

Aspects Care Limited

Aspects Care Limited- Grimsby

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 

Overall summary

Aspects Care Limited is a domiciliary care agency which is located in the town centre of Grimsby in North East Lincolnshire. The main office is located on the first floor of a privately rented building. The building offers a lift to all floors and provides car parking spaces at the front of the building. The service provides personal care and support

to people living in their own homes and supported living shared houses. The service was currently supporting adults with physical disabilities and at the time of our inspection they were supporting 12 people.

Summary of findings

The service was registered in January 2015 and this was the first inspection since they registered with the Care Quality Commission (CQC). The inspection took place on 9 December 2015 and we contacted the service before we visited to announce the inspection.

At the time of our inspection our records showed that the service had a registered manager in post. We found out during the inspection the registered manager had left their post in August 2015 but had failed to notify the Care Quality Commission they had left. A new manager had been appointed in September 2015 and was in the process of completing an application to become the new 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.

There were policies and procedures to guide staff in how to safeguard people from the risk of harm and abuse. Staff understood how to report potential abuse and had received training to reinforce their understanding.

Risk assessments were in place to assist staff with minimising assessed risks and these were reviewed and updated regularly. Staff had been recruited safely and employment checks had been completed to ensure they were suitable to work with vulnerable people.

Staff had completed an induction when they were first employed at the service and they were provided in sufficient numbers to support the needs of the people currently using the service. Staff had completed a range of training in key areas which helped them to meet people's needs effectively.

People were referred to appropriate health professionals when there was a change in their needs and staff followed recommendations and guidelines from professionals.

People told us staff treated them with respect and were kind and caring. Staff demonstrated they understood how to promote people's independence whilst protecting their privacy and dignity. People were consulted and involved in decision about their care and the acting manager and staff had completed training and understood the Mental Capacity Act 2005, which helped to protect people's rights.

Staff felt supported and listened to by the acting manager and registered provider. Staff received supervision and attended team meetings regular to ensure they were included and updated on changes happening within the service.

The service had a complaints procedure in place and people felt they could raise concerns and they would be addressed. The service completed regular audits to ensure practice remained safe and effective.

The registered provider had failed to complete and return the Provider Information Return (PIR).

Summary of findings

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 safe.

Staff understood how to safeguarding people from abuse or harm and knew how to report suspected abuse.

Sufficient numbers of staff were employed to meet people's needs and staff had been recruited in a safe way.

Staff supported people to take their medicines as prescribed, where necessary.

Good



Is the service effective?

The service was effective.

Staff monitored people's health and wellbeing and gained support and advice from relevant health care professionals, where necessary.

People were consulted over their care and staff asked for consent, where possible.

Staff had received an induction and were provided with ongoing training to enhance their knowledge and develop their skills. Staff received supervision to support their practice.

Good



Is the service caring?

The service was caring.

People were treated by kind and caring staff who respected their privacy and dignity.

Staff promoted people's independence and choice.

People were involved in the planning of their care and felt in control of their live.

Good



Is the service responsive?

The service was responsive.

People's care was person-centred and took into account people's choices, wishes and feeling.

People knew how to raise a complaint or concern and felt they were addressed efficiently.

People were encouraged to participate in community activities and voluntary employment to prevent social isolation.

Good



Is the service well-led?

The service was not always well led.

Requires improvement



Summary of findings

The registered manager had left the service but had failed to notify the Care Quality Commission (CQC) as required under regulation.

The registered provider had failed to complete and return the Provider Information Return (PIR) to the CQC when requested.

People said there was good management in place at the service and staff said they felt well supported.

There was an auditing system in place which helped to monitor and improve the service that was provided to people.

Aspects Care Limited- Grimsby

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 registered 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 was announced and we provided 48 hour's notice to the service about our intention to visit. We announced the inspection to ensure someone would be available at the registered office. The inspection took place on 9 December 2015 and was carried out by one adult social care inspector.

Before the inspection, the registered provider was asked to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. The registered provider did not complete and return the PIR and we took this into account when we made the judgements in this report.

Before the inspection we looked at the information we held about the service. We also reviewed the information we received from the local authorities contracts monitoring and safeguarding teams. There were no major concerns raised by these teams regarding this service.

