

Aspects Care 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

This inspection took place on 07 February 2017 and was announced. We gave the provider 48 hours' notice of our inspection because the location provides a domiciliary care service [care at home]; we needed to make sure that there would be someone in the office at the time of our visit. The service was last inspected in October 2014 when we found it was meeting all the regulations.

Aspects Care Ltd is registered to provide personal care. They provide support to 46 people living in their own home. People required support from the agency because they had a learning disability, mental health needs or a sensory impairment. Some people had short care visits of approximately one hour and other people had the support of one or more members of staff throughout the day and night. We call this supported living.

The registered manager was present during our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

We spoke with one person who used this service. Some people who used this service had support needs that meant they were unable to give us any direct feedback about the care they received.

The relatives of people using this service told us that staff were aware of the need to keep people safe and follow the risk assessments in place. Staff knew how to report allegations or suspicions of poor practice. Our discussions with people and looking at the staff rota showed us that there were enough staff employed to ensure the care and support was reliable. Staff had been recruited appropriately and safely.

Some people needed the support of staff to administer and manage their medicines. We found that medicines were well managed. The staff had received training and competency checks to ensure they were able to handle and administer medicines safely.

The majority of staff we spoke with told us they had received adequate and relevant training to meet the specific needs of people they supported. Records showed that the registered manager was aware of which staff continued to require training or updates. Staff told us that they had received competency checks to ensure they were safe to undertake some aspects of their work.

Care staff demonstrated how to promote choice and maintain people's independence. The authorising body had been consulted and agreed restrictions on people's liberty. It was positive that work to explore other possible restrictions had commenced. This would ensure people's human and civil rights were fully protected.

People were supported to maintain a healthy lifestyle, and to see health professionals when required. When

people required assistance to plan and prepare meals and drinks staff prompted people to make healthy choices based on their preferences and nutritional needs.

Relatives described the staff who supported their loved ones as being kind and compassionate. Staff who worked for this service understood the needs of the people who they supported. Staff supported people to make choices and decisions about the care they received through a variety of communication styles. People were supported by staff who respected their dignity and privacy.

The care plans reflected the individual needs and wishes of each person. They were in place to enable staff to provide care in the way that people preferred.

Some people required staff to help them plan and undertake activities. We found the majority of people enjoyed a range of activities that met their needs and preferences. Specialist support had been requested for people with complex needs, who found accessing many activities difficult.

The registered manager had ensured that the service continued to meet people's needs and to comply with the requirements of the law. There were audits and monitoring systems in place that helped the registered manager and registered provider understand the strengths and challenges of the service, and where to target their improvements. People, relatives and staff we spoke with were happy about the quality of the service that was provided by the consistent team of staff employed.

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.

People were supported by adequate numbers of consistent staff, who had been recruited after robust checks had been made.

Medicines were well managed and people could be confident they would have the correct medicines.

There were systems in place to ensure risk assessments were updated and that staff had access to these to inform their practice.

Is the service effective?

Good ●

The service was not always effective.

People could be certain that the care provided would always protect their human and civil rights.

Staff had been provided with training that would help them meet people's individual needs.

People had been supported to make healthy choices about what they eat and drink, and to access a range of health professionals to ensure they maintained good health.

Is the service caring?

Good ●

The service was caring.

People were supported by kind and compassionate staff.

People were included and involved as far as possible in decisions about their care and lifestyle.

The agency had developed documents in easy read formats, and helped people seek advocacy support. This enabled people to be as informed and involved in their care as possible.

Is the service responsive?

Good ●

The service was not always responsive.

The majority of people regularly enjoyed interesting and stimulating things to do. Some people's needs made providing activities a challenge and specialist advice had been sought.

People could be confident that concerns would be identified, investigated and improvements made when required.

The service planned and delivered care that was individual to each person.

Is the service well-led?

The service was well led.

The service was well led by a registered manager with the relevant skills and knowledge.

Systems were in place to check on the quality and safety of the service provided.

