

Aston Home Care Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Aston Home Care Limited is a domiciliary care agency providing personal care to people living in their own homes. 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. The service was supporting 34 people at the time of our inspection of which 23 were supported with personal care.

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

Right Support

Overall people told us they were satisfied with the care and support they received. However, some people did not always receive their care calls on time, were not always told about delays or changes to the care staff expected such as female staff members. The manager had already identified this as a concern and was actively recruiting for more staff at the time of the inspection.

People told us they felt safe and received the support they needed by staff who were recruited safely. People had support to manage their health and were supported to take their medicines safely.

Staff had received training in how to support people safely and how to report any concerns. However, some people told us they felt new and agency staff needed further training in how to support people living with dementia.

Right Care

Care plans and risk assessments were in place to support people to live their lives whilst keeping the risk of harm to a minimum.

People were supported to eat and drink in line with dietary preferences, and the provider worked with other professionals to ensure people's health needs were met.

Right Culture

Staff were aware of people's needs and received spot checks and supervision to support them in their role. Complaints were managed and responded to effectively. When things went wrong the provider ensured lessons were learned and actions taken to drive improvements.

Quality assurance systems were not fully embedded; however checks were in place to monitor daily tasks, medication administration and the management team were already in the process of updating care records.

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

Rating at last inspection and update

The last rating for this service at the previous premises was requires improvement (published 22.12.21) and there was a breach of regulation.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in

breach of regulations.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained as requires improvement. This is based on the findings at this inspection.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) 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 not always safe.
Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Aston Home Care 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

The inspection was conducted by 3 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been in post since the service was taken over by a new management team in November 2022 and had applied to register. We are currently assessing this application.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or manager would be in the office to support the inspection. Inspection activity started on 3 April 2023 and ended on 11th April. We visited the location's office/service on 3 and 6 April.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with 6 people who used the service and 7 relatives. We also spoke to 6 care staff, the manager, and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We checked the care people received matched the information in their records. We looked records relating to medication administration, staffing files and quality assurance processes carried out within service.

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 requires improvement. The rating for this key question has remained requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety.

At our last inspection the provider had failed to ensure all people had effective assessments in place in regard to their known risks associated with their care and support. This was a breach of regulation 12 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found enough improvement had been made and the provider was no longer in breach of Regulation 12. However, we found improvements were needed around delivering care calls at the agreed times.

Staffing and recruitment

- We received mixed feedback regarding call times, consistency of care staff and lack of communication. Comments received from people and relatives included, "Mostly, the carers are on time. Sometimes they let me know if they are going to be late due to a problem at the previous call." "They (care staff) are on time and if they're late then I'm notified by phone." And "Carers change visit times. I'm not told in advance. The trouble is that I don't know what to expect." We were also told that the availability of female care staff was sometimes an issue. We saw that the manager had been working to address this by working with people and their relatives to provide interim solutions until additional staff could be recruited.
- Staff also told us that there had been issues with call times, one staff member told us, "It has been challenging, people don't always know who's coming to them when we are low on staff."
- We checked the providers call monitoring system and calls were not always taking place at the scheduled times. We discussed this with the manager and nominated individual who acknowledged there had been issues with recruiting staff, resulting in the use of agency staff and inconsistency of care staff.
- Staff had been recruited safely. Appropriate checks had been carried out including the Disclosure and Barring Service (DBS). The DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Where agency staff were used all the necessary pre-employment checks had been carried out.

Assessing risk, safety monitoring and management. Learning lessons when things go wrong

- People had risks to their safety assessed and plans put in place to manage these. For example, risks assessments relating to people's diet, mobility and specific health conditions were in place giving clear instructions for staff to follow to keep people safe. Where a person was identified as having a high risk of developing pressure areas on their skin there was an accompanying tissue viability risk assessment in place. One staff member told us how they support people to stay safe. "If someone needs equipment to help them move safely the care plan and risk assessments tell us which equipment to use and how to use it."
- Some care plans and risk assessments had been updated where changes had occurred, however others had not been reviewed for some time. We have reported on this further in the well-led section. One relative

told us, "[Person's name] had a risk assessment under the old management. I asked for a review and had an interview last week."

- The provider reviewed incidents or accidents to see if any further action was needed and to minimise the risk of re-occurrence. For example, where medication errors had occurred the staff members had received a supervision to discuss the issue, were re-trained and spot checks undertaken.

Using medicines safely

- People were supported to take their medicines as prescribed. Relatives told us people were supported by staff to take their prescribed medicines in the right way. One person told us, "The carers make sure that I take my medicines and record them, they are very careful."
- People had guidelines in place for staff to safely support them with 'as required' medicines. However, more detail was needed regarding quantities of creams to be applied, and for some people the maximum dosage within a 24-hour period and time periods between the administration of medicines was not recorded.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe and were happy with the support they received. One person told us, "Yes, I'm safe. I had a fall the other day and the carer looked after me straight away."
- Staff had received safeguarding training and knew how to recognise and respond to concerns of abuse. We saw safeguarding concerns had been reported to the local authority and to CQC as required.