During our inspection we spoke with five staff including the acting manager, deputy manager and support workers. We visited five people who received the service and gain feedback from two relatives. We also received feedback from health and social care professionals.

We looked at the care records of four people who used the service which included support plans, risk assessments and medication records.

We also looked at records relating to the management of the service including policies and procedures, quality assurance documentation, accident and incident reports and complaints. We looked at staff rotas, training records, supervision and 2 staff recruitment files.

Is the service safe?

Our findings

All the people we spoke with during our inspection told us they felt safe with the support they received from the staff at Aspects Care. Comments included, “Couldn’t feel safer, the staff look out for me and are really good” and “The staff are first class and keep me safe without question.”

Relatives we spoke with told us there were improvements that could be made but had no concerns about the safety of their loved ones. One relative told us, “In the early days I had lots of concerns that care wasn’t been given in the way I felt it should be but to be fair to them [the service] improvements have been made and things are much better.”

Training records confirmed that staff had completed training about safeguarding people from harm and abuse. The service had a safeguarding policy which staff read and became familiar with as part of their induction. Staff we spoke with confirmed they had completed safeguarding training and they were able to describe different types of abuse. Staff told us they would report any concerns they had straight away and they also described the relevant agencies who they would report such abuse to including the local safeguarding team and Care Quality Commission (CQC).

One staff member told us, “I would report any concerns immediately even if it was about a colleague, that kind of thing should not be happening.” We reviewed the safeguarding incidents records that had occurred at the service. These contained completed referrals, minutes of any meetings attended and any known outcomes. The manager told us that any concerns regarding the safety of a person would be discussed with the local authority safeguarding adult’s team and referrals made when necessary.

The care records we looked at contained risk assessments to support the health and wellbeing of individuals. These included medication, moving and handling, use of equipment, finances and community access. Risk assessments included information about action to be taken to minimise the chance of harm occurring. Staff undertook health and safety and first aid training which

provided them with the knowledge and skills to help keep people safe. One person told us, “I feel very safe when the staff are supporting me. Staff know how to hoist me properly and they always keep me safe.”

Staff were provided with identity badges for security and used personal protective equipment such as gloves and aprons. One person told us, “Staff always wear gloves and put an apron on when they are supporting me with personal care.”

People told us they were happy with the support they received with managing their medicines. The service had a medication policy in place to support staff and to ensure that medicines were managed in accordance with current guidance. Peoples care records detailed their prescribed medicines and how and when they were to be taken. One person told us, “I know what I take but staff help me and make sure I’m happy to take them.” Staff had received training in medication theory and administration and the care co-ordinator at the service visited people regularly to carry out audits of medication and review records completed by staff.

There were sufficient numbers of staff employed to meet the needs of people who used the service. Staffing levels were determined by the needs of the individuals and whether people were assessed as needing one to one support. In one of the supported houses we visited staffing levels had recently been reduced following reviews with adult social care teams. One person told us, “Staffing has been reduced here and sometimes this is an issue if you need support and staff are assisting someone else, it means I’m left waiting.”

We spoke to the acting manager about this who told us, one to one staffing had been reducing due to pressures on social care budgets and reviews of people’s care needs stating that the volume of hours commissioned was not necessary. The acting manager explained they were still in discussions about the support hours for people but said no one was left without access to support when needed.

The staff we spoke to said they felt there was enough staff to effectively meet people needs. Staff also confirmed the service had an on call system and they could contact the acting manager or deputy manager at any time when needed.

We looked at the recruitments files for three staff employed at the service. These records contained two references,

Is the service safe?

completed application forms, induction book, terms of employment contract and disclosure and barring (DBS) check to confirm the applicator was clear to work with vulnerable people. We saw in one of the recruitment files that a DBS check was not present. We spoke to the deputy manager about this who confirmed it had been sent to the registered provider's central office and had not been returned. During the inspection the deputy manager requested a copy be sent so we could review the information. This was sent immediately and the DBS check confirmed the staff member was clear to safely support the people who used the service.

The service kept records of incident, accidents and near misses that happened at the service. This enabled the

registered provider to keep an account of events happening and any action or lessons learnt for future practice. It also helped to identify if further staff training in specific areas was required.

