

Aims Homecare Limited

Aims Homecare Limited - Leatherhead

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
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: Aims Homecare Limited – Leatherhead is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults. At the time of our inspection 40 people were receiving support with personal care.

People's experience of using this service:

- People were positive about improvements that had been made by the management since our previous inspection in July 2018. Although some people still experienced issues with late calls, the overall feedback from people was now much more positive about the care and support they received.
- The work to bring the service up to the providers high standards was ongoing at the time of our inspection, but we saw many examples of actions that had been completed or were in the process of being introduced. Time was now needed to embed these changes to demonstrate the full positive impact to people and that they are sustainable.
- People were supported to keep safe because risks to their health and safety were well managed. Staff understood their responsibilities around identifying and report any concerns, for example if they suspected abuse had taken place.
- People received their medicines when they needed them and records management around the administration of medicines had improved since our last inspection.
- People received a full and comprehensive needs assessment prior to joining the service. This ensure that staff had the skills and experience to meet those needs. Staff had training and supervision to keep them up to date on best practice and identify if they needed to make any improvements to how they supported people.
- Staff supported people in a kind and caring way. Feedback from people was positive about the interactions they had with staff.
- Peoples requirements under equality and diversity were met. The registered manager and staff said that anyone would be welcomed to the service no matter their age, gender, race, sexual orientation or religion. They would be supported by staff that understood and respected their preferences.
- Care records were person centred and gave clear guidance to staff so they knew people as individuals and their specific care and support needs. People told us they had been involved in the development and review of these care records.
- People were confident that when they made a complaint this was investigated fully by the management and improvements were made as a result.
- Were people were supported at the end of their lives, this was done in a compassionate way. Staff liaised with healthcare professionals to ensure peoples medical needs and personal preferences were met. Families gave positive feedback about the kindness of staff when they had been supported during this most difficult time.
- The registered manager and provider had a clear set of values for the service and ensured staff provided care in a way that matched those values. The values were based around keeping promises, putting people first, compassion, respecting each other and providing person centred care. People told us they felt they

received care in line with these values.

- People told us they felt the service was well managed. One person said, "Very well managed indeed, I have worked in care myself and we had other agencies before AIMS and they should all be like this."

Rating at last inspection: At our last inspection the service was rated Requires Improvement. The report was published 13 September 2018.

Why we inspected: This inspection was part of our scheduled plan based on the previous rating.

Follow up: We will continue to monitor the service to ensure that people receive care and support that meets the requirements of the health and social care regulations. Further inspections will be planned for future dates.

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

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.

Requires Improvement 

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 

Aims Homecare Limited - Leatherhead

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

- Our inspection was completed by two 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. Our expert by experience carried out telephone interviews with people who used the service.

Service and service type:

- Aims Homecare Leatherhead is a domiciliary care agency that provides personal care to people in their homes. CQC regulates the care provided by the agency.
- The service had a manager registered with the Care Quality Commission. 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 visit because the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.
- We visited the office location on 28 February 2019 to see the manager and office staff; and to review care records and policies and procedures.

What we did:

- Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public, local authorities and commissioning groups. We checked records

held by Companies House.

- We asked the service to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.
- We spoke with nine people who used the service and nine relatives.
- We spoke with the provider's and registered manager, the office manager, and four staff.
- We reviewed five people's care records, three staff personnel files, audits and other records about the management of the service.
- The provider sent us additional information after our inspection. This was received and the information was used as part of our inspection.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may not have been met.

- At our previous inspection in July 2018 we rated this domain as Inadequate. This was due to failures across the domain. This included failure to follow local authority safeguarding protocols when abuse was suspected; failure to notify the CQC of significant incidents; lack of effective risk assessments; concerns with how people's medicines were managed; concerns over staffing levels and people not receiving the care they needed because calls were cut short.
- People's feedback about the service was much more positive at this inspection, demonstrating the improvement in care and support they received.
- During this inspection we saw that the provider and registered manager had made significant improvements to the service. Time was now needed to ensure the changes were sustainable and fully embedded into the service.

Systems and processes to safeguard people from the risk of abuse

- All the people we spoke with said they felt safe with the care and support given by Aims Homecare – Leatherhead. A person said, "I never have a moment's fear and I can't move anywhere without help and equipment." A relative said, "I never have to worry about her safety, the carers are very concerned with safety."
- Staff could describe the types and signs of abuse, as well as who they needed to report to if they suspected or witnessed it had taken place.
- Staff said they would feel confident raising any concerns with the management. They understood they could report directly to external agencies such as the police or local authority safeguarding team if management did not deal with their concerns. One staff member said, "If I was not happy with [office manager's] response or registered manager I would contact CQC, or phone social services."
- Policies were in place around gifts and professional boundaries. These set out guidelines for staff to follow to minimise the risk of people being abused with regards to money and finances. Reading the policies was part of the induction process for all staff.
- The provider had made appropriate referrals to the local authority safeguarding team when needed. For example, one person was suspected of self-neglect. Staff made a referral to see if help could be arranged for the person to overcome their specific issue.

