

Aim24 Care Limited

# Aim24 Care - Main Office

## Inspection report

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Date of inspection visit:  
19 October 2022  
10 November 2022

Date of publication:  
02 December 2022

## 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

Aim24 Care- Main Office is a domiciliary care agency. The service provides personal care to older people and people with physical disabilities. At the time of our inspection there were 2 people using the service.

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

People received good quality care that was planned to meet their changing needs. A family member told us, "They do an excellent job."

People were safeguarded from abuse and avoidable harm. The provider had well developed systems for identifying risks and ensuring appropriate management plans were in place. Care workers were safely recruited and people told us they were able to choose a consistent staff team to work with them. The service took appropriate measures to protect people from infections.

People received the right support to eat and drink well and the service understood people's health needs and how these may impact on their care needs. Care workers received the right training and supervision to carry out their roles.

Care was planned around people's needs and preferences and the service worked to ensure that they understood people's desired outcomes from their care. Care workers understood how to treat people with dignity and respect and offer choices to them.

The registered manager engaged well with people and their families to ensure high quality care. There were systems in place for meeting with people regularly and feeding back to staff if anything needed to change.

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.

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

### Rating at last inspection:

We registered this service on 20 October 2021 and this was the first inspection.

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

## 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 ●

# Aim24 Care - Main Office

## Detailed findings

### Background to this inspection

#### Inspection team

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

#### 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 homes.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

#### 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 a member of staff would be available to support the inspection.

#### What we did before the inspection

We reviewed information we held about the service, including previous contact with the provider. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used information gathered as part of a monitoring activity that took place on 12 August 2022 to help plan the inspection and inform our judgements.

We used all of this information to plan our inspection.

During the inspection

Inspection activity started on 19 October and ended on 10 November 2022.

We looked at records of care and support for 2 people who used the service and records of recruitment, training and supervision for 3 care workers. We looked at records relating to the management of the service such as policies and audits.

We spoke with a family member of one person who used the service and attempted contact with another person who used the service. We also attempted contact with five care workers and spoke with one.

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.'

# Is the service safe?

## Our findings

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

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

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk from abuse

- People were safeguarded from abuse. The provider operated a suitable safeguarding policy and understood their responsibility to report and act on suspected abuse.
- Staff knew how to safeguard people. Care workers had received suitable training in safeguarding children and adults. A care worker told us "I would report abuse to the manager, she would take it seriously."

Assessing risk, safety monitoring and management

- The provider assessed risks to people who used the service. Risk assessments were comprehensive in their scope, identifying a range of risks including those relating to mobility, people's wellbeing and skin integrity. The provider used standardised tools to assess the risk of people developing pressure sores.
- There were suitable processes for safety monitoring. The provider compiled suitable risk management plans where risks were identified and these were reviewed regularly. Plans took account of people's needs and wishes for their care and demonstrated a good knowledge of what was important to people.
- Staff maintained detailed records of the checks they had carried out on people's wellbeing.

Staffing and recruitment

- There were enough staff to safely meet people's needs. The provider assessed the required staffing level to make sure people's needs were met and had enough staff to meet these. People received care from a consistent team of staff that they had chosen to work with them.
- Staff were safely recruited. The provider carried out appropriate pre-employment checks on staff, including obtaining proof of identity and the right to work in the UK. They also obtained a full work history and evidence of satisfactory conduct in previous employment.
- Staff were checked with the Disclosure and Barring Service (DBS) before they started work. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- The service did not support people with medicines, as people using the service either managed this themselves or with the support of family.
- The provider assessed people's medicines needs, including the level of support they needed and whether there were risks from people managing their own medicines. Care workers had received training in managing medicines and there was a suitable policy in place regarding the auditing and monitoring of medicines.

### Preventing and controlling infection

- People were protected from infection. Care workers received appropriate infection control training and had access to suitable personal protective equipment (PPE) to keep people safe. A family member told us care workers took appropriate steps to reduce the risk of transmission of infections.
- People had suitable infection control plans which were agreed with people and their families. Care workers documented how they had complied with these plans on each visit. Where this was requested by people or their families, care workers continued to take Covid-19 tests regularly and shared their results with the office.

### Learning lessons when things go wrong

- The provider had suitable processes for learning when things had gone wrong. The provider's policy outlined procedures to follow in the event of an incident and required them to look at the root causes of incidents and review risk management plans to prevent a recurrence. Risk management plans had been reviewed regularly to ensure they still met people's needs.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

- The provider assessed people's needs and choices for their care. Assessments were detailed and carried out across a wide range of daily living skills. The provider identified people's choices about their care and ensured that this identified what support was required from staff.
- The provider had a range of policies to ensure care was delivered in line with best practice. Policies referred to relevant guidance and regulations and described how these were to be met.

Staff support, training, skills and experience

- Care workers received the right training to carry out their roles. New staff received a detailed induction on working in the service. The provider had assessed mandatory training for staff and ensured training remained up to date. A care worker told us, "I get training, and I need to update it yearly. The training is very helpful." A family member told us, "They have the right skills."
- The registered manager conducted supervision with care workers. This was used to check staff performance and any issues they were experiencing providing care and to help staff develop their knowledge and skills.

