

Aid With Care Limited

# Kingspark Business Centre

## 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

### About the service

Kingspark Business Centre (also known as Aid with Care Limited) is a domiciliary care agency providing care and support to people living in their own homes in the community. At the time of our inspection the service was supporting 14 people. The majority of people supported by the service are older people living with dementia or other conditions associated with ageing. The service also provides reablement support to people to enable them to regain skills following a hospital stay.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

The care and support provided to people was person centred. People's care plans and risk assessments included information about their preferred care and support needs and preferences. Guidance for staff on ensuring that people were supported safely and in accordance with their wishes was included in people's care records.

Staff had received training about safeguarding and knew how to respond to and report any allegation or suspicion of harm or abuse. They understood the importance of reporting concerns immediately.

The service's recruitment procedures were designed to ensure that staff were suitable for the work they would be undertaking. New staff members were not assigned work until satisfactory references and criminal records disclosures had been received.

New staff had received an induction to the service before starting work. Staff also received supervision sessions to support them in carrying out their roles. Spot checks of staff practice and competency had taken place.

People and their family members were involved in decisions about their care. They told us they had been involved in agreeing people's care plans and had participated in reviews of the care and support provided to them. People and family members said that staff asked people for their consent to carry out care and support tasks.

Information about people's religious, cultural and communication needs was included in their care plans. People had been matched with staff who were knowledgeable about their needs and preferences.

People were supported to have 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.

People had been asked about their views of the care and support that they received. The provider had acted to address concerns arising from these checks.

The provider had procedures to manage and respond to complaints and concerns. People and family members were aware of the service's complaints procedure and knew how to make a complaint if they needed to.

The provider undertook a range of audits to check on the quality of care provided. Actions had been taken to address any concerns.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection:

This was the first inspection of this newly registered service.

Why we inspected:

This was a planned inspection.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to inspect as part of 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?

Good ●

The service was safe.

Details are in our safe findings below

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below,

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Kingspark Business Centre

## 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 Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission (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 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager 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 and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with the registered manager and nominated individual. The nominated individual is responsible

for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included four people's care records and one person's medication records. We looked at four staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with three people who use the service and one family member. We spoke with two care workers. We received feedback from two professionals who have regular contact with the service.

# 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 for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in safeguarding adults. They recognised how to identify potential risks to people and knew they should report concerns immediately.
- The registered manager understood their responsibilities in reporting safeguarding concerns to the local authority and CQC.
- The service had a detailed safeguarding policy and procedure. This reflected best practice and met the safeguarding procedures and requirements of the commissioning local authority.
- When we inspected there had been no safeguarding concerns related to the service.

Assessing risk, safety monitoring and management

- People using the service had person centred risk assessments. The risk assessments covered a range of needs, such as mobility, health, eating and drinking, infection control and moving and handling of people.
- People's risk assessments included guidance for staff on how to manage and reduce identified risks.
- The provider had a procedure for ensuring that people's risk assessments were regularly reviewed. People's risk assessments had been updated when there were changes in their needs.

Staffing and recruitment

- The provider's recruitment procedures ensured that new staff were suitable for the work they were undertaking. Checks of criminal records, references and eligibility to work in the UK had been carried out before staff started work.
- The services' rotas showed that people received support from regular staff. A person said, "I always have the same staff come to help me."
- The provider monitored care calls to ensure that people received support at the time they required it. A person told us, "[Staff member] is usually on time. They were late once but they called me to let me know."

Using medicines safely

- Staff supported some people to take their prescribed medicines. Where they did so, they had signed people's medicines administration records (MARs). The service monitored people's MAR charts regularly to ensure that they were correctly completed by staff.
- We saw people's MARs had not always been signed with two initials. The registered manager told us they would ensure staff were immediately reminded to sign MARs with both initials to ensure there was no confusion about who had administered medicines.
- Information about the medicines that people were prescribed was included in their care records.
- Staff received training in safe administration of medicines. Assessments of their competency in supporting people to take their medicines had taken place.