Assessing risk, safety monitoring and management

- The way that risks to people's health and safety were identified and managed had improved since our last inspection. Assessments of risk were now person centred and covered all aspects of people's care and support.
- Assessments of risk around the environment and specific risks to people's individual care and support

needs were detailed. They provided staff with clear guidance to follow to minimise harm coming to the person. Areas covered included the persons property, home environment, moving and handling, smoking, alcohol use and pets.

- Relatives were happy with the way risks of harm had been managed. One said, "My [family member] must be transferred by hoist between bed and chair and I haven't felt a moment's anxiety."
- People and their relatives were involved in discussions around risks, especially those identified in their homes. Examples included trip hazards or fire safety risks.

Staffing and recruitment

- Deployment of staff had been improved to ensure people's needs could be met. Levels of staff were based on the numbers and individual support needs of people. Staff were organised by geographical areas to minimise travel time between care calls.
- The registered manager explained how before taking on new care packages they reviewed the staffing available in that geographical area. This was to ensure that people already being supported would not have their care impacted by over stretching staff resources.
- People their relatives confirmed the staffing met their needs. One relative said, "Bearing in mind that we have care three times a day, seven days a week there are several carers, but he (person using the service) feels he knows them well, and yes the right number have always attended." Another relative, in response to being asked about punctuality of calls, said, "This has really improved, we get mostly regular carers now."
- Some people still experienced issues around late calls, but this had improved since our last inspection. This was an ongoing improvement project by the service .
- The process for recruiting new staff was safe, and ensured only suitable staff were employed.
- The provider carried out checks such as obtained references, proof of identity, address and a Disclosure and Barring Service (DBS) check for staff before they started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services.

Using medicines safely

- Peoples medicines were managed in a safe way. People told us they had their medicines when they needed them.
- Medicine administration records (MARs) were fully completed. The registered manager carried out spot checks to ensure staff completed them when needed. They also reviewed them when they had been completed to check for any issues, such as people refusing medicines, and if any action was needed by staff to assist with this. Staff were also aware that they needed to flag such issues to the office when they arose.
- Where medicines had been prescribed 'As Required' (such as pain relief medicines) staff had guidelines on the MARs for maximum amounts that could be given over specific time periods. For example, 'no more than 8 in any 24-hour period.'
- Only staff that had completed the agencies medicine training were able to administer medicines to people.

Preventing and controlling infection

- People told us that staff always wore personal protective equipment (PPE) such as gloves and aprons when they gave personal care.
- Gloves, face masks and blue shoes (where necessary), hand gel, aprons were supplied to all members of staff. Stocks of these items were at the office so staff could drop in for replacements when needed.
- Staff received training around infection control on an ongoing basis, as well as being part of the induction process for new staff.

Learning lessons when things go wrong

- The registered manager reviewed accidents, incidents and feedback and acted to ensure repeat concerns did not take place.
- The registered manager explained how the last inspection had been a real learning process for them. They had reviewed their systems at their other offices to ensure the same concerns were not repeated there. As a result the other offices received a good rating when they were inspected. The findings of this inspection have shown that the provider had responded appropriately to learn from past mistakes.

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

People's outcomes were consistently good, and people's feedback confirmed this.

- At our previous inspection in July 2018 we rated this domain as requires improvement. This was due to failure to effectively identify people's needs and preferences when they first joined the service. Improvement had also been required around how people's decision-making capacity had been recorded.
- Peoples feedback about the service was much more positive at this inspection, demonstrating the improvement in the care and support they received.
- During this inspection we saw that the concerns from the previous inspection had been fully addressed.

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

- People all said they felt they had received a thorough assessment of their needs and preferences when they initially joined the service.
- People's support needs were assessed before they were accepted into the service. This ensured that their needs could be met, and that the equipment staff may need were in place.
- Staff training was also reviewed to ensure people's needs could be met. For example, one person with complex needs had not been accepted by the service as they did not have the knowledge or skills to fully meet those needs.
- This assessment also gave the opportunity to check if any special action was required to meet legal requirements. For example, use of specialist medicines, use of equipment that lifts people or meeting the requirements of the Equalities Act.
- Needs assessments were detail and contained information such as the person's life history, preferred gender of staff, foods, religion and sexual identity. Wherever possible staff where then matched to people's choices and preferences.