The building where the main office was held was owned by a private company and Aspect Care rented office space from them. The building was fully accessible and had passenger lift access to all floors. The building had a receptionist during office working hours and visitors had to sign in and the service was notified if visitors arrived. The office door was kept locked at all time when not occupied and only staff employed at the service or invited visitors had access to the office.

Is the service effective?

Our findings

People we spoke with said the staff were well trained and competent in their role. Comments included, “Ace service and carers are great, I get a really good service”, “Very good, no criticisms at all” and “There very well trained and know what they are doing.”

A relative of someone who used the service told us, “Some staff are better than others, if [person’s name] had the same carer it would increase their confidence but it doesn’t always happen and sometimes they don’t know who they’re getting to support them.”

We spoke to the acting manager about staffing and consistency. They told us that a key worker system operated to try and ensure people knew who would be supporting them. The acting manager told us at times staff were changed at short notice due to sickness or training and replacement staff were called to cover. The acting manager confirmed that this disruption was kept to a minimum and people who used the service were informed wherever possible if staff changes were necessary.

Training records showed that staff had completed a range of training to enable them to effectively support people. Training included moving and handling, epilepsy awareness, health and safety, autism awareness and tissue viability. Training records confirmed that all staff at the service had completed or were in the process of completing the care certificate. One staff member told us, “The training is excellent and very thorough. It’s certainly taught me a lot since I started here.”

Staff we spoke with told us they had completed training in the Mental Capacity Act 2005 (MCA) and were aware of the legislation. 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. Staff explained how they discussed what care people wanted to receive and gained their consent before supporting people.

Staff confirmed if people lacked capacity, relevant health care professionals and family members were involved in making relevant decisions to make sure people’s rights were protected. One person told us, “The staff always ask my permission before they do anything.” Staff told us they always gained consent, where possible, from the people

they supported. One staff member told us, “I always asked if it’s ok to do something before I offer the support. If someone doesn’t want support that’s fine I just record it and ask again later.”

Peoples care records contained evidence that health care professionals were involved in their care when required. Staff told us that they had good support from local health services including speech and language, psychology and occupational therapy. The acting manager said they asked for advice or support from a range of different professionals when necessary and they confirmed the health professionals were always quick to respond. One healthcare professional told us, “The staff are always very professional and take on board recommendations that are made to ensure the persons health and wellbeing is promoted.” A relative also told us, “The staff do keep me updated with changes in [person name] health. If any appointments are arranged I’m usually informed.”

The service had an induction programme in place for all new starters. This consisted of working through a work book, covering key training, becoming familiar with the organisations policies and procedures, enrolment on the Care Certificate programme and shadowing between five to ten shifts depending on competency. Staff told us that the induction programme was really useful as it prepared them for supporting people appropriately.

Staff received support to understand their roles and responsibilities through supervision approximately every two months. As the service has not yet been operating for more than one year staff annual appraisals have not yet taken place. The acting manager explained that there were plans in place to schedule these and they would take place early in the new year.

Staff supported people during mealtimes to access food and drink of their choice. People told us that staff supported them to access the shops and buy groceries they needed. In the shared supported house three out of the four people who lived there planned their weekly menu and took it in turns to go shopping. The fourth person choose their own meals and kept their food separate as they told us, “I’m very particular with my food and how it is cooked.”

Staff told us they monitored people’s dietary and care records showed that food and fluid intake was recorded when necessary. People’s support plans provided details if

Is the service effective?

they needed to follow a special diet for example diabetic or low fat and it also outlined if people required additional support with eating or drinking due to swallowing difficulties.

Is the service caring?

Our findings

Everyone we spoke to who used the service told us that staff treated them with kindness and respect. Comments included, "It's an ace service and the carers are brill, I love it", "Staff are amazing, always listen to what I say, they really are a good bunch" and "There are all very good at their jobs and the support they give me is top class."

Positive, caring relationships had been developed with people. Staff were motivated and passionate about supporting people in the right way. One staff member told us, "In the early days it took a while to get to know peoples likes and dislikes and it's fair to say we had a few teething problems. I think we've overcome this now and things work so much better and people appear genuinely happy."

