

Aston Home Care Limited

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Inspection report

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Date of inspection visit:
23 November 2021
24 November 2021

Date of publication:
22 December 2021

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

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 that is registered to provide 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. At the time of the inspection, 69 people were supported with their personal care needs.

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

The provider had not consistently assessed the risks to people associated with their care and support.

The provider had not completed holistic assessments of care and support for people. As a result, staff did not have sufficient or up to date information to effectively support people.

The management team and provider did not have effective systems in place to identify improvements and drive good care. Although, the provider had systems in place to learn from incidents, accidents or dangerous occurrences this was not effectively or consistently applied to ensure people received safe care and treatment.

The provider completed assessments of risks associated with people's physical living environment and supported them to access services to improve safety where needed.

When required, people received safe support with their medicines by staff members who had been trained and assessed as competent. Staff members followed effective infection prevention and control procedures when supporting people.

People were protected from the risks of ill-treatment and abuse as the staff team had been trained to recognise potential signs of abuse and understood what to do if they suspected wrongdoing.

People were supported by staff who had received an effective induction training programme, on-going training and one-to-one supervision.

People were supported to refer themselves to additional healthcare services, and staff supported them if required.

People were supported to have maximum choice and control of their lives and the provider supported them in the least restrictive way possible and in their best interests; the application of the policies and systems supported good practice.

People received help and support from a kind and compassionate staff team with whom they had developed positive relationships. People were supported by staff members who were aware of their individual protected characteristics like age, gender and disability. People were treated with dignity and had their privacy respected by those assisting them.

People were provided with information in a way they could understand. The provider had systems in place to encourage and respond to any compliments or complaints from people or those close to them. The provider, and management team, had good links with the local communities within which people lived.

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

Why we inspected

This service was registered with us on 1 March 2019 and this is the first inspection.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified a breach in relation to the risk assessment process for people at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information, we may inspect sooner.

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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

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 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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector 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.

The service had a manager registered with the Care Quality Commission. This means 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. This was because it is a domiciliary care agency and we needed to be sure someone would be in the office to support the inspection.

Inspection activity started on 22 November 2021 and ended on 26 November 2021. We visited the office location on 24 November 2021.

What we did before the inspection

We reviewed information we had received about the service, such as notifications. These inform us of events that happen in the service which the provider is required to tell us about by law. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We asked the local authority and Healthwatch for any information they had which would aid our inspection. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection.

We spoke with five people who used the service and seven relatives. Additionally, we spoke with five staff members including, three carers (one of whom had just commenced the role of compliance officer), the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked at the care and support plans for four people and several documents relating to the monitoring of the service including quality audits, medicines, health and safety checks. We confirmed the safe recruitment of two staff members.

After the inspection

We continued to seek clarification from the provider to validate evidence found. This included a review of the providers newly implemented risk assessments.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant 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.

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

- Although the provider had systems in place to review incidents, accidents or dangerous occurrences this was not effectively or consistently applied to keep people safe. For example, we looked at two incident forms for one person. Both forms indicated a change in the person's physical condition and both forms prompted the provider to complete a full review using the original risk assessment. The registered manager confirmed this did not happen and there was no original risk assessment. This put people at risk of harm as significant incidents were not consistently reviewed to see if anything else could be done to keep people safe.
- People did not have effective assessments of risk associated with their care and support. For example, we saw one person was potentially at risk from a breakdown of their skin condition. This had not been assessed by the provider and put them at risk of harm.
- Other people had significant health conditions which potentially put them at a high risk of harm. These included, but not limited to, diabetes, epilepsy and acute kidney failure. The provider failed to assess and therefore failed to mitigate the risks associated with these conditions. This put people at the risk of harm.
- Where people were supported in bed and used the assistance of bed rails there was no specific risk assessment or review to ensure these were safe to use.
- The provider had not assessed people's risk of dehydration or malnutrition or identified any action to take to support people to maintain their health.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effective. This placed people at risk of harm. These issues constitute a breach of Regulation 12: Safe Care and Treatment, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They obtained recognised best practice assessments and commenced risk assessments with people. Following our inspection site visit the registered manager shared examples of these assessments with us.

- Despite our findings people felt safe and well supported. One person told us, "We have never had a concern about a single one of the carers who have walked through our door, they are extremely capable people."
- The provider had completed other assessments of risk associated with the care and support people

received, including mobility and environmental safety. For example, the provider completed an assessment of people's physical environment and where needed made recommendations for improved safety like smoke alarms and escape routes in the event of an emergency.

