Aspen Live in Care Services 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?	Good

Summary of findings

Overall summary

Aspen Live in Care support people to live independently within the comfort of their own homes. Staff live in with the person they care for. People who receive a service in their own homes include those living with physical support needs and people living with dementia. At the time of our inspection 18 people received care and support in accordance with the regulated activity of personal care.

The inspection took place on 8 March 2017. The provider was given forty eight hours' notice of the inspection.

There was 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.

Staff had a positive and caring attitude about their jobs. People told us that they were happy with the care and support they received. A person said, "Aspen Live in Care do everything really well. There is nothing, in my opinion, Aspen could do better." A relative said, "Aspen really deliver regarding meeting our needs." All the staff we spoke with were happy in their work and proud of the job they do.

People received a safe service from Aspen Live In Care. Risks of harm to people had been identified and clear plans and guidelines were in place to minimise these risks.

Staff understood their duty should they suspect abuse was taking place, including the agencies that needed to be notified, such as the local authority safeguarding board or the police.

Staff recruitment procedures were safe. The provider had undertaken appropriate safety checks to ensure that only suitable staff were employed to support people in their own home. They also checked that staff were eligible to work in the UK. Staff received a comprehensive induction and ongoing training, tailored to the needs of the people they supported. There were sufficient numbers of staff who were appropriately trained to meet the needs of the people.

Staff managed the medicines in a safe way and were trained in the safe administration of medicines. Where staff gave people their medicine this was done in a safe way.

Where people did not have the capacity to understand or consent to a decision the provider had followed the requirements of the Mental Capacity Act (2005). An appropriate assessment of people's ability to make decisions for themselves had been completed.

People were supported to have enough to eat and drink. People's dietary support needs were recorded and met by the staff.

People were supported to maintain good health. When people's health deteriorated staff responded quickly and made sure they contacted the appropriate professionals so people received effective treatment.

People told us the staff were kind and caring and treated people with dignity and respect. A relative said, "They have been beyond my wildest expectations." People said they received the care and support as detailed in their care plans.

Detailed plans for peoples care were in place, and staff provided the responsive care and support that people needed. People and relatives had been involved in detailing what support was needed.

People knew how to make a complaint. When complaints had been received these had been dealt with quickly and to the satisfaction of the person who made the complaint. Staff knew how to respond to a complaint should one be received. Many compliments had been received about the agency.

The service was managed by a registered manager that had a clear vision and goal for the service. They aimed to keep the service small so they could provide a good standard of care and support for people. They were hands on and made regular checks on the carers living in people's homes to ensure everyone was happy with the arrangement.

People received a good standard of care and support by a well-managed and caring service. A person said, "The carers are really caring and compassionate. It's a wonderful service." A relative said, "The last thing I hear when I leave after visiting my family member in her home is laughter and happiness - all because of the carer we have."

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 felt safe with the staff. Staff understood their responsibilities around protecting people from harm.

There were enough staff to meet the needs of the people. Appropriate checks were completed to ensure staff were safe to work at the service.

The provider had identified risks to people's health and safety with them, and put guidelines for staff in place to minimise the risk.

Medicines were managed safely and there were good processes in place to ensure people received the right medicines at the right time.

Is the service effective?

Good

The service was effective

Staff said they felt supported by the manager, and had access to training to enable them to support the people that used the service.

People's rights under the Mental Capacity Act were met. Assessments of people's capacity to understand important decisions had been recorded in line with the Act.

People had enough to eat and drink and staff supported people with specialist diets where a need had been identified.

People received support when they were unwell, or in an emergency.

Is the service caring?

Good

The service was caring.

People had good relationships with the staff that supported them. People felt happy and confident with the staff that lived

with them.

Staff were caring and friendly. Staff treated people with respect and protected their dignity.

Staff knew the people they cared for as individuals. Communication was good as people were able to understand the staff that supported them.

Is the service responsive?

Good

The service was responsive.

Care plans gave detail about the support needs of people. People were involved in their care plans, and their reviews.

Staff had the time to spend with people, as well as providing personal care.

There was a complaints procedure in place. Complaints had been responded to in accordance with the provider's policy.

Is the service well-led?

Good

The service was well- led.

People and staff were involved in improving the service.

