

Aspects Care Limited

Aspects Care Limited - Grimsby

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Aspect Care Ltd – Grimsby is a domiciliary care service providing care and support to older people and younger adults, as well as people who may be living with a learning disabilities or autistic spectrum disorder, dementia, mental health need, or a physical disability.

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 our inspection only three people were being supported with personal care.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control and choice. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

At the last inspection the provider had rushed recruitment processes so that the service sometimes let staff start shadowing before their checks were through or references were confirmed. Staffing numbers were insufficient and care coordinators were relied on to make visits and so worked extra hours. People did not have the benefit of a quality assurance system that identified shortfalls in all areas of the service or that were analysed for trends and reported on. We made recommendations about these.

People's experience of using the service and what we found.

At this inspection, while some improvements were made, people did not always have the benefit of a service that was positive, inclusive and forward-looking. There was no registered manager for the past 12 months. This had been an unsettled period for everyone, due to a lack of direction for staff, some of whom had left along with the previous manager. People received an inconsistent service with these changes and the increased use of agency staff. Ineffective checks on how well the service was provided meant the quality assurance and monitoring systems were still ineffective. People had not always experienced support with independence. People told us they were not encouraged to live as independently as they wished to.

People continued to receive a good service in other areas. They were safe from harm. Systems and appropriately recruited staff supported this. People's risks were safely managed. Sufficient numbers of staff were employed to support them in taking risks. People were safely supported with handling medicines and with keeping their home clean.

Staff were trained, skilled and well supported by the provider. People had good relationships with the staff who protected their rights to lead a normal life in many areas. 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 told us staff were kind and caring. People said their privacy and dignity were respected and staff were discreet.

Staff were now motivated to provide person-centred care based on people's choices and preferences. Staff had experienced an unsettled period where direction was missing. They were now demonstrating a change in attitude because supervision and guidance from the manager had improved. This meant people were better supported to do the things they wanted to. Any dissatisfaction in receiving the service was addressed and resolved.

Documents held in the office were secure to ensure confidentiality of people's information.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control and choice.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice, control and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills.

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

Rating at last inspection

The last rating for this service was requires improvement (published 23 August 2018), but there were no breaches of regulation. Since this rating was awarded the service has moved premises.

We have used the previous rating to inform our planning and decisions about the rating at this inspection, where we found there had been some improvement in the areas we identified last time. However, insufficient improvement in one area meant a new breach of regulation was identified.

The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Aspect Care Limited - Grimsby on our website at www.cqc.org.uk.

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

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

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 not always caring.

Details are in our caring findings below.

Requires Improvement ●

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 ●

Aspects Care Limited - Grimsby

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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing. This service currently provides care and support to people living in one 'supported living' setting, so they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service did not have a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The service was being managed by a manager from another of the provider's services.

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 manager would be in the office to support the inspection.

Inspection activity started and finished on 1 August 2019. We visited the office location on the same day.

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 work with the service. 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 used all this information to plan our inspection.

During the inspection

We spoke with three people that used the service, the manager and three support staff. We reviewed three people's care records. These included medication administration records and daily notes. We looked at four staff recruitment, induction, training and supervision records as well as other records relating to the management of the service.

After the inspection

We looked at some specific information we had asked the provider to send us. This included staff start dates, staff security check dates and the staff training record.

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 requires improvement. There had been discussion about ensuring the recruitment system in place was not hurried, and so risking its robustness. New staff had shadowed staff before their security checks were received. They had completed induction in one day along with shadowing shifts. Some staff only had testimonial or telephone call references that were not dated. Staff had not been given shift patterns in good time to ensure the rotas were covered and care coordinators had been overworked filling the gaps. We made a recommendation about monitoring staffing levels.

At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- People were supported by a sufficient number of suitable staff. New staff recruited had not been taken on for shadowing shifts until their security checks and inductions were completed.
- Staffing rotas showed there were sufficient staff on duty and staff confirmed there were enough of them to meet people's needs. Everyone we spoke with agreed staffing numbers and staff suitability had improved.