Preventing and controlling infection

- Staff had received training in infection prevention and control and spot checks carried out confirmed Personal Protective Equipment (PPE) was worn in line with current guidance.

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 requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- We received mixed feedback from people and their relatives regarding staff having the skills to support people effectively. Comments included, "As far as I'm concerned they can do the job." "Personally, I think they are very helpful and do their best for me. I've no complaints at all" Some relatives felt agency staff would benefit from further training especially around dementia care, with one relative stating, "I don't think the new ones have enough training." However, they did not feel this had affected the overall care provided.
- Training records were reviewed and showed mandatory training was refreshed yearly. We noted that several topics were covered over a short timescale, and we discussed with the manager about ensuring staff have enough time to absorb the learning. Staff had not received any recent refresher training in dementia awareness and the manager confirmed they were trying to source this.
- Staff told us they received an induction, shadowing shifts and ongoing training and records confirmed this. Staff also had competency checks, spot checks and supervisions carried out. Agency staff received a brief overview of the support people required, however based on feedback from relatives we spoke with the manager who stated they would provide a more in-depth introduction with extra shadow shifts with experienced staff members.

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

- People's needs were assessed prior to using the service and people and their relatives told us plans were in place for staff to follow. One person told us, "Yes, someone came to assess my needs. The plan has instructions for what my carers need to do, and they follow it to the book." A relative said, "Oh yes, we have a care plan. It was done by Aston Care when they started. It's going very well. Carers seem to know what to do."
- The provider had recently changed to a new electronic care planning system that contained information for all care tasks to be completed. For example, where people were at risk of skin breakdown there was detailed guidance in how to care for the person's skin during washing and food and fluid recording.
- Staff told us they used information in the care plans and get to know people, so they know how they like to be supported.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People told us they felt supported to manage their dietary needs and health with support from staff. One person told us, "They (staff) warm up my meals, I get them when I want them." A relative said staff supported

their family member with their specific dietary needs.

- Where people needed their food and fluid intake monitoring, we saw records were maintained and any concerns were escalated to a relevant medical professional. One person told us, "If I say that I'm ill they (care staff) will phone the G.P for me." One staff member told us, "We do monitor people's health, so if someone has been ill the office will follow up on things like blood tests or if we notice sore skin, they'll ask the GP to prescribe some cream."

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 MCA 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.

- Assessments of people's capacity to make decisions about their care had been carried out and recorded, and where able people had signed their consent to receive care. We found some capacity assessments had been carried out by the previous owners and had not been recently reviewed.
- Staff had received training in the MCA, and dementia care plans were in place, however we fed back that these would benefit from being more detailed to help staff support people.
- People and their relatives told us staff asked people for their consent before providing care and support. One person told us, "I tell them when I want a shower. They always ask and I tell them what I want. I'm definitely not forced." And another person said, "I've really taken to them. I'm treated with courtesy and respect. I've got close to them, and they are friendly"

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 requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Since our last inspection the service had been taken over by a new management team. Due to issues with staffing the manager was aware improvements were needed to address late call times. They told us several new employees were in the process of being recruited to provide consistency going forward. We saw that work was underway to improve communication regarding call times. Logs were being kept on the rostering system where people and their relatives had been informed of any changes.
- At our previous inspection we found quality monitoring systems had not identified that some people did not have relevant care plans in place. At this inspection we found care plans and risk assessments were in place that contained guidance for staff to follow. The manager was already aware that reviews needed to be undertaken and we saw that some people had their plans updated following changes.
- There was limited historical quality assurance processes available to review due to a new care management system being implemented. However, we did see medication and any personal care tasks were reviewed daily, followed up and notes added to explain where any tasks had been missed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had a system in place to gather people's views, however had made the decision to delay this until they had established themselves following taking over the service in November 2022. The manager told us, "I go out on care calls regularly and use this as a chance to talk with people to see if they are happy with the care they are receiving, but I'm aware I need to be making this a more formal arrangement."
- We saw one person had recently emailed a compliment to the manager, and another person told us, "Well they haven't asked me (for formal feedback), but I have a chat with the manager who comes out and asks me how things are, about the staff and if everything is going ok."
- People and their relatives told us they valued the helpfulness of office staff and thought the company was slowly moving forward, but communication needed to be improved.

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 manager had notified relevant people where things had gone wrong and acknowledged there have been issues. We saw where a complaint had been received this had been logged, action taken, and an

apology given to the person.

Working in partnership with others

- Care records showed where the service had worked in partnership with other health and social care professionals. This included social workers and occupational services to ensure the equipment people used was safe and suitable for their needs.