Staff felt supported and able to discuss any issues with the manager. The provider and manager regularly spoke to people and staff to make sure they were happy.

The manager understood their responsibilities with regards to the regulations, such as when to send in notifications.

Quality assurance checks were up to date and used to improve the service.

Aspen Live In Care Services 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 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 8 March 2017. The inspection was completed by one inspector because this was a small service.

The provider was given 48 hours' notice of the first inspection date in order to ensure a representative of the provider was able to meet with us and provide access to records. Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

The provider had 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. This information was reviewed to see if we would need to focus on any particular areas at the home.

After the inspection we contacted 10 people, and their relatives. We spoke with five staff, which included the care manager and the provider (who was the Registered Manager). In addition we received responses from 11 staff via a questionnaire. We reviewed care and other records within the service. These included five care plans and associated records, five medicine administration records, four staff recruitment files, and the records of quality assurance checks carried out by the manager and provider.

Good

Is the service safe?

Our findings

People received safe care and support from Aspen Live In Care Services. One person said, "Yes I feel safe with my carer."

People were protected from the risk of abuse. Staff had completed relevant training in safeguarding and had a clear understanding of their responsibilities in relation to safeguarding people. Records confirmed that this learning was regularly refreshed. Staff were able to describe the types of abuse and the signs that it may be taking place. Staff felt able to share any concerns they may have with the management team and had confidence that any concerns would be handled appropriately. Staff understood how to correctly report abuse to relevant external agencies if necessary. They understood that all suspicions of abuse must be reported to the registered manager, or person in charge. Referrals to external agencies had been made appropriately where required.

There were sufficient staff deployed to keep people safe and support the health and welfare needs of people. Due to the nature of the service, only a small number of staff are required. Each person has a member of staff move into their home and lives with them for a set period, such as four weeks. They then have another member of staff moving in for a period, such as two weeks, for the main care worker to have a break. There had been no instances were staff were not available to support people. Staffing levels were calculated to ensure people received care and support when they wanted it, and as staff lived in they had enough time to care for people without having to rush. The registered manager understood that matching people's needs with the level of staff was of primary importance to ensure safe standards of care. There was also an Out of Hours number that could be used in an emergency, such as a staff member falling sick and unable to work.

People were kept safe because the risk of harm from their health and support needs had been assessed. People and relatives told us that staff supported them to do as much as they were able. A relative said, "They help my family member to make a hot drink as she is very shaky. They make sure there are no trip hazards as my family member is at risk of falls." Assessments of risk had been carried out in areas such as mobility, and nutrition and hydration. Measures had been put in place to reduce these risks, such as specialist equipment to help people move around their home.

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. This included staff having a clear understanding of the checks they needed to do before using equipment such as hoists.

People were safe because accidents and incidents were reviewed to minimise the risk of them happening again. A record of accidents and incidents was kept and the information reviewed by the manager to look for patterns that may suggest a person's support needs had changed.

People and their relatives had no concerns about the way the agency managed access to their homes. Appropriate steps had been taken to ensure that information about how to access people's homes was kept

safe and only available to those who needed to know. Staff demonstrated that they understood the importance of maintaining people's confidentiality and keeping their properties and personal data secure. For example they were aware or not talking about the people they supported in front of others.

People's care and support would not be compromised in the event of an emergency. The provider had an emergency plan that covered incidents such as adverse weather that may have an impact on staff getting to people. Staff understood their responsibilities in the event these emergencies took place.

Appropriate checks were carried out to help ensure only suitable staff were employed to work at the service. The management checked that they were of good character, which included Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. There were also copies of other relevant documentation including character and professional references, interview notes, proof of identification, such as passports, to show eligibility to work in the UK.

People received their medicines in a safe way, and when they needed them. People told us that they received the support they needed. Staff that administered medicines to people, or prompted them received appropriate training, which was regularly updated. A relative said, "I bought some cough medicine for my family member but the carer said she could not give it to my mother as it was not on the list of medication." This was the training staff had received which specified they could only administer medicine if it was on the Medicine Administration Record (meaning it was safe to give as a pharmacist or GP would have approved its use). Staff who gave medicines were able to explain how they would find out about what the medicines were for, or possible side effects to ensure people were safe when taking it. For 'as required' medicine, such as paracetamol, there are guidelines in place which told staff when and how to administer the pain relief in a safe way.

