All Aspects Care Limited

All Aspects Care Ltd

Inspection report

Hillcrest Farm, Flecknoe, Rugby CV23 8AF
Tel: 01327 700537
mail: info@allaspectscare.co.uk

Date of inspection visit: 25 August 2015
Date of publication: 06/10/2015

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

Overall summary

We inspected this service on 25 August 2015. The inspection was announced. The service delivers personal care to people in their own homes. At the time of our inspection 22 people were receiving the service.

There was a registered manager in post. 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.

People told us they felt safe with all of their care staff. The provider had taken measures to minimise risks to people's safety. Staff were trained in safeguarding and understood the action they should take if they had any concerns that people were at risk of harm. The registered manager checked staff's suitability to deliver personal care in people's own homes during the recruitment process.

People's care plans included risk assessments for their health and wellbeing and explained the actions staff should take to minimise the identified risks. Staff understood people's needs and abilities by reading care plans and shadowing experienced staff when they started working for the service.

The registered manager assessed risks in each individual person's home and advised staff of the actions they

Summary of findings

should take to minimise the risks. The provider's medicines policy included training staff and checking that people received their medicines as prescribed, to ensure people's medicines were administered safely.

Staff received training and support that enabled them to meet people's needs effectively. Staff had opportunities to reflect on and improve their practice and to consider their own career development.

The manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Records showed that people, their families and other health professionals were involved in making decisions about their care and support. Staff understood they could only care for and support people who consented to being cared for.

Staff referred people to other health professionals for advice and support when their health needs changed and supported people to follow the health professionals' advice.

The provider asked people about their preferences for care during their initial assessment of needs. Staff supported the same people regularly so they learnt about people's like dislikes and preferences for care. The registered manager regularly delivered care and support, so they maintained an ongoing relationship with each person.

People told us their care staff were kind and respected their privacy, dignity and independence and said their care staff felt like their friends.

People knew any concerns would be listened to and action taken to resolve any issues. Records showed the provider learnt from complaints and adopted policies to minimise the risk of similar complaints in the future.

People were encouraged to share their opinions about the quality of the service during visits by the registered manager and team leader, at regular reviews of their care plans and through formal surveys.

The staff and management team shared common values about the aims and objectives of the service. People were supported and encouraged to live as independently as possible, according to their needs and abilities.

The provider's quality monitoring system included regular checks of people's care plans and staff's practice. When issues were identified the provider took action to improve the quality of the service.

Summary of findings

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.

Staff understood their responsibilities to protect people from the risk of harm. Risks to people's individual health and wellbeing were identified and care plans explained how to minimise the risks. The provider checked staff were suitable to deliver care and support to people in their own homes. The provider minimised risks to people's safety in relation to medicines.

Good

Is the service effective?
The service was effective.

Staff were skilled and trained to meet people's needs effectively. Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and supported people to make their own decisions. People were supported to maintain their health and staff involved other health professionals in people's care when needed.

Good

Is the service caring?
The service was caring.

Staff knew people well and understood their likes, dislikes and preferences for how they wanted to be cared for and supported. People told us staff were caring and respected their privacy and promoted their dignity and independence.

Good

Is the service responsive?
The service was responsive.

People decided how they were cared for and supported and staff respected their decisions. People and staff were confident that complaints or concerns were dealt with promptly and resolved to their satisfaction.

Good

Is the service well-led?
The service was well led.

People were encouraged to share their opinion about the quality of the service, to enable the provider to make improvements. The registered manager led by example and promoted an open culture. Care staff felt supported and motivated by the registered manager, which empowered them to provide a good quality service.

Good

All Aspects Care Ltd

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.

The inspection took place on 25 August 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to meet with us at their office. The inspection was conducted by one inspector.

We had not 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. However, the registered manager gave us all the information we requested during the inspection. We did not conduct an initial survey of people who used the service, because we did not have their contact details in advance of our visit to their office. The manager gave us a list of contact details during our visit so we were able to phone people after our visit to their office.

We reviewed the information we held about the service. We looked at information received from relatives and from the local authority commissioners. The registered manager had not sent us any statutory notifications during the previous 12 months, because no notifiable events had occurred. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We spoke by telephone with four people who used the service, three relatives of people who used the service and four members of care staff. We spoke face to face with the registered manager and the team leader. We reviewed four people's care plans and daily records, to see how their care and support was planned and delivered. We checked whether staff were recruited safely and trained to deliver care and support appropriate to each person's needs. We reviewed records of the checks the management team made to assure themselves people received a quality service.

