

Aria Goldcare Limited

40 Stonepit Drive

## 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 29 May 2018 and was announced.

At the last comprehensive inspection on 8, 9 and 15 March 2016 the service was rated Good.

At this announced inspection on 29th May 2018 the service remained Good.

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

Aria Goldcare operates from 40 Stonepit Drive. The service provides care and support for people so they can continue to live in their own homes. Most of the people using the service were living with dementia and had complex needs. At the time of our inspection there were seven people using the service.

The service had a registered manager. 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 and associated Regulations about how the service is run.

People felt safe. Staff had been provided with safeguarding training to enable them to recognise signs and symptoms of abuse and how to report them. There were risk management plans in place to protect and promote people's safety. Staffing numbers were appropriate to keep people safe. There were safe recruitment practices in place and these were being followed to ensure staff who were employed were suitable for their role. People's medicines were managed safely and in line with best practice guidelines.

Systems were in place to ensure that people were protected by the prevention and control of infection. There were arrangements in place for the service to make sure that action was taken and lessons learned when things went wrong, to improve safety across the service

People's needs and choices were assessed and their care provided in line with best practice that met their diverse needs. Staff received an induction process when they first commenced work at the service and received on-going training to ensure they could provide care based on current practice when supporting people.

People received enough to eat and drink and staff gave support when required. People were supported to use and access a wide variety of other services and social care professionals. The staff had a good knowledge of other services available to people and we saw these had been involved with supporting people using the service. People were supported to access health appointments when required, to make sure they received continuing healthcare to meet their needs.

People's consent was gained before any care was provided. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

Staff provided care and support in a caring and meaningful way. People were given choices about their day to day routines and about how they wanted their care to be delivered. People's privacy and dignity was maintained at all times.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred. Records showed that people and their relatives were involved in the care planning process. There was a complaints procedure in place to enable people to raise complaints about the service.

People, relatives and staff were encouraged to provide feedback about the service and it was used to drive improvement. Staff felt well-supported and received supervision that gave them an opportunity to share ideas, and exchange information.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains safe.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains effective.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains caring.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains responsive.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains well led.	<b>Good</b> ●

# 40 Stonepit Drive

## 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 checked 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 comprehensive inspection took place on 29 May 2018 and was announced. The provider was given 24 hours' notice because we needed to be sure that someone would be in.

One inspector carried out the inspection.

Before the inspection, we asked the provider to complete a Provider Information return (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 the completed PIR and considered this when we made our judgements.

We checked the information we held about the service including statutory notifications. A notification is information about important events, which the provider is required to send us by law.

During this inspection, we spoke with four relatives of people using the service. This was because most people using the service had complex needs and were not able to tell us about their experience of the care they received. We spoke with three members of staff that included the registered manager and two care and support staff.

We reviewed the care records of four people that used the service, looked at three staff files and reviewed records relating to the management of medicines, complaints, training and how the registered person monitored the quality of the service.

## Is the service safe?

### Our findings

People continued to feel safe with staff when they were in their homes providing care. One relative told us, "I know [relative] is safe which gives me peace of mind when I'm not around. The carers have been coming a long time are very good at making sure all is safe and well." Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed or had an allegation of abuse reported to them. One member of staff said, "I would go to the manager straight away or report my concerns to the local safeguarding team." Policies in relation to safeguarding and whistleblowing reflected local procedures and relevant contact information. The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised and previous incidents had been managed well.

Systems were in place to identify and reduce the risks to people using the service and risk management plans that we looked at were detailed and informative. All risk assessments were individualised and provided staff with a clear description of any risks and guidance on the support people needed to manage these. Staff understood the support people needed to promote their independence and freedom, yet minimise the risks.

Relatives told us that there was enough staff available to meet people's needs and to keep them safe and this was confirmed in discussion with relative's. One relative told us, "Staff always turn up when they should, they stay for the correct amount of time and we have regular carers which is very important. No issues with staffing at all." Staff told us they supported the same people regularly. The care records completed by staff and the staff rotas we viewed showed that people received care and support from a regular team of staff, which promoted continuity of care.

The registered manager also undertook regular shifts which they said was a good way to check that people were still receiving the care they needed or if any changes were required.

Records demonstrated that the service carried out safe and robust recruitment procedures. We looked at staff files that showed staff employed had a disclosure and barring service (DBS) security check, and had provided references and identification before starting any work. These checks help employers to make safer recruitment decisions and prevent unsuitable staff being employed.

Systems were in place that showed people's medicines were managed consistently and safely by staff. Staff had received training in the safe administration of medicines and one told us, "Our training was very thorough. It gave me the confidence to help people with their medicines." Medicines, were being obtained, stored, administered and disposed of appropriately. Records confirmed that people were receiving their medicines as prescribed by their GP. Where people had been prescribed medicines on an 'as required' basis, such as analgesia, plans were in place for pain management.