- We did see some reported incidents had been reviewed by the management team to identify trends or learning. These included trips or falls.

Systems and processes to safeguard people from the risk of abuse

- Those we spoke with said they felt safe when receiving support from Aston Home Care Limited. One person said, "I feel so safe with the staff I have at the moment."
- People were protected from the risks of ill-treatment and abuse as staff members had received training and knew how to recognise and respond to concerns.
- Information was available to people, staff and relatives on how to report any concerns.
- The provider had systems in place to make appropriate notifications to the local authority to keep people safe.

Staffing and recruitment

- People were supported by staff who arrived when expected and stayed throughout the time agreed. One person said, "I always get a call if there is a change or if they're going to be late, without fail." People were supported by regular staff members and knew who would be attending to support them.
- The provider followed safe recruitment processes when employing new staff members. The provider had systems in place to address any unsafe staff behaviour including disciplinary processes and re-training if needed.

Using medicines safely

- Not everyone receiving support from Aston Home Care Limited had support with their medicines. However, those that did were safely supported with their medicines by a trained and competent staff team.
- The provider had systems in place to respond should a medicine error occur. This included contact with healthcare professionals, investigation into any perceived error and, if needed, retraining of staff members.
- People had guidelines in place for staff to safely support them with 'when required' medicines including the maximum dosage within a 24-hour period to keep people safe. Staff members were aware of these guidelines.

Preventing and controlling infection

- Staff members told us they had received training in infection prevention and control and knew how to minimise the risks of infectious illnesses. This included the latest information and training in response to the COVID 19 pandemic. One person told us, "I do not think that I have ever seen [staff members name] without their gloves, mask or apron."
- Staff members had access to personal protection equipment which they used appropriately when supporting people.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.
Supporting people to eat and drink enough to maintain a balanced diet

- People did not have care and support plans which reflected their individual needs. For example, where people were living with dementia the provider had not assessed their needs and preferences. There were no specific care plans containing instructions for staff to follow on how best to support people.
- As the provider had failed to consistently assess the risks to people, they did not generate effective care plans to guide staff on how to support people in order to achieve good outcomes for them.
- When people were supported with eating and drinking there were no specific care plans to guide staff on what to do if they suspected a weight change or potential dehydration.
- People's protected characteristics under the Equalities Act 2010, such as age, disability, religion and ethnicity were identified and recorded as part of their needs assessment. People had their own individual characteristics respected by the staff who supported them.

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

- People were supported to refer themselves to additional healthcare professionals including GPs and district nurses when it was needed. However, advice and guidance received from health care professionals did not always trigger a review or assessment of people's care needs.
- Staff members had effective, and efficient, communication systems in place. This helped to share appropriate information with those involved in the support of people.

Staff support: induction, training, skills and experience

- People were assisted by a trained staff team who felt supported by the provider and the management team. One person said, "They (staff) appear to know just what to do in any situation as far as I can make out." One staff member told us, "When I started, I received all my induction training like moving and handling. Since then we had diabetes training delivered by a district nurse."
- Staff members told us they received regular support and supervision sessions. These were individual sessions where they could discuss aspects of their work and training. One staff member told us these sessions were supportive, motivating and empowering. They went on to say they could openly discuss any aspects of their work they needed or any training they felt they would like to do.
- New staff members completed a structured introduction to their role. This included completion of

induction training, for example, the Mental Capacity Act 2005 awareness, health and safety.

- Staff members new to care were supported to achieve the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.
- In addition, new staff members worked alongside experienced staff members until they felt confident to support people safely and effectively.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager and staff had completed training and demonstrated an understanding of the principles of the MCA. Staff understood about gaining consent from people before providing personal care. People we spoke with confirmed they were involved in their care.
- There were no restrictions placed on people's liberty at the time of this inspection.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they were treated with care by a helpful, considerate and friendly staff team. One person said, "They (staff) are kind and very caring, each and everyone who comes through the door." Another person said, "I am very happy with the standard of care and by how chatty and kind they all are."
- All staff members talked about those they supported with fondness and compassion.

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

- People said they were supported to make decisions about their care and support. One person said, "I am more than happy with them (staff) and their attitude and always feel that they listen to me."
- People told us they were involved in the development of their support plans. One person said, "The good thing is that they (staff) do listen to us and understand the way we like things to be done."