The recording and storage of medicines were safe and well managed. There were no gaps in the medicine administration records (MARs) so it was clear when people had been prompted or given their medicines. A relative said, "Staff take this job seriously. My family member is on a number of medicines, which I usually collect and check from the pharmacy. I was away and the pharmacy made a mistake and supplied the wrong medicine. The carer had identified the problem, notified the managers at Aspen, and corrected the problem with the pharmacy before I got back, as they knew how important the medicines were for my family member's health."

Good

Is the service effective?

Our findings

People were supported by trained staff that had sufficient knowledge and skills to enable them to care for people. Staff had effective training to undertake their roles and responsibilities to care and support people. A person said, "I think the carers are very well trained." A relative said, "They (staff) certainly seem well-trained, give their astonishing level of competence."
The induction process for new staff was robust to ensure they would have the skills to support people effectively. Induction included completing knowledge competency tests and shadowing more experienced staff to find out about the people that they cared for and safe working practices.

Staff had received training in areas to meet the needs of the people they cared for. This included moving and handling, first aid, dignity and respect, food hygiene, dementia care, infection control, and medicine administration.

Staff were effectively supported by the management. Staff told us that they felt supported in their work. They had regular one to one meetings with the management to discuss any issues they may have. Staff had received an annual appraisal. This enabled them to discuss any training needs and get feedback about how well they were doing their job and supporting people.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The 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.

The provider had complied with the requirements of the Mental Capacity Act 2005 (MCA). Where people could not make decisions for themselves the processes to ensure decisions were made in their bests interests were effectively followed.

Staff had a good understanding of the Mental Capacity Act (2005) 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. The management and staff took appropriate steps to ensure care was only provided in accordance with people's consent or best interests. Information relating to consent was in people's care records and staff said that they would routinely ensure that people consented to their care.
Staff were aware of the principles of the MCA and the importance of giving people as much choice and control over their own decisions as possible.

People were supported to ensure they had enough to eat and drink to keep them healthy. People's special dietary needs were recorded on the care plans, such as allergies, or if food needed to be presented in a particular way to help swallowing. A relative said, "My family member often doesn't want to eat. The carer helps with this by offering little amounts over the day, so she grazes, and gets enough to eat." Staff were able to describe the individual requirements of the people they supported. The managers had produced a simple

recipe book for staff. This sets out how to make classic British dishes that the care staff may be unfamiliar with.

People received support to keep them healthy. Where people's health had changed appropriate referrals were made to specialists to help them get better. Staff were able to support people to the GP if they felt unwell, or call the emergency services if they found a person in distress. Care records showed that where people required specialist health care support, the registered manager had appropriately liaised with other healthcare professionals such as district nurses or occupational therapists to ensure this care was delivered safely and effectively.

Good

Is the service caring?

Our findings

We had positive feedback about the caring nature of the staff. One person said the carers were, "They carers are brilliant, they are first class and compassionate." A relative said, I think they need more than a gold medal for how well they do their job."

People's privacy and dignity was respected. A relative said, "My family member felt she lost a lot of her dignity due to needing to have help from others. She has always been so independent. The carer supports in such a lovely way she has given that dignity back, and enabled our family member to live back in her own home." Another relative said, "All the carers we have had over the past year have been amazing. They are friendly and do become 'one of the family' but still maintain a professional stance and are very respectful towards our family." People told us that their care workers were polite, respectful, protected their privacy and dignity and their home. Staff talked about the things they did to protect people's privacy and dignity, for example; covering people with towels, closing doors and giving people the time to do as much for themselves as they could.

Staff were aware of the agency's confidentiality and data protection policy and said they would not talk about people in front of other people and would always discuss peoples care and support where they could not be over heard. This was to ensure that peoples' confidentially would be maintained at all times.

People were supported by regular staff, who knew them as individuals. A relative said, "They are, without fail, friendly and attentive." People told us that they appreciated having the same care workers because it gave them consistency and continuity of care. Although this was not always possible due to the length of time carers lived with people, it was well managed. A relative said, "Aspen do their best to use two main carers but on occasion due to holidays or illness, we have had other carers. All of them have been exceptional." Care workers also confirmed that they mostly supported the same people which meant that they were able to get to know them and how they liked their care to be provided.

