

Mrs Janette Lesley Parker

# All Aspects Health and Social Care

## 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: All Aspects Health and Social Care is a domiciliary care service, which provides support for both children and adults in the community, who require assistance with personal care, including those with complex care needs. At the time of our inspection there were 43 people who used the service.

People's experience of using this service: Everyone we spoke with provided us with very positive comments about the quality of service and the standard of the staff team. Systems to act on allegations of abuse were in place. A wide range of risk assessments had been developed and potential risks were being managed well.

A system was in place for the reporting and recording of accidents and incidents, should it be necessary. Staff had received training in medication awareness and guidance for staff was available. Staff were recruited safely.

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 supported this practice. People's needs and choices were assessed and their care and support was delivered to achieve effective outcomes. Staff engaged with people and we were told care workers were kind and caring. Positive feedback was provided by people we spoke with.

New staff received an in-depth induction programme and a broad range of training had been completed by all staff, who were regularly supervised and observed at work.

Computerised support plans had been developed, which were detailed and person-centred documents. They reflected people's assessed needs well and had been reviewed regularly. Any changes in need had been recorded well. Daily activities were highlighted and monitored by the management team through an innovative digital computerised system.

Systems were in place for the management of complaints. However, none had been received, but people told us they would know how to make a complain, should the need arise. Everyone we spoke with provided us with very positive comments about the quality of service provided and the staff team. Audits had taken place and feedback was regularly obtained from those who used the service and their relatives. Regular team meetings had been conducted and staff members felt able to approach the managers with any concerns, should they need to do so.

Rating at last inspection: This was the first inspection of this service since registration.

Why we inspected: This was a scheduled inspection.

Follow up: The service will be re-inspected as per our inspection programme. We will continue to monitor any information we receive about the service. We may bring the next inspection forward if we receive any

concerning information.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective

Details are in our effective findings below.

Good ●

### 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 well-led

Details are in our well-led findings below.

Good ●

# All Aspects Health and Social Care

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

**Inspection team:** The inspection was undertaken by three adult social care inspectors 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:** All Aspects Health and Social Care is a domiciliary care agency. It provides personal care to both children and adults living in their own homes, including those who have complex care needs. The Care Quality Commission does not regulate premises used for domiciliary care; this inspection looked at people's care and support.

All Aspects Health and Social Care is operated by a sole provider, who is also the manager of the service and who is registered with the Care Quality Commission. This means that they 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 visit, because it is a small service and we needed to be sure that someone would be available to provide the information we required.

**Inspection site visit activity** started on 28 February 2019 and ended on 28 February 2019. We visited the office location on 28 February 2019 to see the manager and office staff; and to review care records and policies and procedures.

**What we did:** Before our inspection we looked at all the information we held about the service. This included

any concerns, investigations or feedback. We also checked the statutory notifications the service is required to send to us by law. We asked for feedback from professionals about their views of the service. We also looked at the Provider Information Return. 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 used a planning tool to collate and analyse all this evidence and information prior to visiting the service. During our inspection we visited two families in the community, with their agreement. We spoke with seven relatives and five staff members, including the registered manager. We looked at a variety of records. These included five care files, two staff personnel records, audits, policies and procedures and records related to the operation and oversight of the service.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The provider had policies and systems to act on allegations of abuse. Clear guidance was available for staff. Staff training had been provided in this area and staff were aware of actions they needed to take, if they were concerned about someone's safety.
- People told us they felt safe using the service and their human rights were being promoted. The policies of the service showed people were protected from discrimination. One person told us, "I feel safer knowing I get regular visits." A relative commented, "I feel she's safe with her carers; she goes out on weekly visits and needs help with everything, but I have no fears." Another said, "I do feel she's safe. Her carer is marvellous."
- Systems were in place for staff to raise concerns openly with the manager of the service.
- Records were maintained confidentially, in the agency office. They were either stored on a secure computerised system or within locked cabinets.

Assessing risk, safety monitoring and management

- Relevant guidance was available for staff to follow and systems were in place for the recording of accident and incident information.
- Clear policies and detailed contingency plans were in place to guide staff in the event of an emergency.
- Staff completed a wide range of detailed health and social care risk assessments, which helped to ensure people were kept safe.
- Environmental risk assessments were in place, in relation to the premises where people lived and where staff worked. This helped to ensure any potential risks were minimised.