Good

Is the service safe?

Our findings

All the people and relatives we spoke with told us they felt safe with the service and the staff. One person told us, "They make me feel safe. I have familiar staff. They always ring the bell and shout hello." One relative told us, "I was anxious about homecare, but they are exemplary."

People were protected from the risks of abuse because staff were trained and understood their responsibilities to keep people safe from harm. Care staff told us there were safeguarding policies and they were confident they would recognise any signs of abuse. Care staff told us, "If you are a regular carer you know when something's up and share any concerns with the manager" and "I know the signs and to report my concerns to the manager, the family, or the safeguarding team if necessary." Records showed the registered manager dealt with concerns appropriately and took immediate action at face to face meetings, to ensure staff understood their professional boundaries. They had not needed to notify us of any referrals to the local safeguarding team during the previous 12 months.

Records showed the provider completed risk assessments according to people's individual needs and abilities. The care plans we looked at included guidance for staff to minimise the identified risks. The guidance included the number of staff, equipment needed and how to complete the required tasks safely. One care plan we looked at explained how the person needed support to mobilise, but was otherwise physically independent. A member of care staff told us, "If a person is at high risk of falls, we have two staff. We are all trained in moving and handling". The risk assessments and care plans were clearly effective as no accidents or incidents needed to be reported during the previous 12 months.

Risks related to the environment in people's homes were assessed and planned for during the initial needs assessment visit. Care staff told us, "We know what to expect, pets, steps, challenging behaviour and we are warned of the triggers to avoid" and "We make sure risks are minimised before we leave, for example, ensure there are no trip hazards, such as newspapers on the floor or sharp objects."

People, relatives and staff told us the registered manager or team leader were always available to advise or support them if they had any problems. A relative told us, "I can always get hold of my care staff and [Name]." Both the registered manager and team leader were regularly included on the rota, which enabled them to identify any changes in people's abilities and risks. One person told us, "The manager comes herself sometimes, and when the staff are sick or on holiday. She's very good."

The provider made sure there were enough staff to meet people's needs by allocating staff to a regular number of people, according to staff's availability, location and skills. People and relatives told us staff arrived when they were expected and stayed for the agreed length of time. During our visit to the office, the registered manager had already sent a second member of staff to one person's house, because they could not be sure the allocated staff would arrive on time due to heavy traffic. Relatives told us, "They are prompt" and "They are always there, on the dot, or let me know if they will be late."

People were protected from the risks of unsuitable staff because the provider checked staff's suitability to deliver personal care before they worked independently. The registered manager told us their recruitment process included checking staff's behaviours during their interview. The team leader told us, "Behaviour must be appropriate, staff can acquire skills." Records showed staff completed an application form which detailed their background, personal experience and knowledge of health and social care. The registered manager checked with staff's previous employers and with the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. The electronic staff records we looked at showed the dates and results of the checks. All the people and relatives we spoke with told us their care staff suited them. One relative told us, "They become a member of the family, in that I trust them. It is critical that there is trust between us."

The provider's policy and procedures for medicines management enabled staff to support people with medicines safely. The care plans we looked included medicines' risk assessments which considered the dosage, frequency, time of day and side effects as well as the risks relating to obtaining supplies and administration. Care plans minimised the risks by agreeing the time and number of calls needed to ensure people were supported to have their prescribed medicines when they needed them and a

Good

Is the service safe?

medicines administration record (MAR). A member of care staff said, “The MAR sheet tells us the name, medicine, time and dosage. If it is in a blister pack I administer it, or I follow the instructions on the box.”

People and relatives told us they were confident in staff’s ability to administer people’s medicines. Staff told us they were trained in medicines administration and the care plans explained how they supported each person according to their needs. Staff records showed the manager checked staff’s competency to administer medicines. One person told us, “They have a chart for medicines. They get it right. The book is useful for my daughter to check my medicines.” A member of care staff told us, “I check the medicines are in date. If not, I open a new packet and write it in the care plan. If the medicines were not available I would phone the family.” A relative told us, “They do medicines and creams and always flag up if they spot signs of a problem.”