During our inspection we saw that staff interacted positively with the people they were supporting. There were conversations taking place about Christmas and plans for what people would be doing. People using the service and staff interacted well together and we heard lots of laughter and light hearted jokes taking place. One person told us, "I can be a bit cheeky at times but staff go with it and they deserve a medal for that, credit to them, they really are diamonds."

Staff had received training in equality and diversity and understood how to creatively meet the diverse needs of the people they supported. For example, one person was very particular about how their food was stored, prepared and cooked. Staff had supported this choice and in consultation with the person made alternative arrangements to ensure these individual needs were met.

People told us they were included in the planning of their care. One person said, "They always ask me and if things are changing they let me know and ask if it's okay." Care records showed that people were involved in how their care was delivered and when they wanted it. Care records

were signed by people when they had the ability to do so. One person told us, "I can't really sign things because of my hands, they don't work very well anymore but I give verbal permission."

Staff told us when they supported people they ensured the individuals privacy and dignity was respected. During the inspection we observed staff knocking on people's doors before entering. Staff also described how they maintained people's dignity when supporting them with personal care for example closing doors, pulling curtains and explaining what they were doing. One person told us, "They are really good, they always close the door and cover me up when they are helping me get dressed." People were also given a choice if they preferred male or female staff to support them. One person told us, "They asked me if I want a man or lady key worker. To be honest I'm not bothered as long as they provide the support I need but I know my relative prefers my care to be from a female."

Staff understood the importance of promoting peoples independence and this was documented throughout the care records. We saw that people were encouraged to get involved with preparing and cooking food, going shopping and completing household chores where possible. One person told us, "I'm working on my independence skills and once I've completed my electric wheelchair training I'm going to go to the shops on my own, I can't wait."

The acting manager and staff understood the need for ensuring peoples personal details and records were kept confidential. Staff told us that any sensitive issues were always discussed in private so that conversations were not overheard. People's care records were held securely in the office and a copy kept within people's flats. The acting manager confirmed that computers were password protected and only shared on a need to know basis. Staff understood the importance of maintaining confidentiality and this was also covered as part of the staff induction process.

Is the service responsive?

Our findings

People told us staff were quick to respond to their needs and seek assistance from other professionals if necessary. Comments included, “They keep me informed and included and that’s all I ask” and “When I needed hospital treatment they were on the ball and got me seen quickly.”

Staff understood the care and support needs of each person and followed their care records to ensure they were supported in the way they liked. One staff member told us, “We read and follow the care plans so we know how to support people. We also ask people where we can and they tell us how to support them in the way they like.”

An assessment of people’s needs had undertaken by the acting manager or deputy. This allowed the support plans and risk assessments to be created in line with the person’s needs and preferences. Care records were person centred and detailed peoples individual likes and dislikes. We also saw that information was included relating to previous history, medical conditions, important routines, communication methods, people who are important and maintaining independence. A healthcare professional told us, “I have found that communication is professional and all care I have witnessed has been provided in a person-centred manner.”

The acting manager told us that people’s needs were reviewed on a regular basis. Care records confirmed that individual support packages had been reviewed and amended in line with people’s needs. Reviews were attended by the individual, their relatives and any relevant health and social care professionals. One person told us, “My social worker and mum come to my reviews to see if things are still working for me and I’m getting the support I need.” Staff we spoke with confirmed the care records for people using the service were reviewed constantly and when a person’s needs changed their care records were updated to reflect the change.

People’s care records contained information about equipment that people use to assist with their independence and overall wellbeing for example pressure relieving mattresses, hoists and electric wheelchairs. Staff told us they monitored the equipment along with the individuals and their relatives and issues were reported to the supplier as and when they were identified.

People had ‘daily living records’ completed by staff which detailed the support which had been provided, food and fluid consumed, health appointments attended and activity participation. This information provided staff with an overview of what had happened for individuals on a daily basis and provided accessible information for staff during staff shift changes.