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect and their privacy was supported by staff members. People said staff members always respected their privacy when completing personal care with them including encouraging them to do it themselves. One person told us, "If it was not for them (staff) I would not be in my own home so that is how I remain independent."
- Information which was confidential to the person was kept securely and only accessed by those with authority to do so. Staff members understood the need to keep information confidential.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People, and if needed those close to them, were involved in the development and review of their own care and support plans. However, these plans needed to be more holistic and detailed to be responsive to their individual needs. Despite this people and relatives told us staff members knew those they supported well. One relative said, "If we are worried, we know how to contact them and actually we do a quarterly review when a manager comes out and we re-assess."
- Although people and relatives felt they were involved in routine reviews of their care and support plans these were inconsistent as they were not reviewed when there was a change in health or circumstance. For example, following the identification of one person's skin breakdown there was no review or reassessment.
- However, people and relatives found staff members reviewed and adapted their approach with people owing to how they found them on the day. One relative told us, "They (staff) change the care and mood according to how they find (relative). They are very responsive."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had information presented in a way they found accessible and, in a format, they could easily comprehend. For example, one person preferred to have information communicated by writing as they could understand this better and it served as a reminder for them.
- People's individual communication styles and preferences were known by staff supporting them. One staff member told us they used gestural prompts for one person as they found this supported their understanding.

Improving care quality in response to complaints or concerns

- We saw information was available to people, in a format appropriate to their communication styles, on how to raise a complaint or a concern if they needed to. One person told us, "I have talked to them about who I can call if I am worried and it is pretty straight forward." People told us they felt the management team was approachable and they were confident if they ever needed to raise a complaint it would be addressed appropriately.
- The provider had systems in place to record, investigate and to respond to any complaints raised with them.

End of life care and support

- Although, at the time of this inspection, Aston Home Care Limited was not supporting anyone who was at the end of life they had processes and procedures in place to capture what was important to the person as they approached this stage of their life. The information we saw was basic and the registered manager told us this would be expanded on as they developed a relationship with the person and as they approached this stage in life.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The provider and management team did not have effective and consistent quality monitoring systems in place. The reviews and quality checks failed to identify key assessments and care plans were missing for people.
- When significant incidents or changes in people's health needs were reported this was not effectively reviewed to ensure the changing needs were met.
- However, the provider had other checks in place to monitor and improve the quality of service provided. These included regular spot checks with staff members. These checks confirmed staff members were interacting with people appropriately, arrived on time and completed the agreed tasks people had requested. The management team also sought feedback from people on how they felt the care was at these checks. One staff member told us they found these checks helpful as if they needed to improve anything or change their approach this was provided in a supportive way.
- A registered manager was in post and was present throughout this inspection. The registered manager and provider had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.

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

- The provider had a system in place to gather people's views on the service they received. This was through regular meetings with people and relatives. The provider did complete a survey with people and relatives asking for their opinion. However, this was in January 2020 and despite some responses indicating dissatisfaction with certain areas the provider did not feedback to people or make changes as a result. The current registered manager and provider told us they are reconsidering their approach to obtaining feedback from those receiving services.
- People and relatives told us they had a positive relationship with the management team who they found to be accessible and engaging. Everyone we spoke with was complementary about the management team and felt supported by them.
- The provider recognised and rewarded staff members good practice. This included nominations for employee of the month. One staff member told us they found this very motivating and valuing.

Continuous learning and improving care

- The management team told us they kept themselves up to date with developments and best practice in health and social care to ensure people received positive outcomes. This included regular interactions with health care professionals and membership, training and engagement with adult social care forums. However, at this inspection the registered manager and provider did not demonstrate they applied this knowledge to the care assessment and planning process to meet people's needs.

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

- People were involved in decisions about their care and support and were asked for their opinion. One person said, "They (staff) spent a whole hour recently going through everything with us."
- Staff members told us they found the management team supportive and their opinions were welcomed and valued.
- Staff members understood the policies and procedures that informed their practice including the whistleblowing policy. They were confident they would be supported by the management team and provider should they ever need to raise such a concern.

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 Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.

- We saw the management team, and provider, had systems in place to investigate and feedback on any incidents, accidents or complaints.

Working in partnership with others

- The management team had established and maintained good links with the local communities within which people lived. This included regular contact with local healthcare professionals which people benefited from. For example, GP practices and district nurse teams.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risk assessments specific to people's needs were not effectively completed.