Staff had a caring attitude about the people they supported when we spoke with them. They referred to people in respectful ways when they described how they provided care and support. A relative said, "Our carer asked if we could buy some oven cleaner. They had spilt something in the oven. My family member keeps a lovely tidy home, and this was recognised by the staff as being very important to my family member."

Staff were caring and attentive, and took time to get to know the people they cared for. A relative said, "The care they give my family member is brilliant. All of them have a wonderful nature, great sense of humour, and you can really tell they love caring for others. My family member is so happy and well looked after. We as a family couldn't ask for anything more." The managers of the service were able to tell us about people's backgrounds, their life stories as well as their medical or support needs, without having to refer to the care records. This knowledgeable and caring nature was repeated when we spoke with the staff, and matched with the information that people told us.

Staff communicated effectively with people. Part of the recruitment process included a test of the potential staffs understanding of English. This ensured only staff who were able to communicate effectively were employed. People said they could understand staff when they spoke with them, and were able to hold conversations about their care, as well as general 'chit chat' while they received care and support. A relative said, "My family member can be awkward, as she may not say if she is unhappy. The carer has learned how to read my family member to understand how she really feels about something." People's needs with respect to their religion or cultural beliefs were met. Staff understood those needs as they would be clearly detailed in the individuals care plan.

People were given information about their care and support in a manner they could understand. Information was available to people in their home, such as their care plans and daily care records. In addition people had access to the manager in the office via telephone and email.

People were supported to be involved in their care as much as possible. They had been consulted about how they liked their care undertaken and what mattered to them. A relative said, "Myself and my siblings are involved in planning what the carers do when living at my family member's house."

Good

Is the service responsive?

Our findings

People's needs had been assessed before they received the service to ensure that their needs could be met. A relative said, "The moment I first met the manager when she came to do my family member's assessment, I knew I had made an excellent choice. She was so friendly and approachable. I was nervous about how live in care worked, but she put my mind at ease straightaway." Another relative spoke about how they had struggled to find care that would meet their family member's needs. They said, "Aspen stepped up very quickly, and did an assessment quickly. They could come in immediately to support." Factors such as health support needs, and location where the person lived were taken into account to see if the agency would be able to meet the person's needs. The provider had taken care to ensure they could meet people's needs, before they agreed the support package.

People's choices and preferences were documented and staff were able to tell us about them without referring to the files. The care files in the office were organised so information about people and their support needs were easy to find. The files gave a clear description of the support each person needed. A relative said, "The carers do everything that is agreed in the care plan. Each time my family member has had a new carer they always take time to read the care plan, and ask any questions if they are unsure of anything." People told us that preferences around gender of their support worker were respected, and that staff did take time to get to know them. Staff explained how they talked with each person, and/or their family and asked what supported they wanted, and what their personal preferences were.

People and relatives were involved in their care and support planning. Care plans were based on what people wanted from their care and support. They were written with the person by the registered manager or senior staff from the office.

People received support that matched with the preferences record in their care file. The daily records of care were detailed and showed that these preferences had been taken into account when people received care, for example, in their choices of food and drink. Care planning and individual risk assessments were regularly reviewed, or if a need arose, such as a change in a person's support needs, such as if they became unwell, or returned from hospital with reduced mobility.

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Because staff lived in the person's home they spent time with people to support them with activities and prevent them from getting too lonely, as well as providing personal care. This included going out into the local community or attending religious services. The registered manager was able to give many examples of how people had been supported to take part in activities they enjoyed. Examples such as recognising peoples birthdays and anniversaries and supporting people to go out for meals to celebrate, trips to the library and in one case a trip to the Hampton Court Flower Show all demonstrated how responsive the service was at meeting people's needs.

People were supported by staff that listened to and responded to complaints or comments. People said they felt their complaints would be listened too and dealt with. One person said, "Yes I would know how to make a complaint. I have not had to do so." A relative said, "The managers are very approachable and I

know should there ever be a problem, I would feel happy discussing it with them and know it would be dealt with immediately." There was a complaints policy in place, and people had a copy in their homes. The policy included clear guidelines, on how and by when issues should be resolved. It also contained the contact details of relevant external agencies, such as the Care Quality Commission, so people would know who they could contact if they were not satisfied with how the service had dealt with their concern.