Systems and processes to safeguard people from the risk of abuse

- People were protected from harm. They said, "Yes, I feel safe when with the staff. I just don't like the hoist, but they have to use it to help me" and "Staff work safely and look after me well." Staff were trained in safeguarding people from abuse and the systems in place meant safeguarding incidents were safely managed. This was confirmed by conversations with staff and records seen.
- Staff demonstrated knowledge of their safeguarding responsibilities and knew how to handle incidents and refer them to the local authority safeguarding team.
- Notifications were sent to CQC of events and incidents the provider was legally required to send.

Assessing risk, safety monitoring and management

- People were protected from the risk of harm. When staff supported people with their needs they completed and followed risk assessments to prevent or reduce any risks people might experience. Staff monitored people's safety and reported any concerns to the manager to address. They amended risk assessments and practice as necessary.
- Accidents and incidents were monitored and analysed for trends to reduce any reoccurrence.

Using medicines safely

- People received their medication safely and as prescribed. Staff who administered medication were trained to do so and had their competency assessed.
- People's support plans contained guidance on how they liked their medication administering and records showed when they had taken medicines and who had supported them.

Preventing and controlling infection

- People were protected from the risks of harm by staff operating good infection prevention and control practices and following good food hygiene guidelines. People were supported with personal hygiene and preparing food safely.
- People confirmed they received the safe support they needed with personal hygiene and handling food. They said, "I often help cook my own evening meal", "I sometimes help prepare food for the two of us" and "Staff are very helpful when it comes to supporting me with personal grooming."

Learning lessons when things go wrong

- The provider encouraged staff to learn lessons from any events or incidents that resulted in poor outcomes for people, to make sure they did not reoccur. While such outcomes were few the general consensus and approach from the staff team was one of wanting to improve.
- Records were maintained of errors that occurred as well as ways to prevent their being repeated. Conversations with staff and viewing the records held confirmed lessons were learnt to avoid further problems.

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 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 received effective care. A comprehensive assessment of their needs was carried out and these were consistently documented. Support plans provided enough information to guide staff on the best ways to support people and demonstrated good practice was followed.
- People gave positive feedback about the effective support they received. They told us, "The care staff are pretty good" and "The staff are trained and help me with whatever I need."
- People's rights were respected and their diverse needs were supported in a way that made sure they were not discriminated against. Staff monitored people's needs and provided flexible support, for example, to make sure they attended medical appointments or sought emergency medical attention if needed.
- People's environment was risk assessed and reviewed where necessary to ensure it was safe, suitable for people and staff and appropriately maintained.

Staff support: induction, training, skills and experience; Supporting people to eat and drink enough to maintain a balanced diet

- People were supported by staff that had the experience and knowledge to effectively carry out their roles, though inexperienced staff were also employed, if they had transferable skills. They were then supported by the provider to gain the necessary skills.
- Staff completed an induction and appropriate training. They received supervision and annual checks of their performance. Staff confirmed the training they completed in conversations with us.
- Documents we saw provided further evidence that staff training and supervision was monitored, reviewed and updated.
- People were effectively supported with food planning and preparation and making healthy choices with their nutritional needs. They told us they decided on their own meal arrangements. Where anyone had specific dietary needs, these were well supported.

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

- Staff worked well with other agencies, health care professionals and social service officers. They spoke of people improving their personal skills through collaborative working to support them with personal development.
- Services of healthcare professionals were accessed as required and staff maintained good working relationships with healthcare professionals for the benefit of people they supported.
- Staff supported people to maintain healthy lifestyles of their choosing, but also respected people's decisions when their choices were less healthy.

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.