Good ●

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 07 February 2017 and was announced. The provider was given 48 hours' notice of our visit because the location provides a domiciliary care service. We wanted to make sure representatives of the management team, people who use the service and members of staff would be available for us to speak with. The inspection was undertaken by one inspector.

As part of the inspection we asked the local authority if they had any information to share with us about the care provided by the service. We reviewed the notifications the provider had sent us since our last visit. These are reports of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. The registered manager was asked to complete and return a Pre Inspection Questionnaire (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed all this information to plan the areas we wanted to focus our inspection on.

We spoke with one person who used this service. Some people who used this service had support needs that meant they were unable to give us any direct feedback about the care they received. We spoke with the relatives of three people. We spoke with the registered manager, the deputy manager, one care co-ordinator and eight members of staff. Three of the health and social care professionals who support people that use this service gave us feedback. We sampled the records relating to four people using the service and records relating to the recruitment of two staff and training provided within the organisation. We also reviewed records relating to the management and quality assurance of the service.

Is the service safe?

Our findings

People we spoke with told us that they felt safe when being supported by staff working for the agency. Comments included, "I am getting really good support from my staff. Brilliant. They help me stay out of trouble and give me good advice." Relatives we spoke with informed us that they felt their loved one was safe. Comments from relatives included, "You need to be able to trust the staff that look after the people you love and who come into your home. The staff I have give me this confidence" and, "I have confidence that staff will always come, will always do what they should."

The staff we spoke with told us that they had received training in recognising the potential signs of abuse and how to report any suspicions. Staff described the action they would take should they suspect that someone was being abused. The registered manager had a good understanding of their responsibilities in maintaining the safety of people from harm. Notifications that the registered manager had sent us in the past year demonstrated that they were aware of the appropriate action to take and that they had followed these procedures when required. This meant people would receive the support they required as the appropriate action would be taken and the relevant agencies would be notified.

Risks that were associated with people's needs or the activities they wished to take had been assessed. The records we sampled contained clear details and guidance for staff in respect of the nature of the risk and what action was needed in order to reduce the risks to people. Staff we spoke with were aware of these risks and written documents and were able to describe the way they practically supported people in line with these assessments. One member of staff told us, "The care co-ordinators do the risk assessments and we follow them in the care plan. If we notice anything that could be a potential risk, we let the care co-ordinator know about it." People had the opportunity to take risks, but could be confident the risks had been identified and assessed.

In our discussions with people, their relatives and staff we were informed that there were enough staff employed to meet people's individual needs. Staff we spoke with told us that they were happy with the staffing arrangements. One member of staff told us they were offered extra shifts if they needed covering but they did not feel under pressure to cover shifts on their days off. Another member of staff told us, "There's no problem with late calls, I'm based at the place where my service users live, I'm never rushed, I've got plenty of time with them."

Records and discussions with people, relatives and health professionals showed that many people received support from a consistent group of staff. Several of the health professionals we spoke with told us this consistency was especially important to the people they supported. They described how this ensured the person felt confident and calm with the staff that were supporting them. The healthcare professionals described the positive impact that consistent staffing had achieved for the people they were supporting. This included a decrease in people's anxiety and unsettled behaviour, and people being able to achieve life goals that had not previously been possible.

People could be assured that safe recruitment practices were followed. We looked at the recruitment files for two members of staff. We saw that the appropriate pre-employment checks had been completed. The registered manager had obtained references from previous employers and carried out the necessary Disclosure and Barring checks. Staff we spoke with confirmed that the required checks had been made. One member of staff told us, "I had an interview, references and checks of my DBS." These checks all help to ensure that prospective staff would be suitable to work with people who used the agency

Some people who used the agency needed the support of staff to manage their medicines safely. Staff we spoke with and training records we viewed provided evidence that staff had received initial training in how to manage medicines safely and that this knowledge was checked during competency assessments by more senior, experienced staff. Records we viewed showed that the medicines given had been recorded. We met care co-ordinators in the agency office who were checking medicines administered by the chemist. These checks had identified issues that needed to be corrected before the medicines were before delivering them to people's homes. This was another way of ensuring people's medicine was well managed. One relative we spoke with told us they had confidence that staff were able to administer medicines safely. People could be confident that their medicines would managed by staff with the relevant skills and experiences.

