

Aitop Healthcare 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

About the service

Aitop Healthcare is a domiciliary care agency providing personal care to people living in their own homes. Not everyone who uses domiciliary care services receive 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.

At the time of our inspection, one person received support with personal care.

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

Since the last inspection the person continued to receive safe care and support. Risk assessments were in place and reviewed regularly. The registered manager understood safeguarding procedures. Safe recruitment practices were in place to ensure staff who were appointed were suitable for their roles.

The person received their support calls on time. Medicines support was provided safely when required. Infection control measures were in place including use of personal protective equipment (PPE). Processes were in place to record and follow up accidents and incidents appropriately, which included consideration of any lessons which could be learned.

The person's care records were comprehensive and contained clear information about their care and support needs. Care plans were reviewed and updated regularly and as the person's needs changed. The registered manager had a good understanding of the person's needs and individual preferences. They had received training appropriate for their role.

The registered manager was reliable and caring. The person was treated with respect. They received care which maintained their dignity and promoted their independence. Consent was sought before any care was delivered.

The registered manager monitored the quality of the service and a range of quality assurance audits were in place. They had plans for development of systems and processes as the service grew. They were aware of their legal responsibilities and worked in an open and transparent way. The person's relative was very positive about all aspects of the care provided by Aitop Healthcare.

The person was supported to have maximum choice and control of their lives and they were supported in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Why we inspected

At the last inspection of this service we could not award a rating as there was insufficient information available (report published 10 May 2022).

This inspection was prompted by a review of the information we held about this service.

The overall rating for the service has changed from 'inspected but not rated' to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Aitop Healthcare on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Aitop Healthcare Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

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 homes.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. The registered manager was also the provider. This means they are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service short notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with a relative of the person who used the service about their experience of the care provided. We spoke with registered manager, who also undertook the care and support calls. We reviewed a range of records. This included one person's care records and a variety of records relating to the management of the service. This included quality assurance processes and templates to be used when required.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question inspected but not rated. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The person received safe care and support. The registered manager had systems in place to safeguard people from abuse and was aware of how to follow local safeguarding protocols when required.

Assessing risk, safety monitoring and management

- The person's known risks were assessed and reviewed regularly by the registered manager.
- Care and risk support plans identified the risks and provided guidance to staff on how to provide care that reduced these as far as possible. For example, this could be for risks such as falls, skin integrity or moving and handling.
- Risks associated to the home and environment were assessed to ensure the safety of the person receiving support, and staff. This included access considerations, any issues with lone working and any risks with electrical appliances.

Staffing and recruitment

- At the time of inspection the registered manager did not employ any staff. They had processes and checklists in place to follow safe recruitment practices when required. This included carrying out checks to ensure staff were suitable and had the right character and experience for their roles.
- Consistent care was provided by the registered manager. Support visits took place on time. Records and feedback confirmed this.

Using medicines safely

- The registered manager was not responsible for medicines management as this was handled by the person's relative, who told us, "I would be happy for [registered manager] to administer medicines, she's quite capable."
- When topical creams were needed, body charts were used to show where these should be applied. This made sure the creams were put on correctly and in the right place.
- Care records showed the person's medicines were considered as part of the assessment process, to confirm what role staff took in medicines administration and support.

Preventing and controlling infection

- There were sufficient stocks of personal protective equipment (PPE) available which included hand sanitiser, masks, gloves and aprons. This ensured care was provided which reduced the risk of infection spread.

Learning lessons when things go wrong

- Accident and incident forms were available and completed when required. Processes were in place to follow up accidents and incidents appropriately.
- The registered manager included consideration of any lessons which could be learned in the accident and incident follow up process. This provided the opportunity to reduce the risk of a similar incident occurring.

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.

At our last inspection we rated this key question inspected but not rated. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The person's needs were assessed comprehensively before any care was agreed. This ensured the registered manager could arrange any additional training or resources before the package of support started.
- A range of care plans were in place to show key areas of the person's support needs were considered. For example, these included skin care, mobility and personal care. A detailed outline of the person's care routine provided very clear and person-centred information about their support needs and preferences.
- Care plans were holistic and included consideration of the person's equality, diversity and human rights needs. For example, religious, cultural, spiritual and other individual characteristics and preferences.