People told us staff supported them to pursue their interests and become an active part of the community. We saw that people attended local day centres, drama groups, assisted activities at a local leisure centre and weekly discos and nights out. Some people also volunteered in local charity shop and projects in the local area. A staff member told us, “We encourage people to participate in things and get involved in the community; just because people have a disability doesn’t mean they don’t have to enjoy life.”

The registered provider had a complaints procedure in place, which everyone using the service was provided with. The procedure was accessible to all and provided in large print, easy read and picture format and contained information about how to make a complaint to the registered provider. The complaints procedure explained how long people should expect to wait until their complaint was responded to and what to do if they were not happy with the outcome.

We reviewed the complaints file in place at the service and found that complains had been responded to efficiently and any meeting, telephone calls and response letters had been appropriately documented.

One relative told us, “The present manager and management team seem to be trying to address issues by introducing new things including 3 monthly parent meetings, etc. Previously it appeared that the company was more interested in protecting itself rather than protecting the interest of the client. It is early days so we will see how we progress.”

The acting manager explained that prior to them working at the service a number of relatives of people who used the service had made complaints about a range of issues including support, care, staffing and supported living premises. The acting manager explained that they were working hard to build relationships with the relatives of the people they supported and offered reassurance that things would improve.

Is the service well-led?

Our findings

People we spoke with knew the name of the manager and said they did a good job. One person told us, “They’ve not been here long after the first one left, but credit to them they seem to be doing a good job.”

The service had a new manager in post but they were not yet registered with the Care Quality Commission (CQC). The acting manager told us the previous registered manager had left in August 2015, but had not deregistered with the CQC. The acting manager explained that they had commenced their registered manager application process, but it was in the early stages. We informed the acting manager that the registered provider must inform the CQC that the previous registered manager had left their position. As the previous registered manager had failed to notify CQC that they had left it was the responsibility of the registered provider to notify us. Since the inspection we have received a notification from the registered provider informing us that the registered manager has left.

Staff told us they were, “Getting used to” the recent change in management styles. One person told us they had a “Good rapport” with the management and that “things were slowly getting better.” Staff told us they felt well supported and that the acting manager listened to any ideas and suggestions they had. A staff member told us, “If there are any problems whatsoever you can approach the manager, no problem.” A relative told us, “We feel that previously Aspects Care was poorly led, with a high turnover of staff resulting in care problems due to a lack of training. Recently things seem to have improved and they appear to be getting better with our relatives care.”

Staff told us they attended staff meetings every month and the organisation was a good place to work. A member of staff told us, “I really do enjoy working for the company, it’s a much better place than previous care jobs I’ve had. People get a good service and I’m provided with support.”

The service had a statement of purpose with outlined the aims and objectives of the organisation. This included well training staff to ensure a safe and secure environment for people, to ensure people’s health and welfare are monitored and reviewed and improve and enhance people’s independent skills.

The service offered incentives for staff which included gift card rewards for staff with 100% attendance within the year, increased annual leave entitlement for continuous service and cash bonuses for 10 plus years of employment with the organisation. A staff member told us, “We’ve just received information about initiatives that the company has introduced; I think it’s a nice touch and it makes you feel valued.”

The acting manager was aware of their responsibilities to notify the CQC and other agencies of incidents that affected the safety and wellbeing of people who used the service. We checked our records and saw that notifications had been submitted in a timely manner.

The service completed regular audits of care files, medication administration sheets and staff competencies to ensure the service delivered to people was effective and safe and any shortfalls identified could be addressed. Audits were also completed for complaints, incident and accidents and staff training. The care co-ordinator at the service also completed audits in people’s homes to check areas including, risk assessments, care records, medication and communication records. These took place weekly or monthly depending on what the person using the service wanted.

The acting manager told us the service was in the process of developing their quality assurance surveys to gain people’s views about the service they received. These would be introduced in the new year. The acting manager explained that they were really disappointed that the previous registered manager had not completed and returned the provider information return (PIR) but stated they were constantly thinking of new ways of working to improve the service and had a number of ideas and plans they were considering and welcomed the views and suggestions of the staff team.

The service had established good connections with local agencies and worked in partnership with community groups and healthcare professionals. The service worked jointly with another domiciliary care agency to provide shared support in a purpose built supported living scheme in the local area to ensure the needs of the people they supported were met collectively.