Staff had received training in relation to Infection Control and there were policies and procedures in place that were easily accessible to staff. A staff member said, "We are provided with gloves and aprons that we must wear to protect people from the risk of cross infection." This showed that infection control procedures

were followed and assured people that they were protected from avoidable harm.

Staff understood their responsibilities to raise concerns in relation to health and safety and near misses. There were systems in place for staff to report incidents and accidents and we saw these had been recorded and reported accurately. The service supported people with complex needs that changed regularly. The staff we spoke with felt that any learning that came from incidents of behaviour, accidents or errors was communicated well to them through supervision meetings. Different strategies were discussed and changes in support were implemented as a result of these discussions. This meant the support people received was always being reviewed to ensure that lessons were learnt when things went wrong.

## Is the service effective?

### Our findings

People's needs were assessed before they started to receive care so that staff could fully meet their needs. The assessment covered people's physical, mental health and social care preferences to enable the service to meet their diverse needs. The registered manager told us it was their role to complete the initial assessment for people before a care package was offered. They added that they always tried to involve family members if appropriate. Following the initial assessment, if there were areas that required the advice or input of specific healthcare professionals the registered manager would make a referral to the relevant agency. This ensured that qualified healthcare professionals were involved in the assessment process when required and ensured that care was based on up to date legislation, standards and best practice.

People's relatives expressed their confidence in the staff and felt they knew the needs of their family members well. One relative said, "The staff are really good. They know exactly how to care for [relative] and I can relax knowing that [relative] is well looked after." Another commented, "I am confident that [relative] is in good hands."

Staff told us they were well supported when they first started working at the service and had completed an induction to the organisation. One staff member said, "We are very well supported. We can always talk to [name of registered manager] she has an open-door policy." Training records confirmed staff had received an induction and had on-going training that was appropriate to their roles and the people they were supporting. People's relatives expressed their confidence in the staff and felt they knew the needs of their family members well. One relative told us, "We were lucky to find such a good company. They know exactly how to care for [relative] and if the care wasn't good [relative] would say."

Staff told us and records confirmed they received regular group supervision so they could discuss any issues of concern or share good practice with each other. One staff member commented, "We do get lots of support and there is always someone available to talk to."

There remained a strong emphasis on the importance of people eating and drinking enough to meet their dietary needs. One relative commented, "The carers always ask [name of relative] what they would like to eat. Nothing is too much trouble for them and they always leave some snacks and drinks before they go." Staff understood their responsibilities to report someone who may be at risk of not eating or drinking enough. One staff member told us, "I visit the same people so I would know if they were not eating or drinking enough." Within the care plans, we saw there was guidance for staff in relation to people's dietary needs, likes, dislikes and preferences.

Staff supported people to go to see their doctor or attend other health appointments if this support was required. One relative told us, "I have said to the carers to call for the doctor straight away if they are worried. They don't need to wait to contact me first and that's what they do. They always let me know what's happening."

People's care and support was provided in line with relevant legislation and guidance. The Mental Capacity

Act (MCA) 2005 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 make 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. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. No applications had been made to the Court of Protection because people were not being deprived of their liberty. The registered manager had a good understanding of the principles of the MCA and when to make an application. The staff team explained they always sought people's consent before providing any care or support and people agreed with what staff told us. A member of staff commented, "We always ask people for their permission before we provide any care."

## Is the service caring?

### Our findings

People told us that staff were kind and caring. One relative said, "The staff are very kind and very careful when helping [relative]. They are very gentle and patient." Another relative commented, "The staff are all very kind and caring. It's not just a job to them."

Staff were knowledgeable about the people they were caring for. One staff member told us, "We try to get to know all about people. We involve families all the time. It helps us get to know people better." Staff told us that they visited the same people and had got to know them very well. One told us, "We are lucky we get to see the same people and you develop a bond. We become like family."

We looked at compliments received from relatives of people using the service. One read, "The support I receive from the carers is invaluable. They have got to know us both very well, predicting mood swings and depression."

People's care plans showed friends, family relationships and contacts that were important to them and how they were involved in people's care. There was a document that detailed people's life history and people that were important to them and their particular likes and dislikes. The care plans showed that people's wishes were considered. One relative told us, "[Relative] likes things done in a certain way and the carers are brilliant at making sure this happens. They always respect their wishes."