- People exercised their own rights. No one had a Court of Protection order in place and we were told everyone's mental capacity was originally assessed by the local authority on arranging a service for them with Aspects Care Ltd – Grimsby. The service had not received any record of these mental capacity assessments and were minded to ensure they held such information for people where possible.
- Everyone experienced good capacity levels regarding every day decisions, but two people now had very minor issues with capacity, on occasion. This meant they were very occasionally unable to make informed decisions about serious and important issues, something which had not been reviewed lately. New mental capacity assessments were to be carried out, to assist them with such decisions. The manager was aware this needed to be kept under review and had plans to ask the local authority to re-assess their mental capacity.
- Staff gained people's consent before supporting them and people confirmed this was the case.

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 now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- Independence was not always encouraged. People expressed the view they were not enabled to go out enough. Two people said, "I'd like to go out more and sometimes on my own." The manager explained they had already identified this feeling among people in the supported living house and was working with staff to enable them to better understand about people's rights, as sometimes staff were overprotective. The manager was confident this would change.
- People told us sometimes staff were 'loud' and 'shouted too much' when they supported them. They did not always feel respected, because of this. One person said, "I think it's because I speak my mind and I sometimes criticise them."

We recommend the provider ensures staff respect people and people's rights with regards to their independence.

- People told us their privacy and dignity were respected and they received support, especially personal care, in the privacy of their bedroom or bathroom. We saw how staff helped them in this way. People said, "Staff are polite and discreet. They always respect my dignity" and "All my care is always given in private."

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

- Staff were caring and kind. People received the care and support they needed from staff that demonstrated compassionate values. People said, "Most of the staff are really nice" and "I like the staff. They are helpful and kind."
- Staff confirmed the approach they used with people, explained they cared for people how they would wish their relatives to be cared for and demonstrated empathy. Staff had life experiences to draw on to help them in the support of people.
- Staff demonstrated good understanding of people's diverse needs and stated people and staff were respected and valued whatever their race, religion, disability, gender or sexual orientation.

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

- People told us they decided how they wanted their care and support delivered. They made choices about personal care and any domestic needs they had. They decided what they wanted to eat, how they dressed, when they got up or went to bed and what pastimes they engaged in.
- People told us they expressed their likes or dislikes for personal support, nutrition and interaction. They said staff respected these choices and wishes. Support plans contained clear information on how care was

to be delivered.

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 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 person-centred care which was responsive to their needs. One person explained, "The staff are pretty good. I get plenty of time to receive the care I need."
- Staff had a good understanding of the people they supported, their likes, dislikes and personal preferences.
- People had regular reviews to make sure the care and support continued to meet their needs.

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.

- Staff understood people's communication needs and how to share information in a way they would be best informed about the support they could expect.
- The provider made sure people had accessible information, for example, about how to complain about the service and how they could help influence changes. Staff talked about examples where people had been supported with information in a format they could understand.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships and keep in touch with family and friends. Staff helped people choose pastimes and activities and to source these in the community.
- People who had already established relationships were supported in these in the way they needed.

Improving care quality in response to complaints or concerns

- The provider effectively managed people's complaints. They had listened and responded to complaints. Systems included a policy, a procedure, records of complaints made to the service and responding to people in writing once an investigation was complete.
- People felt confident speaking with the provider and told us they knew how to complain if they needed to. One person explained, "If I have a problem I speak to the staff or the manager. I am confident they would deal with it."

End of life care and support

- We were told there had been very few incidents of people coming to the end of their life while receiving a

service from Aspects Care Ltd – Grimsby.

- End of life support plans were being introduced for people and while people would usually go to hospital to end their lives, alternatives were being considered for them to remain home.
- Information we received showed people were sensitively supported and would be provided with the equipment, medical intervention and medication they needed for a peaceful death.

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 requires improvement. This was because the management governance systems, structures and practices were confused and ineffectively monitored. It was because quality monitoring information was not effectively collated and passed to the registered manager to aid improvement of the service. Audits had also failed to identify problems with the management of information about staff security checks. We made a recommendation to ensure the registered manager was better equipped and supported to manage the service.

