Aidares Care Limited

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Inspection report

35 Aylsham Lane
Romford
Essex
RM3 7YL

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11 May 2023

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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
Aidares Care Limited is a domiciliary care agency located in the London Borough of Havering. It is registered to provide personal care to people in their own homes. At the time of the inspection, 1 person was receiving support with personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where people do receive personal care, we also consider any wider social care provided.

People's experience of using this service and what we found
There were systems in place to keep people safe from abuse. The service maintained risk assessments to monitor and mitigate risks to people. Staff were recruited safely and there were enough staff working at the service. Medicines were managed safely. Staff were trained in infection prevention and control. There were systems in place to learn from incidents and accidents.

People's needs were assessed so the service knew whether they could meet their needs. Staff received an induction, were trained and supervised in their roles. People were supported with eating and drinking if required. Staff recorded care effectively and worked with health and social care professionals to ensure people received good care. 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 did not support this practice.

Staff were caring; feedback from people showed this to be the case. People and relatives were able to make choices with their care. People were treated with respect and dignity and supported to be independent.

People's needs were recorded in care plans which provided instructions for staff. People's communication needs were recorded so staff could meet their preferences. People were able to take part in activities they enjoyed. There had been no complaints about the service but there was a a process in place for people and relatives to follow.

The service provided a person-centred culture with relatives and staff providing positive feedback about how the service was managed. People, relatives and staff were able to engage in the service. There were quality assurance measures in place so the provider could ensure people were provided with good, safe care. The provider worked with other agencies to support people.

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

Rating at last inspection
This service was registered with us on 15 January 2020 and this is 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.

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.

Aidares 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 Health and Social Care Act 2008.

Inspection team
The inspection was carried out by 1 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.

Registered manager
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.

At the time of our inspection there was a registered manager in post.

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.

What we did before the inspection
We reviewed the information we already held about this service. This included details of its registration, previous inspection reports and any notifications of significant incidents the provider had sent us. 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.

During the inspection
We spoke with 3 members of staff, which included 1 care staff, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 1 person's care plan and medicine records. We looked at 1 staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Following our site visit we spoke over the phone with 1 relative about their experience of care. We continued to seek clarification from the provider to validate evidence found. We looked at medicines' management documentation, meeting minutes and quality assurance documentation.

Good

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 of abuse
- There were systems in place to safeguard people from abuse.
- At the time of our inspection, there had been no safeguarding concerns or alerts raised but the registered manager was able to tell us what they would do should they receive one. A relative told us, "Yes I do [think the service keeps people safe]."
- Staff had been trained in safeguarding and followed the provider's safeguarding policy. The policy informed staff what steps to take if they suspect abuse as well as a procedure about how and to whom to report abuse.

Assessing risk, safety monitoring and management
- Risks to people were recorded and assessed to ensure people received safe care.
- We saw a support plan and risk assessments which were personalised and covered specific risks the person using the service had.
- We noted health conditions were recorded as well as instructions to support carers with associated risks. This meant the service sought to mitigate risks to people.

Staffing and recruitment
- Staff were recruited safely. We looked at one staff file and saw that checks had been made on the suitability of the staff member. These included checks on their identity, criminal record and references from previous employers.
- A relative told us, "[Staff] is on time, they will never leave [family member] in a situation." One staff member said, "There is enough staff."
- At the time of this inspection there was only one person receiving care. There was sufficient staff to provide this care and cover if necessary was available from other staff, as well as both the Registered Manager and Nominated Individual.

Using medicines safely
- Medicines were managed safely. However, some documentation relating to their management was unavailable at our inspection site visit as it was at the person's house. The provider sent this to us shortly after the inspection.
- Staff received training on how to administer medicines and they followed the providers policy around medicines management. One staff member told us about medicines administration, "It is in a blister pack and if there is a [dermal] patch I would rotate the location. If [person] complains of pain I will inform the family and the office and give prescribed pain meds. I have a MAR chart that logs administered medicine too." MAR audits showed the provider checked to ensure people received their medicines as they should.

There was information about people's medicines in their support plan and risks assessments.

