

Aspects Care Limited

Aspects Care - Grimsby

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

Aspects Care – Grimsby is a domiciliary care service providing care and support to older people and younger adults, who may be living with a learning disability or autistic spectrum disorder, dementia, mental health needs, or a physical disability. At the time of our inspection, there were four people using the service.

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

The service was not always well-led. The provider's quality assurance systems were not always effective in identifying and addressing issues.

Infection control measures were not effectively implemented. Staff did not consistently follow guidance regarding personal protective equipment (PPE).

Medicine practices were not always in line with best practice guidelines.

Staff were motivated to provide person-centred care based on people's choices and preferences.

Staff knew how to keep people safe from abuse and were confident raising concerns with external agencies.

People were happy with the care they received, they felt safe and well looked after. Staff had been recruited safely.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports the Care Quality Commission (CQC) to make assessments and judgements about services providing support to people with a learning disability and/or autistic people

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

The model of care and setting maximised people's choice, control and independence. People's dignity, privacy and human rights were promoted. The ethos, values, attitudes and behaviours of care staff ensured people using the service led confident and inclusive lives.

Rating at last inspection

This service was registered with us on 16 October 2019 and this was the first inspection at the new location.

The last rating for the service at the previous premises was requires improvement, published on 17 October 2019.

Why we inspected

This was a planned comprehensive inspection based on when the service was registered.

We found evidence the provider needs to make improvements. You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This includes breaches in relation to infection prevention control, management of medicines and good governance.

Please see the action we told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 ●

Aspects Care - Grimsby

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 Health and Social Care Act 2008.

Inspection team

The inspection was completed by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the CQC. 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 the provider would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who use the service about their experience of the care provided. We spoke with three members of staff including the registered manager, a senior care worker and a care worker.

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

After the inspection

Following our visit, we spoke by telephone with the relatives of three people who used the service about their experience of the care provided. We also spoke with one health professional. We continued to seek clarification from the provider to validate evidence found.

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 of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- People were at increased risk of harm as medicines were not always managed safely.
- Where people had been administered 'as required' medicines, supporting evidence was not always available to show why they were given this medicine or that it had been administered appropriately.
- Medications received had not been checked and signed in to ensure correct medication and quantities were available.
- Medication audits had not been used effectively to identify and address these concerns.

We found no evidence people had been harmed, however, people were at increased risk as the provider had failed to ensure the proper and safe management of medicines. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- People were at risk of developing infections, as effective infection prevention and control systems were not in place.
- Cleaning schedules were not in place. The provider did not have any evidence to support additional infection control measures had been implemented to reduce the risk of infection. We asked the provider to introduce cleaning schedules. The registered manager was responsive to feedback and acted to address these concerns.
- Staff did not always wear appropriate PPE in accordance with the provider's policies and national good practice guidance to keep people safe. The registered manager advised they would address the issue with the staff members.

We found no evidence people had been harmed however, infection prevention and control systems were not robust enough to demonstrate the risk to people of infection was effectively managed. This placed people at risk of harm and was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- People felt safe at the service. One person said, "I am happy here."
- Staff had received training in how to keep people safe from abuse. They were clear on their responsibility to raise concerns and information available in the office supported them to raise concerns with external agencies.

- The provider had a whistleblowing policy and staff knew they could use this to raise concerns if needed.
- The registered manager knew to liaise with the local authority if necessary.

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

- People were protected from the risk of harm. When staff supported people with their needs they completed and followed risk assessments to prevent or reduce any risks people might experience.
- Staff monitored people's safety and reported any concerns to the registered manager. They amended risk assessments and practice as necessary to help keep people safe.
- People were supported to take positive risks to aid their independence. Some documents needed updating so this was fully captured in people's care plans. The registered manager was responsive to feedback and acted to address these concerns.
- Improvements were discussed during individual supervisions with staff and team meetings.

Staffing and recruitment

- People were supported by safely recruited staff.
- All staff had pre-employment checks to check their suitability before they started working with people.
- Staffing levels were suitable and the option to increase staffing in specific circumstances was considered, for example if specific increased support was required.
- Staff had the skills to ensure they could meet people's needs. Staff had received training to support them in their role. The provider's training matrix showed training was either up-to-date or planned to take place.

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 provider had up-to-date policies and procedures that reflected national best practice guidance and current legislation to guide staff practice. This included the underpinning principles and key policy developments of choice, control, independence, and inclusion we expect learning disability services to follow. Support plans were based on people's individual care and support needs, and promoted choice making, independence and social inclusion.

- Assessment of people's care needs included any protected characteristics under the Equality Act 2010 and these were considered in people's support plans. People's individual diverse needs were known and understood by staff. Staff had completed training in equality and diversity.

- Staff gave good examples of how they met people's individual care and support needs.

Staff support: induction, training, skills and experience

- Staff received an induction, ongoing training, and regular opportunities to discuss their work, training, and development needs. The provider's training matrix confirmed staff had received expected training to meet people's individual needs. Refresher training had been booked where required.

- Staff were positive about the support they received. A staff member said, "There is so much training on all aspects of the role." Another staff member said, "We can request any additional training we feel will support the residents to achieve positive outcomes."

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

- People's individual dietary needs and preferences, including any religious or cultural needs in relation to their diet, had been assessed and planned for. Support plans provided staff with guidance about the care and support required to meet people's individual needs.

- People told us they enjoyed the choice of meals, they were involved in menu planning, and could have snacks and drinks as they wished. Relatives were positive healthy eating was encouraged. A relative said, "I have no concerns about diet."