Staff support: induction, training, skills and experience

- The registered manager did not employ any staff at the time of inspection. Plans and documentation were in place for staff induction and training when this was required. They also had templates ready to implement and use for staff supervision and appraisals, as well as regular team meetings.
- The registered manager was working on a staff handbook and which would provide relevant information to staff about aspects of their role and employment.

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

- Care records included information about the person's nutritional needs and the support required in this area.
- Systems were in place to monitor food and fluids for anyone who may require it.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- The registered manager worked in partnership with the person and their relative to ensure relevant healthcare information was shared in a timely manner. For example, they always passed on any observations about the person's health to their relative so these could be followed up on immediately.
- The registered manager had a good knowledge and understanding about the person's healthcare requirements, including when these changed.

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.

- The registered manager demonstrated they understood the principles of the MCA and this was embedded within the person's care records.
- There was clear reference to consent throughout the person's care records. For example, their moving and handling care plan stated, "Staff to explain every step and get acknowledgement that [person's name] understands every step and is allowed time to process this before proceeding."
- Systems and records were in place to assess people's capacity to make their own decisions, as and when this may be required.

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.

At our last inspection we rated this key question inspected but not rated. At this inspection the rating has changed to 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

- The person was well cared for and treated with respect and kindness. Their relative told us, "[Registered manager] is very reliable and compassionate. She's very good with my [family member]. (I would give the service) 5 stars."
- The registered manager knew the person well and provided good quality care which met their needs.

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

- Care plans clearly set out how the person preferred to receive their care and their regular routines. For example, the person's personal care plan stated, "The following routine has been discussed and agreed in partnership with [person's name] and their [family member]."
- Plenty of detail was included to ensure the person received care and support in line with their views and preferences. For example, part of the care routine said, "Put the radio on to channel 5, usual volume is 17 to 18. [Person's name] will let you know if they can't hear the radio by touching their ear."
- The registered manager reviewed the person's care plans monthly and updated any changes. They recently refreshed the whole document and gave a copy to the person and their relative for review, including renewing the consent forms. This ensured people were fully involved in making decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- The registered manager provided care which respected the person's privacy and dignity. Feedback confirmed this.
- The person's independence was encouraged and promoted. Their requests and preferences were followed.
- Personal information was kept securely at the office location. The registered manager was aware of the importance of confidentiality and keeping information safe.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question inspected but not rated. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The person's choices and preferences were documented in their care records. Care plans included details of what tasks should be delivered during each visit. This meant the person could receive personalised care which met their needs.
- The registered manager had built positive, professional relationships with the person using the service and their relative. The registered manager had a good understanding of the person's needs and their individual preferences.

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.

- Information could be made available to people in a variety of formats as needed, for example, large print or easy read.

Improving care quality in response to complaints or concerns

- Complaints policies, procedures and quality assurance processes were in place. At the time of inspection no formal complaints had been received.

End of life care and support

- The service had an end of life policy in place which set out the way people could expect to be cared for according to their wishes. The registered manager had undertaken training and was aware of what was required in the event this type of care was required.

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.

At our last inspection we rated this key question inspected but not rated. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager was committed to delivering good quality care to people in their homes. At the time of inspection they undertook the support calls alongside overseeing the running of the service.
- The registered manager put the person at the centre of the service and provided good quality care that focussed on their care and support needs.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibility to keep people informed of actions taken following incidents in line with the duty of candour. They were aware of their legal duties to send notifications when appropriate to the local authority and CQC.

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

- The registered manager was clear about their roles and responsibilities to people using the service now and in the future.
- There were systems to monitor the quality and standard of the service. Since the last inspection the registered manager had continued to develop their processes and knew how to implement and embed these as the service grew.
- A comprehensive range of policies and procedures were in place to support the effective running of the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- The registered manager was supportive of the inspection process. They were open to suggestions and reflected upon ways to continuously improve the service people received. They had taken on board and implemented suggestions made at the last inspection.
- A service user guide was being developed so people had access to relevant information. The registered manager also had plans to introduce feedback surveys as the service expanded and a template was already prepared for this purpose.
- The registered manager shared relevant information with the person's relative and they worked in partnership to ensure the person's needs were met. At the time of inspection, the registered manager was

not required to liaise with other agencies on behalf of the person but knew how to do this if needed.