Staff support: induction, training, skills and experience

- People told us staff had the skills and experience to meet their needs. One person said, "My regulars are really wonderful and seem to be well trained." A relative said, "[Family member] has a very bad skin condition and is profoundly deaf and they are highly skilled and knowledgeable about this."
- Staff had regular supervisions (one to one meetings with their manager) to discuss training needs, and give them the opportunity to discuss their role with their manager.
- Some staff were over due on refresher training at the time of the inspection. The registered manager was aware and a plan was in place to rectify this . Mandatory training that had been completed included health and safety, safeguarding, and person-centred care.

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

- People said staff supported them to eat and drink when they needed it. They were also happy about the

choice they were offered. One person said, "She [staff member] makes me breakfast and then she lets me know what is in the freezer for the other meals so that I can choose and she will microwave it for us."

- Peoples dietary needs and preferences were recorded on care plan documents. Daily notes completed by the care staff showed that people were supported to have the food they liked.

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

- Staff supported people to access and obtain equipment to help them maintain their independence at home. When asked if they felt supported in this area a relative said, "Very much so. The carers have been liaising with our permission with occupational therapy about the best and most suitable equipment to have."

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

- Staff's experience and training enabled them to identify changes in people's health and help them access appropriate care. One relative said, "Our present carer is wonderful with her, highly skilled I would say. She alerted me that there was a problem with [family member's] leg which turned out to be a cancer."
- The registered manager explained if a person needed assistance getting to an appointment or required support at an appointment, this need would be accommodated. One person said, "Yes, they help me with appointments."
- We saw various examples that detailed where people had been supported through hospital stays, hospice stays and return to their home after hospital treatment.

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.
- Everyone we spoke with said that staff asked their permission before carrying out any care or support with them. One person said, "I am in charge and I choose most things [that they do for me]."
- Staff could describe their roles under the act, such as not assuming someone cannot make a decision for themselves, and the process needed if a decision was needed in someone best interest.
- People's capacity to make specific decisions was recorded in their care plans. These were reviewed annually, or if a change was noted in a person's health, to ensure they reflected people's current capacity.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

- At our previous inspection in July 2018 we rated this domain as requires improvement. We made a recommendation about ensuring they meet the needs of people who identify as lesbian, gay, bisexual or transgender.
- During this inspection we saw that the concerns from the previous inspection had been fully addressed.

Ensuring people are well treated and supported; respecting equality and diversity

- People were positive about the care staff that came to support them. One person said, "They are so lovely, they will do anything for me. My carer pops in on a Sunday when she is not booked just to do my eye drops."
- The service had a clear equality and diversity statement in their statement of purpose document. This is a document that details their values and services they offer to people. The registered manager and staff we spoke with emphasised that regardless of people's sex, colour, gender, age or religion, people would be made to feel welcome and safe when they joined the Aims Homecare service.
- Care staff had a positive attitude to the people they supported. One person said, "They are very kind and gentle especially with my legs which are very painful. They will do anything I ask, sometimes I feel a bit guilty, but they are so good." Another person said, "My regular one is wonderful, very caring. As an example, she brings me coffee and a muffin every morning she is in."
- The positive way that people had been supported was demonstrated by an example of care given during an emergency. A person had been involved in an accident when they were out in the local community. Although they were not scheduled to receive care from Aims Homecare at that time both the registered manager and deputy Manager went to meet her at the scene of the accident and waited an hour for the ambulance with her.
- Peoples equality and diversity needs were discussed during the pre-assessment process prior to them starting with the service. At the time of our inspection people told us that staff respected their equality and diversity needs.

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

- Peoples involvement in decisions around their care and support were detailed in their care plans and daily care records, as well as annual reviews where the person and their family were involved.
- A relative explained how their family member was involved in their day to day care and support. They said, "He gets lots of choices, what to wear, what to eat and drink, and what to watch on TV."

Respecting and promoting people's privacy, dignity and independence

- People told us that staff supported them to retain their independence. The way this was done was by giving people time to do things at their own pace. When asked if they were supported to be independent one person said, "Very much so; helping me with the computer and the phone when I get in a muddle." A

relative said, "They are very kind - allowing time for my husband who is very slow since his stroke." Another relative said, "I hear her [care worker] encouraging mum to do what she can."

- Everyone was satisfied that their dignity and privacy were respected. A relative said, "Very much so; always polite and closing doors and ensuring she is never embarrassed."

- People were supported to maintain relationships that were important to them. One person said, "I can't fault them. I am bed bound, they got me up today and took me to see my wife so I could give her a kiss, which is the only time I see her."

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

- At our previous inspection in July 2018 we rated this domain as requires improvement. People had told us they had not been asked to provide any feedback or review their care. We also recommended that the service sought and followed best practice guidance on ensuring people receive appropriate support at the end of their lives.
- During this inspection we saw that the concerns from the previous inspection had been fully addressed.