Is the service effective?

Our findings

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. Staff we spoke with had a basic working knowledge about what this legislation meant for people using the service. Staff described how they gained people's consent and how they involved them in decisions about their own care and lifestyle. One member of staff told us, "I try and explain to people and give them a choice, options." The registered manager and registered provider were attending training to ensure they were able to effectively lead the staff team in this area and support people's rights.

People can only be deprived of their liberty to receive care and treatment when it is in their best interests and legally authorised under the MCA. We checked whether the service was working within principles of the MCA. One person's care had been discussed with the supervisory body to ensure the person's rights were protected. The registered manager was able to produce evidence that showed the restrictions placed on the person were consistent with the Court of Protection's decision.

There were a number of people receiving constant supervision from staff as part of their care package. The registered manager had identified that this might be a deprivation of the person's liberty and was working through people's individual circumstances to explore if these needed to be brought to the attention of the Court of Protection. This was a way of ensuring that the person was not being unnecessarily restricted and if required that the appropriate authorisation was obtained. This would ensure they were protecting the person's human rights and working within the requirements of the law.

People, their relatives and the health professionals we spoke with told us that the staff were good at meeting people's individual needs. The majority of staff told us that they had received training when necessary to meet people's specific needs and conditions. This included guidance provided by health professionals in respect of people's specific risks and needs. One member of staff told us, "When-ever I ask for training I always get it. I feel well supported in my learning and development." Other staff told us they had not had all the training they required and their comments included, "I haven't had any Mental Capacity Act (MCA) or Deprivation of Liberty Safeguards training, (DoLS), but I understand about mental capacity, I've done some reading myself." Another member of staff told us, "Most people I support have Autism or Asperger's, I haven't had any training but I've got plenty of experience." The registered manager provided us with records that documented the training that had been provided. The records showed that the majority of staff had been provided with this training and that the registered manager was clear about which staff still required it. The training provided had enabled staff to support people effectively with their individual needs.

Staff had obtained suitable qualifications to meet the requirements of their roles. The registered provider kept records of when staff had completed training and when they were due for updates in training. This information was shared with relevant members of the management team to ensure staff were supported to attend the required training when it was due. Staff told us their knowledge and learning was monitored

through supervision meetings including practical observation supervisions. Staff we spoke with told us they felt well supported to do their job and that they had plenty of opportunity to talk about their practice in monthly team meetings, to raise any issues and ask for guidance. One member of staff told us, "We have supervision every four weeks and I see the care co-ordinator every week." Another member of staff told us, "We have regular team meetings, they are okay, we discuss things, communication amongst the team's pretty good." Staff had received the support they required to undertake their role safely and effectively.

Staff told us and records we sampled confirmed that staff had received induction training when they first started to work for the service. Staff that are new to care are required to undertake the care certificate. This is a nationally recognised set of induction standards used to ensure staff have the basic knowledge required to care for people safely and with compassion. The agency had provided this induction training to the whole staff team as well as all new staff that required it. This was above the minimum requirement, and was a way of ensuring all staff had current and updated knowledge about working safely and with compassion. New staff we spoke with told us they had the opportunity to shadow more experienced staff before working alone.[Shadowing is working alongside someone with more experience to ensure new staff have the skills and experience required to support people.] One member of staff told us, "The manager's won't put you anywhere you don't feel confident." This meant people would receive care and support by staff that had the right knowledge and skills to meet their needs.

The agency's development plan for this year included updating and further improving the nutritional guidelines in relation to people who used the service. The guidelines we saw in people's care files reflected people's tastes and cultural preferences. They also made suggestions about how the person could adjust their diet to achieve or maintain better health. Staff we spoke with were aware that people's diet was their own choice but shared with us examples of how they encouraged people to make healthy choices. One member of staff explained how they supported someone to attend a local weight management group, to lose weight which was one of their personal goals. People that required help with preparing and choosing a healthy diet received support from knowledgeable and supportive staff.

