

Aspect Domiciliary 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

About the service

Aspect Domiciliary Care Limited is a domiciliary care agency providing personal care and support to people in their own homes. It provides a service to older people. At the time of inspection, the service was providing care to five people.

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.

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

There were enough staff to meet the required need. Staff were recruited safely and a process was in place.

People felt safe. Staff training, and policies ensured people were safe. Staff knew how to recognise signs of abuse and who to report concerns to.

Medicines were managed safely, and lessons were learnt when things went wrong.

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

People received access to healthcare professionals when needed. The service raised concerns with other health and social care professionals when needed.

People told us staff were kind and caring and treated them with respect.

Care plans were personalised and met people's needs in a variety of ways both practically and emotionally.

People thought the service was well led. We received compliments about the support and leadership of the service.

The service worked well with other agencies and professionals.

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

Rating at last inspection

The last rating for this service was good (published 22 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Aspect Domiciliary 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 who made telephone calls to people using the service. 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 homes.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 13 August 2019 and ended on 15 August 2019. We visited the office location on 13 August 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who worked with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they

plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service, three relatives and one person with financial responsibility for a person on the telephone about the experience of the care provided. We spoke with four members of staff including the registered manager, finance manager and care workers.

We reviewed a range of records. This included two people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, policies and quality assurance records. We requested feedback from three health and social care professionals who regularly visit the service. However, we did not receive a response.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in safeguarding adults. Staff told us how they would recognise signs and symptoms of abuse and who they would report them to internally. However, staff were unsure of who to contact outside of the service. We spoke with the registered manager who immediately arranged a staff meeting to rectify this.
- People and their relatives told us they felt safe with the service.
- The registered manager told us they had a good relationship with the local authority safeguarding and commissioning teams.
- Records showed referrals to safeguarding had been made where appropriate.

Assessing risk, safety monitoring and management

- People had risk assessments for all aspects of their care and support. This included environmental risk assessments for each person's home and surrounding area. Risk assessments were reviewed regularly by the registered manager and care co-ordinator or in response to people's needs changing.
- Staff had a good knowledge of people's risks. Staff were trained to meet each person's needs and to understand the risks involved. The service worked to provide continuity of staff which meant they could monitor for changes in condition and escalate concerns as needed. The service was small and the registered manager told us it was important for staff to know people's needs well.
- Assessments included clear instructions for staff on how to minimise risks to people. Each assessment was arranged to show the care the person needed and what the risks were. The assessment then gave instructions to the staff of safe ways to work and reduce or eliminate risks.

Staffing and recruitment

- The service had enough staff to support people. Staff told us they did not feel rushed and had enough time to see people and support them. The care coordinator arranged all care visits and then communicated this with the staff. People and their relatives told us they were informed if staff were going to be late.
- The service had a recruitment process and checks were in place. These demonstrated that staff had the required skills and knowledge needed to care for people.
- Staff files contained appropriate checks, such as references, health screening and a Disclosure and Barring Service (DBS) check. The DBS checks people's criminal record history and their suitability to work with people in a care setting.

Using medicines safely

- The service managed people's medicines safely. Staff responsible for the administration of medicines had their competency assessed.

- Medicine Administration Records (MAR) had information about when a person took their medicines. Prescribed creams had details of where to apply and how often.
- MAR were printed and supplied from the office every month. The registered manager told us these were checked and put into the homes.
- Staff told us they checked people's medicines with their MAR to ensure the correct medicine was given to the correct person at the right time. MAR were completed correctly and audited.
- Where people were prescribed medicines that they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.

Preventing and controlling infection

- Staff were clear on their responsibilities with regards infection prevention and control and this contributed to keeping people safe.
- Staff had access to supplies of Personal Protective Equipment (PPE). People told us staff always wore gloves and aprons when supporting them. A relative said, "They are meticulous about it".
- Staff had received training in the control and prevention of infections.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed monthly by the registered manager. This meant that they could identify trends and make changes.
- Learning was shared through staff meetings and handovers. Staff told us they felt they were kept up to date and communicated well together. The registered manager told us staff visited the office every week and they had discussions and passed on information and updates.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People had their needs assessed before they started with the service. The assessment formed the basis of the care plan. The registered manager went to see each person before the service was agreed.
- People's outcomes were identified and guidance on how staff met them was recorded. Staff knowledge and records demonstrated plans had been created using evidence-based practices. This was in relation to medicines, mobility and nutritional needs.

Staff support: induction, training, skills and experience

- The service had an induction for all new staff to follow, which included external training, shadow shifts and practical competency checks in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. All staff held a national diploma in health and social care.
- Staff received the training and support needed to carry out their role effectively. They told us they felt confident. A staff member told us, "Training is good and we have it every year". Another said, "We have training and updates regularly". A relative told us, "They [staff] are competent".
- Staff received training on subjects such as safeguarding, medicines, end of life care and basic life support.
- Staff told us they had regular contact with the registered manager. Competency was checked through regular spot checks. Records showed these were up to date. Supervisions were informal and all staff met with the registered manager weekly. One staff member told us, "They are always there when we need them".

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

- Each person had a nutrition and hydration care plan and this detailed which level of support they required. Where people did have support to eat and drink their likes and dislikes had been considered.
- Records showed input from dietitians and speech and language therapists (SALT) where required.
- The service had undertaken assessments to ensure people were protected from the risks of weight loss or dehydration. Where this was a higher risk, the service had food and fluid charts in place for staff to record people's intake. The registered manager told us they would refer people to the doctor if there were concerns.

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

- The registered manager told us they worked closely with other agencies. Records showed this had promoted effective care and had a positive effect on people's wellbeing. An example was where a person's nutrition was improved by having regular meals.