Good

Is the service effective?

Our findings

People and relatives told us the staff were effective and they were supported according to their needs. People said, "They don't rush me. I can't fault them" and "I can't think how you could be dissatisfied with them."

People's needs were met effectively because staff had the appropriate training, skills and behaviours. Records showed new staff were told about the provider's policies and procedures, attended training and worked with experienced staff during their induction programme. The team leader told us, "Experienced staff talk through each person's likes, dislikes and explain their preferred approach. Recruits spend a week observing and then are observed in role for a week. If they are ready they can start with straightforward calls, if not they continue to shadow." One person told us, "When new staff come, I like to go through everything."

Records showed staff had regular one to one supervision meetings and annual appraisal meetings with their line manager. Care staff told us they felt supported because the manager and team leader were always approachable and they could talk to them at any time. One member of care staff told us, "We can go to the office whenever we like and there is always someone to answer the phone". Care staff told us they were encouraged to reflect on their practice and to consider their own professional development. One member of care staff said, "We get feedback at monthly one to ones and can share our thoughts. They are very honest. They tell us whether we have done a good job and any mistakes."

Care staff told us they received the training they needed to support people effectively. Records showed the training each member of staff had attended, such as health and safety, medicines and dementia. Staff completed post training workbooks so the registered manager could check their learning. We saw a list of planned training in first aid, advanced care planning and dementia was posted on the office wall and staff knew when to attend. A member of care staff told us, "The on-line training is good and I can ask for supporting training."

The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) set out the requirements that ensure, where appropriate, decisions are made in people's best interests when they are unable to do this for themselves. The registered manager told us the MCA was discussed during staff's induction. They told us, "Mental capacity is assumed, unless the commissioners tell us otherwise" and "We talk about consent as a staff group." The registered manager told us, "If we have any concerns about capacity, we ask the GP to visit, with the person's consent. That is, I would say 'I am a little worried. Would you let me ask the doctor to call?' and we can ask the doctor to consult the mental health team."

People told us staff supported them to make their own day to day decisions about their care and support. People told us, "They always do what I want. They don't rush me" and "They ask me and I tell them." The registered manager told us staff knew they needed to gain people's consent to care, and more importantly, to "Give them time to think about the answer." One care plan we looked at, for a person with complex needs, included detailed guidance for staff to support the person's decision making. For example, staff were told [Name], "Needs careful, considered, slow paced care, talking through" and "Work with [Name] to give control, ask, and give choice of two clothes." A relative told us, "They work at [Name's] pace, at his speed. They are excellent with him."

All the staff received training in food hygiene and nutrition and understood the importance of good nutrition to maintain health. People told us that staff cooked meals they liked. One person told us, "I have omelette and chips or whatever I ask for. " A relative told us staff made great efforts to make meals as enjoyable as possible. They told us, "The meals are delivered to the site. The carer takes his meal up to him and goes back with the pudding if it is hot, to make sure he gets it hot."

Care plans included risk assessments for people's nutrition. Care plans explained how staff should minimise risks to people's nutrition. For example, for one person who, 'Eats fast', the care plan told staff to cut sandwiches into eight pieces instead of the usual four pieces. Records showed that staff recorded whether people ate well and if their appetites changed. We saw dieticians and speech and language therapists were asked to visit people when staff were concerned about people's nutrition. In one care plan we saw staff had monitored the person's diet, reviewed their abilities and updated their care plan to include extra time twice a day so staff had time to assist the person to eat.

Good

Is the service effective?

Daily records showed the care staff supported people with their health needs and arranged for other health professionals, such as their GPs, to visit them when required. A member of care staff told us, “The daily records tell us what we need to know – people’s activity, whether they are okay or not, any problems, if they are not well. There is enough detail to understand what is going on. All the staff are good at record keeping.”

A member of care staff told us, “We are trained to look for the signs of someone being unwell. I noticed one person was going to the toilet more frequently, so I got a test stick and sent it to the GP.” Relatives told us, “They always flag up if they spot signs of a problem” and “They call the doctor when needed and let me know when they do.” People and staff told us the outcome of the health professionals’ visits, and their advice, was recorded in their care plan, so they understood any changes in the care and support provided.

Good

Is the service caring?