Preventing and controlling infection

● There were infection prevention measures in place. Staff wore Personal Protective Equipment (PPE) when required and records indicated they had been trained in infection control. One relative told us, "Actually, they came after COVID but they still wear gloves and PPE. [Staff] always washes her hand."

● We saw ample supply of PPE and the provider had policies on infection prevention and control and COVID-19. Infection control was also discussed in staff supervisions. One staff member said, "We always have to check areas you are working, and you have to protect yourself and the clients with PPE."

Learning lessons when things go wrong

● There were systems in place to support learning lessons when things went wrong.

● At the time of our inspection there had been no incidents, accidents, complaints or need to raise safeguarding alerts. However, there were policies in place to support all these occurrences as well as the meetings and supervision of staff. The registered manager told us they would follow their policies and seek to improve care if things went wrong. A staff member told us, "I would report to the next of kin and then management in case of needing attention. We would follow policy and procedure and we would log an incident report."

Good

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 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

- People's needs were assessed before they began using the service.
- A relative told us, "They came and done a few site visits and took all her history and the medication and illnesses and what can be put in place to prevent falls."
- Staff completed an initial assessment of people before they began using the service to ensure their needs could be met. This included recording their health care needs and their social activities. Assessments were in line with the law ensuring peoples protected characteristics were recorded.

Staff support: induction, training, skills and experience

- Staff were supported to fulfil their roles. Staff received an induction when they began working for the service. This was so staff could be properly prepared to fulfil their roles. Inductions included training, shadowing and reviewing policies.
- Staff received training to further complement their work roles. Training included safeguarding of vulnerable adults, medicine administration and infection control. A relative told us they felt staff knew what they were doing. they said, "Absolutely [Staff] knows what they are doing. They really know [family member's] needs. I don't know what I'd do without them."
- Staff were supported through supervision. The registered manager held regular supervision with staff where they expressed concerns about their work and identified development goals.

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

- People were supported to eat and drink enough to maintain a balanced diet.
- Peoples dietary needs and food preferences were recorded in their support plans to ensure staff supported them correctly. Staff had been trained in basic food hygiene.

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

- Staff recorded people's care appropriately. Staff recorded duties and tasks completed with people in care notes which the management team and family members could review. These types of notes could also be used by health and social care professionals if required to check on a person's health, well-being, and care they received.
- The service worked to support people's health care. People's health care needs were recorded in their support plans and risk assessments. If required, the service worked to guidance and instruction provided by healthcare professionals. One staff member said, "we have the district nurse, and they will assess the person and support with medicines and check on the welfare [of the person]."

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.
We checked whether the service was working within the principles of the MCA.
● Consent to care was in line with law and guidance. Support plans contained areas for people to sign to indicate their consent to care. Where people are unable to consent to their own care, relatives or advocates will do so, providing it is in their best interests. People's capacity to make decisions was recorded in their support plans as well information about whether others had Power of Attorney for making decisions.
● Relatives told us, and staff confirmed, people were offered choices with their care.

Good

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 has 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

- Relatives told us people were treated well by staff. One relative told us, "[Staff] is very caring. They are like a family member. They have the one-to-one care for [family member]. They know [family member's] needs." Spot checks showed relatives had provided positive feedback about how people were cared for.
- People's equality and diversity was respected. People's needs and characteristics were recorded in their care plans and staff were trained in equality and diversity.
- Care plans recorded people's cultural needs. For example, we saw people's faith was recorded as well as how this may dictate their dietary requirements. This meant the service took people's diversity into account when supporting them. One staff member told us, "Early in the morning we will pray together as this is what [person] wants. We went together to a faith event on [faith specific day of celebration]."

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

- People and relatives were able to express their views and be involved with decisions about their care. One relative said, "Yes, I was able to make decisions. Both [nominated individual] and [registered manager] came and did the assessment and what my needs were for [family member] and I could put my points across."
- Care plans were signed to document people's or relative's involvement. Care plan completion and reviews and spot checks provided different means for views to be expressed and feedback received. This meant people and relatives could be involved in decision making around care. A relative told us they felt their family member was listened to. They said, "Yes [staff] does will listen to [family member]."