Staffing and recruitment; Learning lessons when things go wrong

- Staff personnel records showed a robust recruitment process had been used to ensure all staff were suitable to work with vulnerable people. Staff talked us through the stages of their recruitment. They told us the process was robust and all relevant checks had been completed before employment commenced.
- New staff completed a twelve-month probationary period before permanent employment was considered. This helped to ensure all employees were suitable for the job for which they had been appointed.
- Clear guidance was in place in relation to disciplinary and grievance procedures and evidence was available to show these were followed in day to day practice. Supporting documentation demonstrated lessons were learnt when things go wrong.
- Feedback we received about the timeliness of calls was positive. People told us and records confirmed care workers arrived on time for their calls and they stayed for the expected length of time. One person said, "They're [carers] really punctual and if they are late they keep me informed." A relative commented, "They are 90% on time."

### Using medicines safely

- Medicines were well-managed. Staff had received training in this area and were periodically competency tested through supervisions, observations and knowledge checks. Policies were in place around the management of medicines. When asked if people received their medicines safely, one person replied, "They [carers] always remind me to make sure I take them [medicines]." A relative said, "They make sure Mum takes her pills and make sure they're kept out of reach."

### Preventing and controlling infection

- Policies were in place in relation to infection control practices and records showed staff had received training in this area, which was supported by knowledge checks and was confirmed by those we spoke with. When asked about staff wearing protective clothing, one relative told us, "They [staff] always dress properly and use gloves and aprons and waste is disposed of properly." However, another commented, "Some do, some don't [wear protective clothing]!"

# 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.

People's outcomes were consistently good, and the feedback we received confirmed this.

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

- People's needs had been assessed before a package of care and support was arranged.
- People told us they received the same care staff. This promoted continuity of care and support.
- People were offered choices and were involved in deciding what care and support they received.
- Staff followed best practice guidelines.

Staff support: induction, training, skills and experience

- Staff received an induction and an employee handbook was issued to all new staff, which helped them to understand more about the practices of the agency.
- Records showed all staff had undertaken a broad range of mandatory training and training specific to the needs of those in their care, which helped to ensure the staff team were able to deliver the support people needed. Clear guidance was available about specific medical conditions to help staff understand the disabilities and illnesses of those in their care.
- Staff competency assessments and spot checks had been conducted.
- Staff confirmed they had received regular supervision sessions to ensure their work performance was of a satisfactory standard.
- Staff we spoke with demonstrated their understanding of people's needs well and could therefore provide effective outcomes for those in their care. One person told us, "They [carers] seem very well trained. I can't fault them." A relative said, "They [carers] use their initiative."
- It was evident the registered manager of the agency communicated well with her team. This was through regular team meetings, phone calls, supervision and training.

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

- Staff supported people to maintain safe nutrition and hydration. Effective assessments were in place around areas such as the risk of choking and clear instructions were provided for staff about how people should be supported to eat, should this be required. Staff had completed food hygiene awareness training. One person told us, "They [carers] help with my food, which is mainly microwaved." Another commented, "They take me shopping." A relative said, "They [carers] wash Mum's clothes and cook her meals. They encourage her [to eat]."

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

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

- The agency consulted other professionals when necessary, to discuss the needs of people in their care. This helped to ensure people's health and social care needs were being appropriately met.

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 so that they can receive care and treatment with appropriate legal authority when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in domiciliary care and supported living services is usually through MCA application procedures made to the Court of Protection. 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.

- People who used the service were not being deprived of their liberty. Therefore, applications to the court of protection were not required. However, staff had received training in relation to the MCA and relevant documentation was available should mental capacity assessments be needed.
- There was good evidence to show people gave written consent to the care and support provided.

# 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

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 all care workers treated them and their loved ones with kindness and respect. They were very complimentary about both the management and staff teams and said they received a very good standard of care and support. Comments we received from those who used the service and their relatives included, "They're [carers] absolutely marvellous"; "[Name] loves the girls. I can't speak highly enough of them. They keep mum engaged"; "The male carer really is outstanding" and "The carers go above and beyond. They couldn't be any kinder."
- Policies had been developed in relation to equality and diversity. This helped to ensure everyone was treated equally.