Our findings

All the people and relatives we spoke with told us the care staff were caring and kind. People said, “We have become friends because they are so regular” and “I am very happy with them. They are all really kind, all of them.” A relative told us, “They are exemplary. The care and help was over and above what I expected.”

Care staff understood the importance of developing positive relationships with people and their families. The provider made sure people enjoyed a continuity of care because staff usually supported the same people. This enabled care staff to learn about people’s needs and abilities and get to know and understand them well. Care staff told us, “When there is a new person I attend with the person who made the assessment and go through the plans face to face” and “We know about cultural and religious needs. It’s all written down.” The team leader told us, “Our staff really do care. They think about the clients when they are not there.”

The registered manager told us care staff had training in equality and diversity, in accordance with the provider’s policy, and it was a topic of discussion at one-to-one and team meetings. Records of team meetings included a discussion about how staff supported people’s diverse needs, for example, by using their ‘favourite’ cup, by escorting people to their preferred church and by adopting culturally specific body language.

People told us their care staff team shared their interests and they enjoyed the same things. One person told us, “[Name] took me out for a cup of tea and cake. Very nice. Lovely treat.” Care plans we looked at included goals which promoted people’s independence. For example, one person’s goal was to gradually increase the distance they walked independently. The team leader told us, “We encourage people’s independence. [Name] has improved their independence and dropped from two to one staff.” A relative told us, “They are really supportive and encouraging. [Name] is back on her feet. They gave her confidence and make her feel valued”.

People told us that staff respected their privacy and promoted their dignity. Care staff told us training in dignity and respect was included in their induction. One member of care staff told us, “We bear in mind, ‘this is someone’s relative, this could be our parents’”. People’s care plans promoted dignity and respect. For example, one care plan we looked at explained how staff should accompany the person to the bathroom, but then close the door because, “When [Name] is ready she will call you” and “[Name] will transfer herself to the bath chair.”

The team leader told us that if people were not able to express themselves verbally, about their day to day decisions they used gestures and waited for the person’s facial signs of agreement. They said “I use a lot of hand gestures. For example, I rub around my face to ask if they want to wash, or hold my hand above my head to ask if they want a shower”. Relatives told us staff understood their relations well.

The registered manager told us they encouraged people to have someone with them during the initial assessment to make them feel at ease and to ensure they were supported by someone who knew them well. The registered manager said, “At the initial assessment we say to people, ‘you haven’t met me before, so why don’t you have someone with you?’” Relatives told us they were involved in care planning and felt encouraged to share information. Relatives told us, “I update them in conversation or by email” and “There is a plan in the house. I can read the daily notes. If I don’t understand they explain.”

Good

Is the service responsive?

Our findings

People and relatives told us they were happy with their care plans because they were appropriate to their individual needs and abilities. One person told us, "I talk to [Named staff] about the plan. She asks if I am happy."

The registered manager told us, "People are encouraged to set out their expectations of the service at the first meeting. I always ask the person, 'what's important to you' and support the person to make their own decisions, even if relatives do not always agree." The four care plans we looked at included people's preferences for how care and support were delivered and their likes and dislikes. Care staff told us they had all the information they needed and enough time to deliver the agreed care and support. One member of care staff said, "I have time to spend making sure people are happy. It's so nice to see they are happy."

The four care plans we looked at had been regularly reviewed at face to face meetings with the person, and their relative, if they wanted to involve them. A member of care staff told us, "[Name] does the care plans. If something changes, it's in the care plan, for example, an additional visit."

People told us they looked forward to seeing the staff and they knew who would be coming because they had a rota. One person told us, "It's nice to have familiar faces call round." Care staff told us they always went out with the registered manager or a previous care staff on their first visit to a new person. The team leader told us, "We match staff to people by their nature and preferences. The (registered) manager thinks about the whole person. The customer is the business." A member of care staff said, "It can be hard work, but it feels good to make their day better. We are the only people that some of them see."

One person told us, "There is a book. They write down if anything unusual happens." Staff kept daily records about how people were, their appetites and moods, which ensured they recognised when people's needs and abilities changed. One member of staff told us, "The daily records tell us what we need to know – people's activity, whether they are okay, any problems, if they are not well. There is enough detail to understand what is going on and all the staff are good at record keeping."