Respecting and promoting people's privacy, dignity and independence

- Relatives told us people's privacy and dignity was respected. One relative said, "[Staff] does respect [family member's] privacy and dignity…and support in a way they like." A staff member told us, "No phone when I am working. I make sure the door is closed when supporting with personal care. I always make sure [person] is covered. So that they have privacy."
- People's confidential information was stored in locked cabinets and or on password protected electronic devices. Staff also told us, "I wouldn't talk about service users outside of work."
- People's independence was promoted. Staff told us they promoted people's independence and encouraged people to be as independent as possible. One staff member said, "[Person] is independent. I don't force things; I give them choices and encourage them to do things" Care plans provided instructions for staff which sought to empower people as much as possible and get them to do what they could for themselves.

Good

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 to ensure people have choice and control and to meet their needs and preferences

● People received personalised care. People's needs and preferences were recorded in support plans. Support plans contained personalised information about people and their needs and preferences.

● Support plans were reviewed regularly or as and when necessary, such as when people's needs changed. Areas covered included people's health conditions, potential risks to them, how people wanted to receive care and how they liked to spend their time.

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.

● The service met people's communication needs. Support plans contained information about people's communication needs and preferences.

● One staff member told us about their work with someone with communication needs. They said, "I used to turn on tv channels and if they like a programme, they are able to point and they show me with their eyes and I follow the signs she tries to tell me."

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 be involved in activities they liked. Support plans showed the types of things people liked to do.

● There was evidence in care notes of staff supporting people with activities they liked to do which relatives confirmed. A staff member said, "We will sing songs, and we will do puzzles and crosswords and we will discuss TV programmes." A relative confirmed, "They do jigsaws, word searches. [Staff] does encourage [family member] to do things, and they like singing things as well."

Improving care quality in response to complaints or concerns

● Relatives told us they felt they would be able to raise complaints and concerns. One relative said, "I would complain if I wasn't happy." There had been no complaints at the service.

● The registered manager told us they would follow their complaints policy if they received a complaint and would use it to improve care where possible. The complaints process was provided to people in a service

user guide.

End of life care and support

● At the time of our inspection no one at the service was at end of life. However, initial assessment and care plans provided the opportunity for people to record their end of life wishes if they wanted to. The provider was also able to provide training for staff on end-of-life care should the service begin working with people who required this type of care.

Good

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;

● The service sought to promote a positive person-centred culture. Staff and relatives were positive about how the service was managed. One staff member said, "It is a good service to work with." They also said, "Yes I am supported to do my job form the management." One relative said, "I think they are pretty good they contact me and update me and have been out a few times as well."

● Documentation and the policies at the service focused on being person centred. Care plans were personalised, and policies sought to place people at the centre of their care.

Continuous learning and improving care

● The service sought to continuously learn and improve care. Quality assurance measures were in place so the provider knew whether systems and processes at the service were working and or whether improvements could be made.

●Audits were completed regularly, such as medicine administration charts, as were spot checks to check up on staff. One staff member said, "Yes they spot check what I do and see that everything is ok."

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

● Relatives and staff told us they felt able to engage in the service. Relatives told us they were able to provide feedback during spot check and review meetings. One relative said, "They came and did spot checks, and they got my feedback." Feedback about the service was positive.

● The service held staff meetings, with discussion topics such as people's care, feedback and COVID-19 testing. Staff told us they could make suggestions that could impact on the care provided to people.

● People's equality and diversity characteristics and or needs were recorded, the service supported people with their cultural needs. Staff told us about attending a faith event with a person.

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

● Managers and staff had roles identified through job description. There was a management structure in place.

● The registered manager and nominated individual worked together to ensure care was carried out as it should be in accordance with law. Both registered manager and nominated were clinically trained. The

registered manager was aware of regulatory requirements and knew they were supposed to provide information to both the local authority and CQC with respect to certain matters.

Working in partnership with others

● The provider was willing to work in partnership with other agencies. The service was new and was still forging links with the local community. However, they worked alongside other health and social care professionals sharing information where required. These relationships sought to enhance people's care.