

All Aspects Care 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

This inspection took place on the 31 July and 1 August 2017 and was announced. All Aspects Home Care provides personal care for people living in their own homes. At the time of our inspection there were 21 people receiving personal care.

There was a registered manager in post who was also the provider of the service. 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.

The systems used to assess and improve the quality of care provided to people required strengthening. The provider had not used a systematic approach to quality assurance which meant that there was a risk in any potential shortfalls in the quality of the service failing to be recognised or resolved in a timely manner.

Risks to people had been assessed and action had been taken to mitigate the known risks to people. Staff were aware of how to keep people safe and provided care in a way that maintained people's safety. People could be assured that they would receive their prescribed medicines and that there were sufficient numbers of staff available to provide their commissioned care. Robust recruitment practices were in place to ensure that only staff who were of a suitable character provided people's care.

Staff had received the support, supervision and on-going training and professional development that they required to provide effective care to people. People's consent in relation to their care was actively sought by staff. People were supported to maintain adequate nutrition and their health was monitored closely by staff that knew them well. Any changes in people's health were referred promptly to healthcare professionals.

People were supported by a stable staff team that were committed to providing consistent person centred care and support. People had developed positive therapeutic relationship with the staff that supported them.

People had detailed plans of care in place that were reflective of their care needs and supported staff in providing the care that people needed. Feedback from people was actively sought and used to aid the on-going development of the service.

The provider was committed to supported people in a person centred manner and was visible, accessible and approachable. The provider was a visible role model for staff.

## 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 and staff were clear on their roles and responsibilities to safeguard them.

Robust recruitment procedures were in place to ensure that only staff of a suitable character were employed to provide people's care.

People received their care and support from sufficient numbers of staff that had been appropriately recruited and had the skills and experience to provide safe care.

People's medicines were appropriately managed.

### Is the service effective?

Good ●

The service was effective

Staff received the training, supervision and on-going support that they required to work effectively in their role.

People's consent was sought by staff prior to providing care and support.

People received the support they needed to maintain adequate nutrition.

People were supported to access healthcare services and maintain good health.

### Is the service caring?

Good ●

The service was caring.

People were supported by consistent staff that they knew and had developed positive relationships with.

People were encouraged to make decisions about how their care was provided and their privacy and dignity was protected and promoted.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

### Is the service responsive?

**Good** ●

The service was responsive.

People's needs were assessed prior to admission and subsequently reviewed regularly so that they received the timely care they needed.

People's needs were met in line with their individual care plans and assessed needs.

Appropriate and timely action was taken to address people's complaints or dissatisfaction with the service provided.

### Is the service well-led?

**Requires Improvement** ●

The service is not always well-led

The quality assurance procedures adopted by the provider required strengthening.

The Provider was approachable and a visible role model within the service.

There was a clearly articulated and shared culture amongst the staff team who were committed to providing high quality person centred care and support.

# All Aspects Care 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.

Our inspection took place on 31 July and 1 August 2017, it was announced and undertaken by one Inspector.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law. Prior to the inspection we also sent questionnaires to people using the service, their relatives, staff and community professionals to gather feedback.

During this inspection we spoke to three people receiving care from All Aspects Care and two relatives. We also looked at care records and charts relating to four people. In total we spoke with three members of staff, including the registered manager who was also the provider of the service. We looked at three records in relation to staff recruitment and training, as well as records related to the quality monitoring of the service.

# Is the service safe?

## Our findings

People felt safe because of the care and support that they received from All Aspects Care. One person told us "They keep an eye on me and make sure I am safe; it's good to know that they are there and visit me every day." Another person told us "Having care from All Aspects Care means that my family can relax. They know that I am safe and well looked after. Without them I don't know how we would manage." One person's relative told us "They are fantastic. They have kept [Person] going and look after him so well. I know that I can trust them to keep him safe."

Risks to people had been assessed and plans of care had been developed to provide guidance for staff in mitigating the known risks to people. These plans of care were understood and followed by the staff providing people's care. For example; people at risk of developing pressure sores received the care that they required to reposition regularly to prevent any skin tissue damage. One person's relative told us "They have kept [Persons] skin 100%. We get compliments about how well their skin looks even though they are cared for in bed."

People could be assured that they would receive their prescribed medicines safely. One person told us "They always help with my medicines. They look after my husband too and put his eye drops in every day." Another person told us "They always check to make sure that I have remembered my tablets." Staff had received training that had equipped them with the knowledge that they needed to administer people's medicines safely. Staff were observed by senior care staff prior to administering people's medicines independently to ensure that they did this safely. One member of staff told us "I had never worked in care before, but because I was taught how to give people their medicines and was observed by the manager doing it until I was confident, I know that I do it safely. I always check people's care plans and medicines records to make sure that they get the right medicines at the right time." We reviewed the Medicine Administration Record (MAR) charts for three people and found that these had been completed accurately by staff.