The manager told us they would provide people with information about how to access advocacy services if required and we saw this information displayed around the service. This is an independent service which is about enabling people to speak up and make their own

Relatives told us that their family members were treated with respect and dignity when being supported by staff. One relative said, "The staff do everything in their power to make sure [relative] is treated with dignity. They are very considerate of [relatives] needs." Staff we spoke with consistently showed they understood the importance of ensuring people's dignity was preserved. They were able to give us examples of how they did this, which included closing doors, approaching people quietly, and covering people when they received personal care.

Staff respected people's confidentiality. There was a policy on confidentiality to provide staff with guidance and they were provided with training about the importance of confidentiality. Information about people was shared on a need to know basis. We saw that people's files were kept secure in filing cabinets and computers were password protected to ensure that information about people complied with the Data Protection Act.

## Is the service responsive?

### Our findings

Relatives told us they were happy with the care their family member received. One relative said, "My [relative] gets such good care they haven't had to go into hospital since it started." Another commented, "It's the best care company we have had. I can't speak highly enough of it."

One person had very complex needs that were met by a small team of staff who responded to their continually changing needs. We were told, "They [meaning staff] have a very good relationship with [relative]. They go above and beyond what is in the plan of care to ensure [relative] is safe, they are very good with them." Their care package had evolved over time to adapt to the person's requirements; they found a mutually beneficial way of providing care that met the person's needs safely, whilst maintaining as much independence as possible.

People were provided with the care, support and equipment they needed to stay independent. One relative told us, "They are good at getting the help and equipment you need. Through the kindness and generosity of staff they have helped [relative] regain some of their independence."

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given.

People told us they were encouraged to give their views and raise concerns or complaints. However, none of the people spoken with had had cause to raise concerns and were happy with the service they received. The registered manager confirmed any concerns or complaints were taken seriously, explored and responded to. The complaints folder showed since the previous inspection there had been no complaints made about the service by relatives of people using the service. People had received the service user guide which provided them with information on how to make a complaint. One relative told us, "I have the opportunity to raise concerns if I need to but I have nothing to complain about. It's a fantastic service."

Where people chose to stay at home as they approached the end of their life, staff were flexible in their approach to providing for their needs. People could be reassured that their pain and other symptoms would be assessed and managed effectively as staff referred people to their GP for assessment; the GP involved district nurses and the community end of life care team. Staff worked closely with the health professionals to alert them to any changes in people's conditions which may require interventions. One relative told us, "[Relative] has an end of life care plan in place and is now receiving palliative care. The staff are very good and know how to give [relative] the best care possible. They look after me as well."

# Is the service well-led?

## Our findings

There was a registered manager in post. People and relatives were positive about the staff and the registered manager. One relative told us, "I do know the manager. She's a very nice lady. Nothing is ever too much trouble for her." Another relative said, "[Name of registered manager] is wonderful. So kind and caring. She runs an excellent care service. They are very caring and genuinely want the best for people."

We saw comments received via satisfaction surveys that read, 'Thank you to you and all the girls in your team for your care, thoughtfulness, understanding and professionalism in looking after and caring for [relatives] these last few years. You have always made [relatives] feel special and your team is a special one.' Another read, "[Relative] is very pleased with the high standard of care they receive.'

Staff told us the registered manager ensured the culture at the service was open and transparent and they were positive about the leadership of the service. They also told us the registered manager was approachable and supportive and acted on suggestions made. Staff felt when they had issues they could raise them and felt they would be listened to. One staff member told us, "The manager is very open and always around if you want to talk with them. They work hands on and know what we do and what the challenges can be." All staff without exception told us they would be happy to question practice and were aware of the safeguarding and whistleblowing procedures.

Staff told us they felt valued and respected by the registered manager. One staff member said, "They [meaning the registered manager] treat us with respect and listen to what we have to say." Regular staff meetings were held and staff were able to exchange information and share best practice ideas. This was to make them aware of any new initiatives or changes taking place in the service.

We found there were systems in place to check the quality of the care provided. Quality audits relating to medication recording sheets, accidents and incidents and daily record sheets were regularly undertaken. These had been analysed and areas requiring attention were supported with action plans to demonstrate how continuous improvements would be made.

People and their relatives told us they were actively encouraged to share their views and provide feedback about the service. This was gained using satisfaction surveys. In addition, the registered manager provided personal care to people on a regular basis so they had a good understanding of peoples care needs. The registered manager said this was an opportunity to talk with people and relatives about the care they received and whether they were satisfied or if they wanted any changes. One relative told us, "We are asked for our opinions and we are listened to. We do have a say."

The service cooperated well with other healthcare professionals. They shared information with relevant organisations to develop and deliver joined up care.

The registered manager told us that they were aware of their responsibility to submit notifications to the Care Quality Commission (CQC). A notification is information about important events that the service is

required to send us by law.