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

- People said they had been involved in the development and review of their care plans. This ensured it reflected their needs and choices. One relative said, "Yes, there is a care plan which we as a family were involved with."
- Care plans had been updated since our last inspection. They better reflected peoples support needs and preferences, and showed how people had been involved in them. A relative said, "We are incredibly impressed with the speed and efficiency with which Aims sorted out our care needs."
- Care plans gave detailed instructions on what people required with regards to their immediate care, they also gave guidance to staff for supporting people with their likes and dislikes. An example seen was where a person had specific requirements around how they were washed. Daily care records recorded how these specific needs had been met.
- Where ever possible people's choices of the gender of care staff were respected.
- Peoples hobbies and interests were supported by staff. When staff finished their calls, they tried to ensure people would not be bored. For example, one relative said, "My [family member's] main hobby is reading railway magazines and the carers try to join in as much as they can; they certainly make sure he has one wherever he is."
- Staff took time to talk to people while they gave care and support. This enabled them to build a relationship and get to know each other. One person said, "We have a laugh and chat about all sorts of things, she [care worker] brightens my day." A relative said, "They chat all the while care is going on, and enjoy each other's company."

Improving care quality in response to complaints or concerns

- People were positive about their experiences when they felt the need to raise a complaint. One person said, "I have made several complaints and they have been sorted out." Another person said, "We have complained in the past. My sons do this and they talk to the general manager and it is dealt with efficiently."
- Complaints had been recorded and reviewed by the registered manager. As reflected in people's feedback these had been appropriately dealt with. As a result, improvements had been made to the care and support they received.

End of life care and support

- Peoples preferences and choices for care and support at the end of their lives had been identified and

recorded. This would enable staff to provide care and support should the need arise. Feedback received by the service included, "Thank you so much for making a time when we're all feeling so exhausted and vulnerable so much better. Being able to get some rest knowing he was so well cared for was invaluable and enabled us to enjoy our last few days together with him."

- Two people had been referred to Aims homecare on end of life care packages. Appropriate documentation was in place around end of life care needs. At the time of the inspection these people's health had improved so they were no longer being supported on an end of life care package.
- The registered manager explained how team working with local hospices would take place when people were supported at the end of their lives.
- Staff had received training in end of life care. The registered manager was also considering further training for themselves, so they could then share this with the teams at the other care agency offices.

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

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

- At our previous inspection in July 2018 we rated this domain as requires improvement. This was due to a failure to meet the requirements of the regulation. Their quality assurance processes had not identified the concerns we had raised, so were not promoting continuous improvement of the service.
- During this inspection we saw that the provider and registered manager had made significant improvements to the service.

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

- People told us they felt the service was well managed. One person said, "Very well managed indeed, I have worked in care myself and we had other agencies before AIMS and they should all be like this." Another person said, "They are perfect."
- The service had a clear set of core values. These were based around five key principles: Keeping promises, putting people first, compassion, respecting each other and providing person centred care. The service had received feedback from one relative who said, "I have also been really impressed with the communication from the office when there are any issues. There is a real interest in my parent's wellbeing and I feel confident in recommending Aims to others who need extra care and help."
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had informed the CQC of significant events including significant incidents and safeguarding concerns.

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

- The service had a clear management structure in place so that all staff understood their roles within the organisation, and who to contact if help was needed.
- Staff understood how their roles fit within the organisation and the quality assurance checks that were carried out to ensure a people's needs were being met. For example, staff described how managers would visit them in people's homes to review their care practice, and that managers reviewed the records they made. The results of these checks were then fed back to staff to highlight good practice, or if improvements were needed.
- The provider and registered manager responded well to feedback and risks. Feedback from the last inspection had highlighted issues around promptness of calls and the associated risk of people not getting the care they needed. The registered manager had completed a study of travel times for staff. As a result, although we did still have some feedback about late calls, this had greatly improved since our last inspection.

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

- People confirmed that they were asked for their opinions on the service to see if it had met their needs or if there were areas it could improve upon.
- Home visits, questionnaires, and telephone calls were carried out to gain as much feedback from people as possible. This was then reviewed to see if changes needed to be made.

Continuous learning and improving care

- People had recognised that the provider had acted to improve the service they received. Six people we spoke with confirmed that, "It hadn't been very good but they have made changes and it is good now."
- Because of the findings of the last CQC inspection the provider had reviewed the service provision across the other Aims Homecare offices and made improvements to ensure people received a good standard of care and support.
- Quality assurance processes such as audits and spot checks had a positive impact to people who used the service. There was a clear improvement plan in place, developed by the management. This outlined what had been done and what was left to do to continue improving the service that people received.

Working in partnership with others

- The registered manager had developed effective working relationships with other professionals and agencies involved in people's care. This included working with other care agencies, for example, when supporting people with live in carers as an extra member of staff for moving and handling tasks.
- The service had clear links and worked with local community occupational therapists, district nurses and outreach services where needed. A person said, "Yes, they help me with appointments." A relative said, "The carers communicate and cooperate with Outreach."