There had been one formal complaint received over the last 12 months; Complaints and comments had been responded to in accordance with the provider's complaints policy, and to the satisfaction of the person who made the complaint. A relative said, "My family member had trouble understanding a carer, so Aspen swapped her immediately." The registered manager explained that complaints were welcomed and would be used as a tool to improve the service for everyone.

A number of compliments about the care provided were also received in the same period of time. One example stated, "The carer is so wonderful with our family member. She keeps her busy which is brilliant. It is nice to know our family member is being looked after so well, and she really enjoys the company of the carer."

Good

Is the service well-led?

Our findings

There was a positive culture within the service between the people that stayed here, the staff and the registered manager. A relative said, "I would describe the management as faultless. They usually anticipate any query I have." Staff felt supported working at the service, and enjoyed their job.

The Owner and registered manager of Aspen Live in Care had a clear vision for how they wanted the service to run. They aimed to help people get the best out of life, by supporting independent living within the comfort of people's own homes. Their goal was to treat all their clients as individuals and provide a service tailored to meet their specific needs. They were committed to providing a high quality of care. They kept the size of the service small so they could achieve this goal.

Staff had a clear understanding of the provider's visions and values. Feedback from people, their relatives and our observations on the day agreed that this was a well led service that listened and responded to people's needs.

Senior managers were involved in the service because the provider (who was also the registered manager) carried out regular visits to check on the quality of service being provided to people. People knew who the senior managers of Aspen Live In Care were, and had been involved in discussions with them.

The provider carried out regular quality assurance checks to ensure a good standard of support had been provided. A relative said, "I like the fact either the care manager or owner visit my family member and her carer once a week and spend time chatting and making sure all is well." These visits included an inspection of the premises and reviewing care records. An action plan was generated, which detailed who was responsible for completing the action and by when. This was then reviewed at each visit to ensure actions had been completed. The registered manger said, "We find this approach useful. We can pick up on any atmospheres in the person home that may indicate a problem, and deal with any issues." A relative said described how this approach had been responsive to their needs. They said, "There was one carer who, though perfectly competent, my family member did not get on with. We have not seen that carer since we raised the issue."

Regular monthly and weekly checks on the quality of service provision took place and results were actioned to improve the standard of care people received. Audits were completed on all aspects of the service. These covered areas such as infection control, health and safety, and medicines. The audits generated improvement plans, if needed, which recorded the action needed, by whom and by when.

The provider ensured that various groups of people were consulted for feedback to see if the service had met people's needs. A relative said, "We are asked for feedback about the service. We have been using Aspen Live in Care for just over a year and know that both the care manager and owner would listen and make changes if needed. We are so pleased with the service so far so no changes needed as yet." People and their families were also involved in completing satisfaction questionnaires, which covered all aspects of care and support provided at the service. The responses were compiled and analysed by the provider and then fed

back to the people who used the service and the staff so they could see how the service had responded.

Staff felt supported and able to raise any concerns with the manager, or senior management within the provider organisation. Staff understood what whistle blowing was and that any concerns needed to be reported. They knew how to raise concerns they may have about their colleague's practices.

Staff were involved in how the service was run and in improving it. Due to the nature of the service, staff meetings did not take place. This was because carers lived in with people, so were not free to attend meetings. To ensure staff had regular contact with the managers and to discuss any issues or updates that might have been received to improve care practice a 'WhatsApp' group had been introduced. This is an online messaging service that enables staff to keep in contact with each other and the management. It was used to discuss ideas and facilitate a team spirit. The management had also introduced a 'Care Certificate WhatsApp' group where they could help each other, chat and ask the managers to post any information they needed.

The registered manager was aware of their responsibilities with regards to reporting significant events to the Care Quality Commission and other outside agencies. This meant we could check that appropriate action had been taken. They had also completed the Provider Information Return when it was requested, and the information they gave us matched with what we found when we carried out this inspection.

Records management was good and showed the service and staff practice was regularly checked to ensure it was of a good standard. A relative said, "They keep meticulous records." Records reviewed during the inspection were well maintained so it was easy to see that people had received care and support that met their needs.