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

- People told us they could make decisions about how they were supported.
- Care records showed people had been involved in planning their own care, or that of their loved one, and it was evident their wishes and preferences had been taken into consideration.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy and dignity was always respected by the staff who visited them and independence was consistently promoted, in a kind and caring manner.
- Staff members were fully aware of the importance of respecting people's privacy and dignity and promoting independence. This was reflected within the care records and those we spoke with confirmed this information to be accurate. One person said about staff, "They're great!" One relative told us, "All Aspects are excellent. I can't speak too highly of them."
- The secure computerised system stored care records and this had a facility to enable those who used the service to access from their own homes information about themselves. Where people did not have digital technology installed, then paper records were provided for them. This helped to ensure everyone who used the service had the same opportunities to access relevant information. Other documentation was stored securely in the agency office, so confidentiality was maintained in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People had access to their plans of care through a computerised system or by the way of paper records, which were available within their own homes. The daily diaries, written by care staff at each visit, were detailed and outlined how people had been supported to meet their assessed needs.
- Support plans were well written documents, which reflected people's needs in a person-centred way and regular reviews had taken place with the involvement of those who used the service.
- It was clear from speaking with staff members they were fully aware of people's needs and how these were to be best met. Relatives told us care and support was provided by kind and caring staff. We saw a good example of responsive care being provided following an injury.
- Innovative digital technological systems had been installed, which were very robust and enabled the management team to closely monitor times of calls. This helped to reduce the possibility of late or missed calls and to ensure care workers stayed with people for the expected length of time. This digital system also enabled people to be aware of which care worker was expected at each visit and ensured care workers completed allocated duties. Completed activities of daily living were marked off on hand-held devices by staff and these were shown on the central computer. Any support not provided at each visit was immediately flagged up to the management team. For example, if the carer had left the property, but had not recorded they had administered the prescribed medication. This enabled the managers to contact the care worker immediately and establish why this task had not been completed.

Improving care quality in response to complaints or concerns

- Although no complaints had been received by the service, a robust system for managing any complaints was in place. The complaints procedure was readily available for those who used the service. People were fully aware of how to make a complaint, should they need to do so. Staff were confident in passing any concerns to the registered manager, should the need arise. One person told us, "I am very happy with the caring service. They are quick to respond." Another commented, "I have no problem at all getting hold of the office staff."

End of life care and support

- All Aspects Health and Social Care provide personal care for both children and adults, some of who have complex needs and require end of life care. Everyone we spoke with was completely satisfied with the care and support they received from the domiciliary care service
- Staff were fully aware of the need to provide compassionate care and support to those who used the service and their families. Evidence was seen of support provided for families, as well as those who used the service.

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on duty of candour responsibility

- Everyone we spoke with told us they received person-centred care from a well-trained and kind staff team. They said visits were timely and care staff stayed for the expected length of time.
- Staff had access to a wide range of policies and procedures, which provided them with information about current legislation and good practice guidance. The registered manager was aware of her responsibilities in relation to duty of candour.

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

- The registered manager of the service was also the registered provider, who had founded the agency in March 2018. She had implemented a wide range of robust systems, good documentation and clear policies and procedures. The registered manager demonstrated her understanding of the current needs of the service and the monitoring of quality performance. Staff we spoke with understood their roles, in relation to the need for delivering a good standard of care and support.
- Computerised technology supported staff training programmes and the development of policies and procedures, as well as systems for assessing and monitoring the quality of service provided.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Feedback we received from staff about managerial support was all positive. Records showed regular staff meetings were held to allow relevant information to be shared and to enable staff to discuss any topics of interest with the management team. One member of staff told us, "It is nice the manager always listens to us. I love working for All Aspects. It is like one big family." Another commented, "They are the best managers I have ever had and I am not just saying that; I really mean it."
- Feedback was actively sought from those who used the service and their relatives, using telephone contact, visits and surveys, the most recent having been completed this year. The responses recorded were all positive. One person told us, "I am more than happy with the service. It's a good organisation. I support the carers and their initiatives."

Continuous learning and improving care

- Audits had been conducted to monitor various aspects of the service. Systems were in place for assessing and monitoring the quality of service provided and this allowed for action plans to be developed. Records were well-maintained.

- Records we saw showed an effective service had been created and strong leadership had been developed. This helped to ensure a good standard of service was provided and an open and transparent approach had been developed. Staff told us they were supported well by the management team through induction, training and supervision. One member of staff commented, "It is good that we have the time to do the job properly."

#### Working in partnership with others

- We saw evidence that the service worked in partnership with relevant professionals in both the health and social care sectors. This helped to ensure people's assessed needs were being appropriately met.

- One community professional wrote on their feedback, 'The service has been overall, very good. I have found the service to be well organised. Parents get rotas and know who will be supporting their child. Shifts are always covered even in the event of the usual worker being on holiday or off sick. Parents have all reported positive things about the care provided by the staff. I have observed staff to interact well with children. Safeguarding concerns have been reported promptly. I am kept up to date with any issues by the management team'. Another wrote, 'I have got feedback from families telling me they (All Aspects) are reliable, honest if they are struggling and consistent. The managers have visited families with myself. They are professional, honest and demonstrate an understanding of the needs and complexities of caring for a child with a disability. The manager demonstrates an understanding of procedures and after care of young people, promoting confidence in families. If I have assessed a family as requiring ongoing support, All Aspects is my first port of call. They are not always able to deliver the support due to location or staffing constraints, but are quick to say so and explain why. I find this agency a breath of fresh air. They do what they say they will. They try to ensure that the families are well matched with the carers and they are sensitive to the needs of everyone within the family'.