about important events at the service and their provider information return (PIR) explained how they checked they delivered a quality service and the improvements they planned.

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	Regulation 17 HSCA RA Regulations 2014 Good governance Quality assurance systems failed to pick up on shortfalls