- Staff were knowledgeable about people's needs and the importance of working with others. The service was small and staff saw the same people each day, they told us this meant they could recognise changes easily.

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

- People were supported to receive health care services when they needed them. Records showed referrals made from the service to a variety of professionals, such as doctors, nurses and occupational therapists.
- The service maintained close contact with health professionals working with people.
- The registered manager said they worked well with all professionals and were comfortable seeking their input when needed.
- Instructions from medical professionals were recorded in people's care plans and they were communicated to staff through the care records.

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.

- The registered manager had a good understanding of the MCA. Staff had received training, records were complete, and staff told us the key principles of the act.
- People had given consent for their care. Where appropriate MCA assessments had been completed and best interest decision meetings involved all the relevant people.
- People and their relatives told us staff ask for consent and supported them with choices. One relative said, "When necessary they [staff] request permission to do something". Another relative told us their family member is given a choice of what to wear.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 and their relatives told us staff were kind and caring. Comments included: "They are marvellous". "They treat my loved one as an individual". "They are kind and considerate". "They are loving and friendly to talk to".
- People's cultural and spiritual needs were respected. People were asked about their beliefs and practices during their assessment. These were recorded in their care plans.
- Staff received training in equality and diversity. Staff told us they would care for anyone regardless of their background or beliefs.

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

- People and their relatives told us they felt included in how their care and support was planned and delivered and had opportunities to have their opinions heard. A relative said, "My loved one's wishes have been complied with wherever possible".
- Staff told us it was important for them to support people with choices. Records showed they supported people with choices for different aspects of their care. An example was where staff offered people a different choice of meals or the gender of their staff member.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. Staff received training in dignity. A relative told us, "I told them [staff] my loved one's preferences and they listen to me. They speak to my loved one and explain what they are doing for them". Another relative said, "Our loved one made their choices clear and they were respected".
- People were supported to be as independent as they could be. A relative told us, "My loved one can wash their own face and they let them do that".
- Staff members told us they felt it was important to protect people's dignity. A staff member told us, "I treat people like I want to be treated".

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 received personalised care that was responsive to their needs. Care plans had been detailed and involved the person.
- People and their relatives were involved in their care. Reviews were held regularly or as things changed. The registered manager or care co-ordinator completed the review and people, relatives and staff were involved in these.
- People were receiving the care that was important to them and met their individual needs. Plans had clear guidance for staff to be able to meet those outcomes.
- The registered manager prepared daily care instructions for each person to ensure all of their needs were met; this was in addition to their care plan. Staff told us the documents were easy to follow.
- Care plans and information was available to staff. This included people's summary life histories which helped staff understand people's backgrounds. Staff told us the information they had about people's needs was of a good standard and that they had all the information they needed to provide care to people.

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.

- Each person had a communication care plan which detailed how they wished or needed to communicate.
- Records showed people's communication needs had been assessed and were known to staff.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to make a complaint and the service had a policy and procedure in place. Everyone we spoke with felt comfortable to speak to the registered manager about any concerns.
- The service had a complaints process which was reviewed by the registered manager. Records showed the service had resolved issues to people's satisfaction.
- People and their relatives were confident their concerns would be dealt with. Information about how to complain and contact numbers was included in people's home files.

End of life care and support

- At the time of inspection the service was not providing end of life care to anyone.
- The service did not have specific end of life plans in place. The registered manager told us they had worked

on many occasions with the palliative care nurse teams.

- We spoke with the registered manager about exploring people's future wishes and preferences. They immediately made an addition to the care assessment and told us they would speak to the people using their service to give them the opportunity to record their wishes if they wanted to.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The management and staff understood their roles and responsibilities. The registered manager told us they were supported by their team.
- Quality assurance systems were in place. The registered manager told us they contact people by telephone to check satisfaction after 48 hours, then each month and also do home visits.
- Systems were in place to monitor the standard of care provided. Audits reviewed different aspects of care and actions were taken to make any improvements that had been identified.
- The service had a process in place to support learning and reflection. The registered manager and care co-ordinator had completed monthly audits, such as medication records and care notes. An example was where the registered manager found records were not clear and did not contain all the details required. They arranged coaching with individual staff and this was resolved.
- The registered manager knew about their duty to send notifications to external agencies such as the local authority safeguarding team and CQC where required. This is a legal requirement to allow other professionals to monitor care and keep people safe.

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

- Staff felt proud to work for Aspect Domiciliary Care Limited. They were complimentary about their colleagues and said they worked well as a team. Some of their comments included: "We provide good care here". "They are nice and helpful people". "I enjoy working within this team".
- Staff, relatives and people's feedback on the senior staff at the service was positive. Staff felt supported. The comments included: "The registered manager is friendly and helpful". "They are always competent, friendly and professional". "The registered manager is good, always approachable". The registered manager is always there". "They [registered manager] always tries to find a solution". "If we struggle then they [registered manager] will help us".

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 registered manager understood the requirements of the duty of candour, that is, their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. They told us the circumstances in which they would make notifications and referrals to external agencies and showed us records where they had done this.

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

- The service sent customer quality surveys to people twice a year. Any issues or concerns had been dealt with individually. However, the service did not have any overall plan for the service showing all results which would enable them to see results as a whole and drive improvements. We spoke with the registered manager and they immediately put this in to place for the service.
- The service had regular informal staff meetings. All staff attended the office weekly. The registered manager told us they would arrange for meetings to be more formal when staff numbers increased.
- Learning and development was important to the registered manager. They attended regular meetings with other registered managers, learning hubs and had used online guidance and publications.
- The registered manager told us the service had good working partnerships with health and social care professionals.