Where people had specific health conditions detailed guidelines and risk assessments were in place. Where appropriate these had been written or had included consultation with relevant health professionals. When people wished they had been supported to develop health action plans. The Department of Health recognises these as a good way for people with a Learning Disability to work towards and achieve good health. People had the support they required to achieve and maintain good health.

Is the service caring?

Our findings

All of the feedback we received informed us that the staff worked with compassion and kindness. One of the relatives and the health professionals we spoke with praised the consistent and reliable team of staff. All of the feedback we received confirmed that this consistency had enabled people and staff to become familiar with each other over time, and to build up trusting and meaningful relationships. Some staff we spoke with had worked with people for a significant amount of time and could describe people's individual preferences and life histories in great detail. One member of staff told us, "I've got to know people pretty well over the past few years, we chat a lot, it takes time." All the staff we spoke with spoke positively and compassionately about the people they were supporting. Records we reviewed had been written positively and with respect for each person.

Staff employed by the service reflected the gender, diversity and culture of the people they supported. Before people started using the service a senior member of staff had undertaken an assessment. This included speaking with the person about how they wished their cultural, religious and gender needs to be met. One member of staff we spoke with told us, "The thing I like most about the service is I feel they're good at supporting people's personal, individual needs." Staff told us they respected and supported where possible people's relationships with their families and friends. Some people received a lot of contact and support from their relatives and other people lived in the family home and had carers visit them there. People could be certain their individual needs and wishes would be valued.

Care plans detailed people's needs in a way that demonstrated a person centred approach. Staff we spoke with described how they worked to give people choices, and to make clear to people the options available to them when making a decision. Some of the staff we spoke with were able to share examples of how they had supported people to maintain or increase their independence. One member of staff said "The person I work with has been supported to build up the confidence to make a journey on their own in a taxi. I feel the organisation has a really positive approach to risk taking for people with complex needs." Another member of staff told us, "I'm always asking people what they want to do, or how they want me to help them". We saw people's care plans encouraged staff to work in ways that would support people to increase and maintain their independence.

Some people found reading and understanding written documents difficult. The registered manager had ensured that as many documents as possible were available in a variety of formats, including 'easy read' to ensure that as many people as possible could access and understand the documents important to the care and support they were receiving. When people had to make complex decisions the agency had supported people to access advocacy services. Advocates are independent of the care provider, and have been trained to support and enable people to make decisions. This ensured people had independent support and advice when they needed it.

We asked the staff that we spoke with how they helped to maintain people's dignity and privacy. One member of staff told us, "Dignity to me means respecting people, making sure that they are treated in the way that they want to be treated." The staff were aware of how to work sensitively in another person's home,

and how to promote people's dignity when they were providing personal care. People could be assured the staff supporting them would protect their dignity.

Is the service responsive?

Our findings

Three of the four people whose care we looked at in detail needed staff to help them plan things to do each day. People had very complex needs, and it was evident there were many factors to consider when planning things for the people to do that they would enjoy and which could be undertaken safely. One of the health professionals we spoke with told us that support for people to plan and undertake activities were an area the service needed to improve on further. Information provided to us after the inspection showed that consultation with relevant health professionals was taking place, and that support had been requested in obtaining activity resources that people would enjoy and benefit from.

The staff we spoke with described a wide range of activities that they supported people with. Staff described how they helped people to plan activities based on their interests, budget and factors such as transport and the weather. Comments from staff included, "There are a lot of activities if people wish to do them. In my time I have supported people to go to disco's the pub, the cinema, local parks and places of interest as well as to do things like shopping," and "It depends what each person likes to do. We try and work with that."