At this inspection this key question has remained the same. This meant the service management and leadership was still 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

- Quality performance was not effectively carried out. Some quality audits were completed on different areas of the service and by different staff at the service or within the organisation. Trends were looked for, but there continued to be no analysis, action planning or evidence to show how audits had been used to improve the outcomes people experienced in receiving the service.

Due to ineffective use of quality monitoring systems people were at risk of receiving a poor service. This was a breach of regulation 17: Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had not met regulatory requirements of their registration. The service has a condition that it must have a registered manager. There was no registered manager in post. This affects the rating of the well-led section.
- The registered manager had left a year ago. A replacement manager had failed to submit an application. Another registered manager within the organisation took responsibility for the service early July 2019 and planned to make an application to become the registered manager until a new manager could be recruited. The manager position was being advertised.
- A change in the service address had been notified to CQC, but a valid application had yet to be received to amend the operational address of the service (registered location).

Not having a registered manager was a failure on the part of the provider to meet the conditions of their registration, which is an offence under section 33 of the Health and Social Care Act 2008.

We are addressing this issue outside of the inspection process.

- Manager and staff roles were being carried out, but there were complications. Staff turnover had been high, but a small core of staff who worked there long-term understood their roles. New staff were still learning about theirs. The manager was fully aware of their role but shared the time they were employed by Aspects Care - Limited between managing this service and two others in another county to the west of the country.

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

- People were not always engaged and involved in their care or the delivery of the service. People, relatives and staff completed satisfaction surveys, but these had lapsed over the last 18 months. There was only evidence staff had been surveyed in the last few months. These showed some improvement in satisfaction since the last staff survey.
- The manager told us people's surveys were in Birmingham being analysed, as the organisation carried out nationwide satisfaction surveys with people who used services run by Aspects Care Limited. Analysis of information was not completed for each individual service (registered location) within the organisation. This meant registered managers in the organisation did not have a clear indication of people's views or how their individual service was performing.
- People had some links with the community, as they sometimes went shopping or to use local services, facilities and businesses. They expressed a strong wish to experience greater independence and perhaps be enabled to go out alone, as they had done when younger.

We recommend the provider ensures people are given regular opportunities to become engaged and involved in the service.

- People's diverse needs were considered. Disability, age and religion were three of the equality characteristics staff considered most to ensure people were not discriminated against when supporting them.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 provider had not promoted a positive culture. There had been a long period of instability, during which time some people stopped using the service and some staff left employment with Aspects Care Ltd – Grimsby. Recent improvement in management style had begun to take effect, but we needed to evidence this could be sustained.
- People and staff that remained with the service had seen minor improvements over the last few weeks with consistent staff providing support, an increase in staff knowledge and morale and a return to regular staff supervision and support. Staff were beginning to work well as a team to improve performance and provide better quality within the service. This also needed to be sustained.
- The provider was making efforts with being more open, inclusive and honest about the service provided, staffing issues and changes in how the service was delivered.

Continuous learning and improving care

- The manager and staff demonstrated a willingness to learn and improve. The service had been stagnant for a while due to issues with communication. Staff were now recognising that if they worked together and trusted in the leadership, then a better work environment and home for the people that live in the supported living house could be achieved. They said, "We have been without support. It was abysmal" and "We were told by the previous manager there was no support from senior managers, but have since found different."

They also said, "The situation has now changed" and "We now have some direction and are beginning to trust what we are told."

- Staff meetings and supervisions had resumed, so staff were now better informed and employment of new staff meant workers were forging new working relationships. People that used the service also felt the benefits of this.

Working in partnership with others

- The manager was establishing new partnerships with health and social care professionals for the benefit of people that used the service.

- Social workers with North East Lincolnshire Council had been satisfied with the outcomes people received from the service. However, recent changes in people the service supported had meant the provider did not wish to continue its tender with the Council and so arrangements to contract with them had not been renewed.

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 17 HSCA RA Regulations 2014 Good governance The provider had not ensured there was effective use of quality monitoring systems, which meant people were at risk of receiving a poor service. Regulation 17(1) and (2)(a).