Staff working with other agencies to provide consistent, effective, timely care; Adapting service, design, decoration to meet people's needs; Supporting people to live healthier lives, access healthcare services and support

- Procedures were in place to share information with external healthcare professionals to support people with their ongoing care. Each person had a hospital document used when attending hospital. This shared useful information to support staff to meet the person's ongoing care and support needs.

- People's care records confirmed referrals to other external agencies were made in a timely manner.

- Relatives were confident staff had a positive approach to information sharing and working with external agencies.
- The service was adapted to meet people's needs. It provided a homely environment for people to relax and spend time with each other. People's rooms were individually furnished and provided space for personal possessions.
- Care files contained information about each person's health needs and the support they required to remain as independent as possible.
- People benefited from staff monitoring their wellbeing and health.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The MCA and DoLS procedures followed best practice guidance and legislative requirements. Mental capacity assessments had been completed where people lacked mental capacity to make certain decisions.
- Staff ensured people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests.

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 received personalised care and support that was respectful and met their individual and diverse needs.
- Staff knew and understood people's individual care and support needs and routines. Staff gave good examples of how care was person centred, they had a positive approach and caring approach.
- We observed positive interactions between people and staff.

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

- People were supported to participate in the planning and reviewing of their care and support, if they were able to and wished to.
- People were encouraged to express their views. They chose how they spent their day and where they went. We observed staff involving people, asking their views and offering choices.
- Staff were kind, compassionate and shared positive relationships with people. Staff and people were engaged in a meaningful way.
- People attended house meetings at the service. This gave them the opportunity to share their views and participate in decisions.

Respecting and promoting people's privacy, dignity and independence

- The provider demonstrated a clear commitment to supporting people in a dignified and respectful manner. For example, staff address people by their first name or more formally if this was their chosen preference, and knocked on people's doors before entering their bedrooms.
- People received care and support which promoted their independence, was dignified, and respected their privacy. Our observations of staff engagement with people confirmed this. People required a high level of supervision for their safety, this was provided sensitively and respected people's personal space.
- People were supported by staff to maintain important relationships with their relatives and friends.
- Records were stored safely maintaining the confidentiality of the information recorded.

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.

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 considered as part of their care plans.
- Care plans included detailed guidance for staff to help them communicate with people.
- Most written information was available in different formats, such as 'easy-read' and pictorial versions, to make it easier for people to understand. For example, the complaints policy and procedure was available in a standard version and an easy-read format.

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

- People were supported to lead active and fulfilling lives and were a part of their local community. They were positive about how staff supported them with their interests and hobbies.
- People were offered opportunities to engage in social activities. This promoted community engagement for people.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and maintained an overview of complaints. No complaints had been received over the last year.
- Relatives knew how to make a complaint and told us the provider was approachable.
- People told us if they needed to make a complaint, they felt confident that any concerns would be listened to.

End of life care and support

- The provider had end of life care documents to record people's end of life care needs and preferences. This information was used to provide staff with guidance of how a person may wish to be cared for at the end of their life.
- People were offered the opportunity to express their future wishes in end of life care plans. Some people had chosen not to, which had been respected.
- The manager liaised with healthcare professionals including the palliative care team when people were identified as having a life limiting illness or were reaching the end of their life.

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 require 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

- An effective system was not consistently operated to monitor the quality and safety of the service. Robust governance systems were not consistently used effectively to identify shortfalls and address concerns in a timely manner. For example, medication audits did not identify the concerns we found on inspection in regards to recording, storing and returning medicines.
- There was an ineffective system for identifying and reporting environmental concerns. For example, some appliances and fixtures were broken, however these had not been identified or reported in line with the providers policy.
- Where improvements to the service had been identified through quality auditing, action was not always taken in a timely way. For example, there was no action planning or evidence to show how audits had been used to improve the service.
- Audits and monitoring arrangements were in place for a range of area's including, care plans, medicines and infection control. However, we found monitoring documentation had not been completed in line with the provider's policies and procedures or identified areas we found on inspection.
- The provider did not gather and use information from the daily running of the service such as care plan reviews to learn and improve the care provided to people.
- Systems and processes to assess risk and monitor quality were insufficient and ineffective in driving improvements.

Systems designed to monitor the safety and quality of the service and take action to mitigate risk, were not robust. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People experienced a positive and inclusive culture at the service. The provider promoted a positive culture focused on person-centred care. Staff described an open and honest culture where people and relationships mattered.
- Staff understood the values of the service to keep people safe, promote independence and support them to live meaningful lives. We observed good rapport between people and staff.

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 provider is legally required to notify the CQC about events that occur at a service. These notifications had been sent as required.
- The registered manager was open and transparent when dealing with issues and concerns. They understood their responsibility to apologise and give feedback if things went wrong.

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

- Staff had team meetings and one to one supervision.
- Staff received opportunities to be involved in the development of the service. A staff member said, "I feel I am listened to and any ideas, concerns or questions I put forward are taken into consideration and dealt with appropriately."
- Systems were in place to capture people's views and feedback. One person told us "I love my independence."
- People were able to attend residents' meetings where they discussed changes within the home, activities, as well as the menu.

Working in partnership with others

- The provider worked closely with key stakeholders and agencies including the local authority, social workers and healthcare professionals. One professional told us, "I receive regular updates and staff are really informative at review meetings."

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure the proper and safe management of medicines.</p> <p>The provider had failed to ensure infection prevention and control systems were in place to reduce the risk of infection.</p> <p>12(2) (g)(h)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems designed to monitor the safety and quality of the service and take action to mitigate risk, were not robust.</p> <p>17 (1) (2) (a)(b)(f)</p>