Staff told us the registered manager listened and responded appropriately when they reported any unusual incidents or changes in people's routines. One member of care staff told us, "I noticed one person forgot to take their evening medicine and we don't have an evening call. I reported it to the manager and they will talk to their [named relative] and will let me know the outcome. It might mean the relative manages going forward, or we might have an additional call."

People, relatives and staff knew about the complaints policy, but no-one we spoke with had made a formal complaint. A member of care staff told us, "If I heard any complaints I would speak to the manager. I would try to resolve it with the person, speak to the family and put it in writing for the person if they wanted me to." A relative told us, "When I shared some concerns, they listened and took action."

Records showed that the registered manager took complaints seriously, took action to resolve them and learnt from them. One complaint had been resolved in a face to face meeting, an apology and an agreement that all requests would be in writing in future. A second complaint had been investigated and resolved internally with no further action required.

Good

Is the service well-led?

Our findings

People and relatives told us the service was well led. They told us they knew the registered manager well because she was approachable and genuinely interested in them. A relative told us, "I am quite satisfied with the care. [Name of registered manager] goes in periodically to check what's what. I can't recommend them highly enough."

The registered manager told us they encouraged people and staff to share their concerns and opinions to help them improve the quality of the service. People and relatives told us they had many opportunities to feedback to the registered manager because she often delivered care herself, conducted regular reviews of care and invited them to complete an annual questionnaire. We saw that everyone who had completed the most recent questionnaire had rated the quality of the service as good or excellent. A relative told us, "I did the survey and we have a regular review. They talk to [Name] and then ask what I think. They always ask if [Name] is comfortable and what could be improved."

Care staff shared the provider's vision and values. Care staff were motivated and supported to deliver a quality service because the management team acted as role models. The registered manager and team leader were on the rota so regularly worked with staff. Care staff told us they appreciated the honest and open style of management because it enabled them to be confident in sharing any concerns and discussing their practice. Care staff told us, "If someone was to tell me, '[Name] didn't brush my hair', I would speak to that care staff. I know the policy for sharing concerns." A member of staff told us, "All the staff I work with genuinely care. It's the ethos of the company."

The provider's quality assurance system included unannounced visits at people's homes to check that people received care according to their care plan. The team leader told us, "At spot checks we check arrival and leaving time, tidiness, staff's confidence, whether they get on well, whether they are kind. We check they (care staff) know what is on the care plan. We ask the person if they are happy." Care staff understood and agreed with the purpose of the checks. One member of care staff told us, "They check you are doing everything and we have double up visits and we check each other."

Staff told us they were given feedback about their performance at their regular meetings with their line manager, which supported them to improve their practice. Care staff told us, "I get feedback from the manager because she speaks with people. It's time to discuss concerns" and "The manager and the people tell me I am doing a good job, or my colleagues might say." All the care staff told us they loved their job and were very happy with the organisation and management. One member of care staff told us, "I am very happy. It's the best company I have ever worked for. They really care. It's nice to be able to sing the praises of the company and to believe what you are saying."

The registered manager maintained their own professional development with the support of a mentor. Their mentor was another health professional who had encouraged them to complete their level 5 diploma in leadership and management. The registered manager and mentor had agreed the next step was to delegate responsibilities to staff so the registered manager had time to develop the business. The plan to achieve this was offering staff higher level training and opportunities for promotion to team leaders.

The provider had plans to improve the quality of the service through additional training and the implementation of a computer software programme to support and monitor care plan delivery. The team leader explained how the programme would enable them to allocate staff by matching staff skills and people's needs. The provider had already invested in supplying smart phones and giving staff remote access to the planning system so they always had the most up to date information.

The provider had engaged external specialists for support with employment and health and safety requirements. The registered manager told us policy and procedures had been reviewed and updated and new staff contracts had been drawn up, in line with latest legislation. A new staff handbook was in progress and updated training was planned for induction, health and safety, data protection and bullying at work, for example. The registered manager told us they had already arranged for staff to receive training in administration of eye and ear drops and were looking for training opportunities for 'frailty' as a specialist condition, because of the changing needs of their customers.

Good

Is the service well-led?

The registered manager and staff had taken part in some local community initiatives, such as the nutrition and hydration week project, hosting tea parties, and had linked in with the Happy at Home scheme for volunteers and befrienders, which offered afternoon teas and a pampering session. Both events had directly benefitted people who used the service.