#### Preventing and controlling infection

- People's risk assessments included information about managing the risk of infection.
- Staff had received training in infection control. Staff we spoke with demonstrated that they understood the importance of minimising the risk of infection to people.
- Staff said that they were provided with disposable protective clothing such as aprons and gloves. People confirmed that staff used protective clothing when providing care.

#### Learning lessons when things go wrong

- Staff reported and recorded accidents and incidents in a timely manner. The provider had systems to monitor and review accidents and incident reports to ensure that people were safe.
- A local authority professional told us that the provider had been responsive in addressing any concerns and had changed their practices to support people where required.

# 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

- Assessments of people's needs had been carried out before they started to receive care and support from the service. This had enabled the provider to ensure that the service could effectively meet people's needs.
- People's assessments included information about their individual health and care needs, their personal preferences and religious and cultural requirements.
- People said they were involved in agreeing their assessments and the care and support that they needed. People had signed to show that they agreed with their assessments and care plans.

Staff support: induction, training, skills and experience

- New staff received an induction to the service to help them carry out their roles. The induction met the requirements of the Care Certificate which provides a nationally recognised set of learning outcomes for new staff working in health and social care services.
- The registered manager told us staff would be provided with regular 'refresher' training to ensure they remained competent in their roles. Staff said the training they had received was very good.
- Staff received regular supervision sessions where they could discuss issues in relation to their work and personal development. Spot checks of staff practice in people's homes had also taken place.
- Staff members said they would not wait until a supervision if they had a question or concern.

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

- Some people were supported by staff to eat and drink if they needed help.
- Information about people's eating and drinking needs and preferences was included in their care plans and risk assessments. This included information about cultural needs and requirements in relation to health.
- People's daily care records included information about the food and drink they had been supported with.

Staff working with other agencies to provide consistent, effective, timely care

- People's care plans included information about other health and social care professionals involved with their support. Staff had developed links with these professionals to ensure that support was provided when required.
- People's daily care records showed that staff had liaised with other professionals to ensure that people's needs were met.

Supporting people to live healthier lives, access healthcare services and support

- Information about people's health needs was included in their care plans and risk assessments.

- Guidance on supporting specific health care needs such as diabetes and epilepsy was included in people's care plans.
- People were registered with GPs and received support from community nursing services when required.
- People's records showed staff had contacted their GPs or other health professionals where they had concerns about their health and wellbeing.

#### 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 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.

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. People's care assessments included information about their ability to make decisions. Their care plans included guidance for staff about the decisions that people could make for themselves.
- Staff had received training about the MCA and DOLS.
- People were involved in making decisions about their care and support. People said they had agreed their care plans and had been asked if they were satisfied with their care and support.

# 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 and family members spoke positively about the care and support they received from staff. A person said, "They are a new agency and so far my experience has been very good." A family member said, "The staff are very kind and listen to what [relative] wants."
- Staff understood their roles in ensuring people received caring and compassionate support. This approach was confirmed by the people we spoke with.
- Staff received training in equality and diversity and person-centred approaches to help them to understand the importance of supporting people's unique individual needs.
- Information about people's cultural, religious, relationship and other needs and preferences were gathered by staff during their care assessments. Guidance on meeting these needs was included in their care plans.
- The registered manager told us that, where possible, staff were matched to people based on their specific cultural needs and interests. People had been asked about their preferences in relation to the gender of the staff supporting them as part of the service's assessment process.

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

- Information about people's communication needs was included in their assessments and care plans. This included guidance for staff about how to support people to make choices about their care and support.
- People and their family members told us they were involved in decision making on a regular basis. A person said, "They do ask me how I want things to be done."

Respecting and promoting people's privacy, dignity and independence

- People and family members told us that staff supported people's privacy and dignity at all times. A person said, "Yes, staff help me to do things in private. They treat me with respect."
- Staff supported people to maintain their independence. People were supported to do as much as they could for themselves.
- The service supported people to regain skills after a period of time in hospital. People's care plans contained information about how they should be supported to become more independent.