There were sufficient numbers of staff available to provide people's care. Staff schedules provided staff with adequate time to travel between care calls which meant that staff had enough time to provide people's commissioned care and did not feel rushed. One person told us "The staff are nearly always on time. If they are ever caught in traffic or are running late they call me to tell me and apologise." A member of staff told us "We have a rota that shows us who we are visiting. We have enough time to travel to everyone and people's care calls are the right length so we never feel rushed."

Staff were confident in the action that they should take if they had concerns that people may be at risk of harm. One member of staff told us "If anyone was ever at risk I would report it straight away. I would tell the manager or the safeguarding team or even CQC." Staff had received training in safeguarding people from harm and were confident in applying this learning in their work. When the manager had been alerted to concerns we saw that they had taken appropriate action and when required had made safeguarding alerts to the local authority.

Safe recruitment processes were in place to protect people from the risks associated with the appointment of new staff. We saw that references had been obtained for new staff prior to them working in the service, as well as checks with the Disclosure Barring Service (DBS).

# Is the service effective?

## Our findings

Care staff had received the training that they required to provide care safely to people. One person told us "The carers are very well trained. They know exactly what they are doing when they help me." One person's relative told us "I have confidence in the staff because they know what they are doing. I have watched them helping [Person] and they know how to use his equipment safely." 100% of the questionnaires that we received from people using the service and their relatives felt that staff had the skills and knowledge that they required to provide people's care. A member of staff told us "I had never worked in care before but the training has been so good since I started that I feel confident in helping people now. If you need training you just have to ask." Staff were encouraged to complete formal qualifications such as Diploma's in Health and Social Care. One member of staff told us "I have just completed my level 5 Diploma in Care. The training here is very good."

New staff underwent an induction programme that had equipped them with the skills and knowledge to enable them to fulfil their roles and responsibilities. The provider completed an 'induction club' for new staff that encouraged reflective practice and group learning to support staff to gain in confidence in their role. Staff were supported to complete the Care Certificate to gain and improve their skills. The Care Certificate consists of a period of assessed practice and is designed to ensure that all care workers have the same introductory skills, knowledge, and behaviours to provide compassionate, safe, and high quality care and support. New staff received regular supervision and were observed by more experienced staff to ensure that they were competent in providing care and support to people.

Staff received regular support and supervision. One member of staff told us "I meet with the Manager regularly and we have supervision, I feel very well supported." The provider also supported staff through 'on task' supervision where the interaction between staff and people was observed and direct feedback about the practice of care staff was provided by senior staff.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack capacity to do so for themselves. The Act requires that as far as possible people make their own decision 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. The application procedure for domiciliary care services is called the Court of Protection. We checked that the service was working within the principles of the MCA 2005.

People's consent was sought by staff prior to them providing care. People told us that staff sought their permission before they carried out any task or personal care. One person told us "The staff always ask what I need doing when they visit and check if it's okay to go ahead with what they need to do." Staff had received training in relation to the MCA 2005.

People received the support that they needed to have sufficient food and drink. People's risk of not eating



and drinking enough to maintain their health and well-being had been assessed, monitored and managed through their individual plans of care. Staff ensured that people were encouraged to eat and drink regularly. One person told us "The staff always give me my breakfast and make sure that they have plated my lunch up nicely for me before I leave." One person's relative told us "[Person] has a pureed diet now. The staff give them lots of encouragement to eat their meals and know just how to help him."

People were supported to access healthcare professionals when they needed to. One person told us "The carers weren't happy with my legs recently. I had managed to burn them when the weather was hot. They put on some cream and arranged for my GP to come and see me. It's all sorted now." We saw examples in people's care records of staff reacting positively to changes in people's health, contacting their GP and reporting these changes to the on-call staff. Staff were vigilant to people's health and well-being and ensured people were referred promptly to their GP or other health professionals where they appeared to be unwell.

# Is the service caring?

## Our findings

People had developed positive relationships with the care staff that supported them. Comments from people included "All the staff are friendly, helpful and pleasant." "The staff are great, they are very caring and always go the extra mile. If I need anything from the shops they will always pop down there for me as they know that I can't go out anymore."

People were supported by a stable staffing team that consisted of people that knew them well. One person told us "I have the same group of girls come and see me which I like. It means that I know them and they know me and we get along well." The registered manager told us that they tried to ensure that people received care from a constant group of staff that consisted of people that know them well. They told us that "Continuity of care is very important. It means that people get to know each other and the staff are more aware of any changes in people's health that we may need to report to their family or GP." Staff knew the people they supported well; they were able to tell us about people's interests; their previous life history and family dynamics.