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

- People received the right support to eat and drink. The service assessed people's needs in this area and identified the level of support people required. Care plans contained suitable information on people's dietary needs, allergies and the food they liked and disliked. Plans were clear about how people made choices about their meals.
- Staff maintained records of the support people received to eat and drink. Daily logs showed that people were supported with meals in line with their wishes.

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

- Where appropriate, the service worked with other agencies to provide effective care. Where care was provided jointly with other agencies and family members, the service ensured they had recorded who had responsibility for each area of support and ensured there were suitable measures for information sharing between parties.
- People were supported to live healthier lives. The service ensured they understood people's medical needs and histories and how these may affect their daily lives, and how any changes in a person's health needed to be reported. There was clear information on any risks stemming from people's medical conditions and the service had plans in place to protect people from risks.

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 MCA 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.

- The service was working in line with the MCA. The service obtained appropriate consent to people's care. Where there was doubt about a person's ability to make a particular decision the service carried out a suitable assessment of people's mental capacity. Where people did not have capacity to make particular decisions the service worked with appropriate representatives to make a decision in a person's best interests.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

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

- People were well treated and supported. A family member told us, "They are good natured girls...the ones I have selected are very good." People chose who worked with them and had consistent care workers. People were able to request changes to their carers where appropriate.
- The service delivered care in line with people's cultural needs. The registered manager assessed people's cultural and religious needs and were clear about how people could be supported with these. A care worker told us, "I need to ask [people] what they want and what they prefer for their culture."

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

- People were supported to express their views. Care plans were developed in conjunction with people and their families and their views taken into account. The service met regularly with people to review their care and obtain their views on the quality of their care and what needed to change.

Respecting and promoting people's privacy, dignity and independence

- The service promoted people's dignity and independence. Care plans were clear on what people could do for themselves and how best to promote and improve their independence. A family member told us that care staff treated their relative with respect. Care workers undertook training in dignity and respect as part of their mandatory training.

# Is the service responsive?

## Our findings

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

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

### Planning personalised care

- The service worked with people and their families to plan personalised care. Care plans were developed and agreed based around people's needs and preferences for their care. Plans were clear about how people wanted to receive care and what was important to them and were reviewed every three months by the registered manager to ensure they were still suitable. The service was able to accommodate changes in people's times based around their plans and bank holidays.
- Staff documented how they had met people's needs. Staff members completed detailed daily logs outlining the support they had provided in a range of key areas and documented important information on people's wellbeing and changes to their health conditions. Logs were completed using a secure form of instant messaging, which enabled the registered manager to immediately review and feedback on records of care and act promptly on any issues raised.

### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service was meeting the AIS. Information was given to people in a format they could understand and were able to respond to. The service documented how people preferred to communicate and the support people needed to do so. Care workers gave examples of how they had used alternative forms of communication to support people to make decisions when they were not able to respond verbally.

### Improving care quality in response to complaints or concerns

- The service improved care quality in response to complaints or concerns. We saw examples of how changes had been made to people's care based on concerns they had raised with the registered manager. A family member told us they were confident raising concerns with the registered manager and that these were acted on promptly.
- The service had not received any formal complaints, but there were suitable processes for addressing these. Complaints processes set out how managers should respond to and investigate a complaint.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection of this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service engaged and involved staff to ensure they felt part of the organisation. We saw examples of events the provider had held to bring together staff and explain the values and ambitions of the organisation.
- Staff received suitable support to carry out their roles. This included regular supervision and contact with the registered manager to see if support or training was needed. Care workers were able to contact the registered manager to raise concerns. A care worker told us, "We are always able to reach [the registered manager]. Day and night she answers the phone. . . She makes sure to call us every week to check everything is OK and if there are any problems."
- People were able to contact a manager at any time using their preferred means of communication. A family member told us "The manager is available twenty-four seven even on bank holidays, she immediately attends and finds solutions."

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 their responsibilities under duty of candour. There was a suitable policy for ensuring the service was open and honest when something had gone wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Systems of audit were in place to ensure high quality care. This included carrying out a clinical audit to ensure a range of needs were met appropriately. Audits had worked effectively to ensure that care continued to meet people's needs, but it was not always clear what actions were identified following an audit. The provider told us they had a contract with an external company to provide more detailed audits, but that this was not needed at present due to the small number of people using the service. The registered manager had established systems to review logs of care in real time and acted promptly where concerns were identified.
- The registered manager engaged regularly with people and their families to check on the quality of the service. A family member told us, "We talk regularly and she informs [staff], you can see the improvement." A care worker told us, "Every week [the manager] comes to check if there is any feedback". The provider did not have a formal system for recording these visits and ensuring that actions were logged, which meant that

this system of checking may not be as effective should the organisation grow in size.

- The registered manager had implemented appropriate systems for planning care and monitoring risks. Processes for assessing and planning care were well developed and comprehensive in their scope and were effective in ensuring that key information was highlighted.

Working in partnership with others

- The service worked effectively in partnership with families and other agencies to deliver care. Systems were in place to ensure that staff understood their responsibilities as part of a team. A family member told us, "I have [staff members] from another agency. The carers are all getting along very well as a team."