# 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.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People had individual care plans which described their personal histories, needs, preferences and interests. The care plans included information for staff on how they should support people to ensure that their needs were met.
- Information about people's cultural, religious needs and individual care preferences was included in their care plans.
- The service had a policy for reviewing people's care plans every six months or sooner if there were any changes in their needs. No-one receiving the service had been with them for six months. However, we noted that people's care plans had been reviewed and updated when there was any change in their circumstances or needs.
- We looked at the daily care records for four people. These were variable in content and legibility. However, they described the care and support that people received and we found that they matched people's care plans. The registered manager told us they were working with staff to improve the quality of care records.
- People told us that they had been involved in reviews of the care and support provided by the service.
- Staff demonstrated that they understood people's preferences and choices in relation to care and support.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service had a policy on the AIS.
- The registered manager told us that no one currently using the service required their care plans or other information in another language or format. They said that the service would provide information in other formats such as large print, picture assisted or language translations if required.
- Information about people's communication needs and preferences was included in their care plans. These included guidance for staff on how they should communicate with people.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure that was provided to people and family members when they started using the service.
- The service had a system for monitoring of complaints.
- The service had received no formal complaints. The registered manager told us that where people had raised issues or asked for changes in their care and support the service had addressed these immediately.
- People told us they would contact the registered manager if they had a complaint. A person said, "I have no

complaints, but I would call [registered manager] or [nominated individual] if I have any problems with my care."

#### End of life care and support

- One person using the service was receiving end of life care. We saw staff had liaised with the local palliative care team and other health professionals to ensure that people received suitable care and support.
- Where the service supported people at the end of life, they had been asked for their preferences in relation to the care and support they received.
- Staff were well informed about their roles and responsibilities in providing care to people at the end of life. They received support from the registered manager who showed us evidence that end of life care training was planned for all staff.

# 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 Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager knew the importance of being open and transparent with relevant persons and of taking responsibility when things go wrong. The registered manager demonstrated their understanding of reporting notifiable incidents to CQC and commissioning local authorities.
- People and family members told us that they had been involved in planning their care and support and had been asked for their views about the service.
- People spoke positively about the registered manager. A person said, "[Registered manager] is very nice. She has been in touch to make sure I am OK and happy with my staff."
- Staff members told us the service was well-managed. One said, "This is a very good agency. I have good support and information to help me do my job well."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was clear about their role and responsibilities and had the skills, experience and qualifications to lead the service. They were supported by the nominated individual. The service's care rotas showed that they both provided care and support to people when care staff were absent. The nominated individual told us, "As our service grows we shall recruit a central care team to support the management."
- There were systems in place to monitor the quality of the service and any risks to people's safety. A range of regular audits and checks were carried out. Appropriate actions were taken to address any concerns and make improvements.
- Staff were familiar with the aims and objectives of the service which promoted personalised care, dignity and independence. They were clear about their roles in supporting these.

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

- People received regular visits or phone calls to assess their satisfaction and views of the service. Unannounced spot checks of the care provided by staff had taken place. Actions had been taken to address any concerns. For example, where a person's foot care programme had not been followed this was immediately addressed with care staff.
- A staff meeting had taken place in December 2019. The registered manager told us that a further staff meeting was planned and these would take place at least every three months in the future. The records of the staff meeting we viewed showed that issues such as time management and the quality of recording of

care had been discussed.

- People's equality and diversity needs were understood and supported by the service. Details of these were reflected in people's support plans with guidance provided for staff to enable them to meet these needs.

#### Continuous learning and improving care

- The provider used information gathered from quality assurance processes to make improvements. For example, immediate actions had been taken to address any issues arising from spot checks of staff and feedback from people.
- Staff were informed about changes to people's care plans as soon as these had had been made. The staff members we spoke with confirmed that they were updated about changes in people's care records immediately via email or text messages.

#### Working in partnership with others

- The service had liaised with other health and social care professionals to ensure that people's needs were fully met.
- Staff had sought immediate advice and guidance from health professionals where there were any concerns about a person's needs. This was reflected in people's care records.
- A local authority professional told us the service worked positively in partnership with them. They said the service was proactive and responsive in supporting changes in people's care and support needs.