People told us that they were supported by staff that were very caring and went the extra mile to help them and to build positive relationships with the people they supported. One person's relative told us "They know that [Person] loves football. The staff always check out the football results before they come to visit so they have something to talk to [Person] about."

People's privacy was respected at all times. Staff told us they ensured people had privacy when receiving care. For example keeping doors and curtains closed and keeping people covered up as much as possible during personal care. One person said "They have a key to come into my house because I can't get to the door very easily now. They always ring the door bell and knock before they come in though. They are very polite and respectful."

People and their relatives told us they were able to express their views and be involved in making decisions about their care and support. People were encouraged to express their views and to make choices on a day to day basis. People told us that staff asked them what care they wanted during each call, what meals they would like staff to prepare and whether they need to change the times of planned calls or would like additional care calls. One person told us "They are always checking that I am ok and ask if there is anything else that I would like them to help with, it's obvious that they really do care."

## Is the service responsive?

### Our findings

People's care and support needs were assessed before they received care to determine if the service could meet their needs. Care plans were developed in conjunction with people to guide staff in providing support before new people began to use the service; they were then closely monitored and updated as necessary. One person's relative told us "Before All Aspects Home Care started supporting my husband they came out and spent a few hours asking us exactly what help he need, to make sure they could do everything safely. They wrote a care plan that we read through together to make sure it was all agreed what care he needed."

Care plans covered all aspects of a person's individual needs, circumstances and requirements. They included details of the personal care required, duties and tasks to be undertaken by care staff, risk assessments, how many calls were required and at what times in the day or evening, enabling consistent appropriate care and support to be provided. One member of staff told us "The care plans are very detailed and do match the person when you actually meet them. If there are any changes then the care plans get updated very quickly."

People said they knew how to complain and felt confident that their concerns would be listened to. One person's relative told us "I made a complaint once and it was sorted very quickly. It wasn't a big issue but the manager spoke with me and made some changes and there has never been a problem since." The provider had a complaints policy that was shared with people using the service. Records of complaints were maintained by the provider and the learning from any complaints that had been received were shared with staff during team meetings to help improve and develop the care that people received.

## Is the service well-led?

### Our findings

The systems used to monitor and improve the quality of care provided to people required strengthening. Three "reports of audits" had been completed since All Aspects Care registered with the Care Quality Commission (CQC) in January 2016. These had been completed in March 2016, March 2017 and June 2017. These audits covered people's daily records completed by care staff, MAR charts and spot checks however, it was not clear which aspects of these areas had been assessed in concluding that they were satisfactory. There were no guidelines in relation to what these audits had assessed, which specific records had been audited or how many records were assessed. The audits were completed by a care supervisor and there was no evidence that the outcome of the audits had been considered by the provider. The lack of systematic auditing tools also meant that there was a risk of inconsistencies in relation to what aspects of people's care was being audited. The lack of quality assurance tools and systematic approach to quality assurance meant that audits were reliant upon the individual interpretation and experience of the care supervisors completing the audit. There were also no guidelines or procedures available in relation to the frequency at which these audits should be completed.

The provider told us that they would take immediate action to strengthen the procedures that they used for improve and monitor the quality of care that people received. The provider told us that they had previously utilised a more systematic approach to quality assurance with clear audit tools although acknowledged that these had not been completed since this location registered.

The registered manager who was also the provider of the service was visible, accessible and committed to the ongoing development of the service. The provider had a clear vision for the development of the service and was committed to providing high quality, person centred care.

Staff felt well supported, understood and demonstrated the person centred culture that the provider strived to create. One member of staff provided feedback in the questionnaire that they returned prior to the inspection that told us "All Aspects Care Ltd is a family run business with a great reputation in the local area. They provide a great quality of care to their customers as well as looking after their staff nothing is ever too much trouble. The management team are always on hand to offer support and guidance should the staff need it day and night. It's the only care company that I've worked for where the registered manager is very hands on, she goes out on care calls herself day and night she would never expect her staff to do anything that she wasn't prepared to do herself. There are always opportunities for staff to better themselves and the care team all work well together." Another member of staff told us, "The focus here is all about being person centred. The people we support are the boss; we are here to do what they want us to do and to help them in the way that they want to be helped. "

The provider sought feedback from people through annual questionnaires to aid the strategic development of the service. These questionnaires had last been sent to people in November 2016 and the responses from people had been consistently positive and no areas for immediate development were identified.

The service was being managed by the provider / registered manager who was aware of their legal

responsibilities to notify CQC about certain important events that occurred at the service. They had submitted the appropriate statutory notifications to CQC such as accidents and incidents and other events that affected the running of the service.