Staff and the registered manager confirmed that when possible people or their relatives were involved in developing and reviewing their care plans. People and their relatives told us that the service was responsive to changing needs. Staff we spoke with were able to share examples of times when they had identified a person's needs changing. The staff had brought this to the attention of the relevant people and arranged for the care to be adjusted to better meet the changing need. Care plans we sampled contained guidance for staff about how people needed their care and support provided care plans. Each person had a monthly 'team meeting' with the staff and in some cases the health professionals that support that person. We saw that changes were discussed at these meetings and subsequently care plans and risk assessments were changed to reflect this. Staff we spoke with were confident that these changes were shared effectively with staff either at the meeting, in the handover or communication book. One member of staff told us, "If I'm not sure something is still right I feel able to question it. If needs be it will change." This ensured all staff were aware of and following the current plan of care for each person. When people were not able to fully contribute to planning of their care, they were still empowered to make decisions that they were able to. People's individual needs had been regularly reviewed to ensure the care and support provided continued to meet people's needs.

The service had clear policies and procedures for dealing with complaints. One complaint had been received in the past 12 months and records showed this had been identified, investigated and responded to thoroughly. A member of staff we spoke with told us, "If one of the service users had a complaint I'd make sure it was recorded and I'd let the care coordinator know about it". Relatives we spoke with knew how to raise concerns, although they told us this had not been necessary. One relative told us, "I can contact the manager by email. She will get in touch and in the past we have worked together towards a solution." Concerns would be identified and addressed. People could have confidence their feedback would be taken seriously.

Is the service well-led?

Our findings

People and relatives we spoke with were happy to be supported by the service. Feedback from one person was, "Everything is 'Hunky dorey'" and a relative we spoke with told us, "I don't have a bad word to say about the agency. I can trust them to do a job. I can leave them. I don't have to chase them or check them." The staff we spoke with told us that the running of the agency was generally good. The staff explained that their experience varied depending on which of the care co-ordinators was their line manager. The majority of the staff told us the agency was well led and their comments included, "It is well organised. I get my rota in good time, and genuinely feel like they put the service users first." Other staff told us that the agency was less well organised and their comments included, "The service is pretty well organised although they sometimes leave things to the last minute. For example; staff rotas. People like to know who's coming to support them, but most of the time they don't get to know until the member of staff arrives." People could mainly be confident that the agency was organised and well run, however there could be some local variation that might impact on communication and the availability of staff rotas.

The registered manager had a number of checks and audits in place that monitored the safety and quality of the service. The registered manager was able to show that they had acted on feedback from both our last inspection and other monitoring visits undertaken by contracting agencies. The majority of audits had been effective, however they had not identified the issues requiring attention that were highlighted by our inspection. The registered manager was receptive to feedback and gave assurances that the mental capacity act work and improving activities for people with complex needs would be explored and improved. The registered manager was constantly looking for ways to develop and further improve the service offered.

People using the service and staff had the opportunity to give feedback about their experiences of the service by completing satisfaction surveys. The responses of these had been analysed and compiled into a report. These had been used to help the registered manager and registered provider understand the areas of the agency's work people were pleased with and where further development or efforts were required. Feedback we received varied about the impact people felt these had. Some people felt they had been used to improve the service, other people told us they hadn't. One member of staff told us, "We do staff surveys, but I don't think we have any say in how things are run."

Organisations registered with the Care Quality Commission have a legal obligation to notify us about certain events. The registered manager had ensured that notification systems were in place and that staff had the knowledge and resources to do this. The registered manager had attended courses and events to ensure that her knowledge was refreshed and remained consistent with current good practice.

It is a legal requirement to display the rating awarded to the service by the Commission. We checked the providers website and office and saw this was on display. This was a way of demonstrating a transparent and open culture. The registered manager had organised and held meetings for staff and people that use the service to keep them up to date with developments and changes within the agency. We saw copies of newsletters that had been written and sent out. This demonstrated that the registered manager was

working openly, involving and informing people who work for and use the agency about significant news and developments.

Feedback we received from health and social care professionals was that the staff employed by the agency worked in partnership with them to ensure the needs of people were well met. Professionals we spoke with told us that staff were receptive to suggestions and called them appropriately when they required support or specialist advice. This meant people benefitted from joined up care that had been planned and reviewed by everybody involved in the delivery of their service.