AIM Homecare Limited

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Inspection report

46A Alexander Grove
Fareham
Hampshire
PO16 0TU

Tel: 01329600406

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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:
AIM Homecare is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults. At the time of the inspection they were providing personal care to 27 people across Hampshire.
What life is like for people using this service:
People received a service that provided them with safe, effective and good quality care. People told us they were happy and felt safe being supported by AIM Homecare Limited. We saw evidence that people were encouraged to be independent. Staff understood people's individual communication needs and worked in proactive ways to provide person-centred support.

The provider supported staff in providing effective care for people through person-centred care planning, training and supervision. The provider ensured the provision of best practice guidance to support staff in meeting people's needs.

The management of risk was effective and people were protected from harm. The management of medicines was safe which meant people were protected from the risk of harm.

People's human rights were upheld and the principles of the Mental Capacity Act 2005 were understood by staff.

People, their relatives and staff told us they thought the home was well led and spoke positively about the manager. The provider and manager carried out audits to ensure the service was effective. Staff supported people to integrate into their local community and the culture of the service promoted the values of supporting people to be as independent as possible.

Rating at last inspection:
The service was first registered with the Care Quality Commission on 26 January 2018. This was their first inspection since registration.

Why we inspected:
This was a planned comprehensive inspection.

Follow up:
We will continue to monitor the service and plan to inspect it in line with our re-inspection schedule. If we receive any information of concern we may bring our inspection forward.

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

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.

AIM Homecare 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. 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:
Two inspectors carried out the inspection.

Service and service type:
This service provides care and support to people living in their own homes. At the time of our inspection 27 people were receiving personal care and support.

The service had 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.

Notice of inspection:
We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service and we needed to be sure that the staff and people we needed to talk to would be available.

What we did:
Before the inspection we reviewed any notifications we had received from the service. A notification is information about important events which the service is required to tell us about by law. We also reviewed any information about the service that we had received from external agencies. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

This inspection included speaking with three people, four relatives, eight staff members, deputy manager and the registered manager. We reviewed records related to the care of five people. We reviewed

recruitment files for six staff. We looked at records relating to the management of the service including;

- Policies and procedures
- Audits and quality assurance reports
- Records of accidents, incidents, compliments and complaints

Good

Is the service safe?

Our findings

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

Systems and processes to safeguard people from the risk of abuse:
• The registered manager, deputy manager and staff understood their responsibilities to safeguard people from abuse. Concerns and allegations were acted on to make sure people were protected from harm. A member of staff commented, "Abuse is when a someone is violated of their human and civil rights. Everyone has the right to live free from abuse and neglect."
• The registered manager usually notified CQC when a safeguarding referral had been made however, we saw one incident, that occurred two weeks prior to the inspection, that had not been shared with CQC. Despite this the registered manager had alerted the local authority and had taken appropriate action to mitigate risks. The registered manager told us that this had been an oversight and made the notification to CQC immediately.
• Information about safeguarding was available to staff and visitors to the service.
• Staff were aware of the signs of abuse and the importance of observing changes in people's behaviours when they may not be able to communicate their feelings verbally.
• A system was in place to record and monitor incidents and this was overseen by the registered manager to ensure the appropriate actions had been taken to support people safely.

Assessing risk, safety monitoring and management:
• People's care plans contained detailed risk assessments linked to people's support needs. These explained the actions staff should take to promote people's safety and ensure their needs were met appropriately. Staff were knowledgeable about people's needs and the plans in place to manage associated risks. A member of staff told us, "Management write up a care plan with all the information we need about the client including medical information, medication, the routine needed for the individual plus much more, this helps us to support and manage their healthcare needs and we then record all information at each visit into their own personal file."

Staffing and recruitment:
• People and their relatives told us, and records confirmed that there were enough staff available to support people safely and to ensure people's needs could be met. Staffing levels were calculated according to people's needs. One person told us, "I have a regular carer every day except when she is off. They have to know what they are doing."
• Staff told us they felt there was always enough time available to carry out tasks for each person and that people received unhurried support in line with agreed care plans. One staff member told us, "We do have adequate staff throughout the day and evening."
• We saw that staff were recruited safely and all the appropriate checks were carried out to protect people from the employment of unsuitable staff.

Preventing and controlling infection:
• People told us staff always used gloves and aprons.

• Documents demonstrated that staff had completed training in infection control.
• Staff told us they followed good infection control practices and used personal protective equipment (PPE) to help prevent the spread of healthcare-related infections where necessary.
• The registered manager told us that staff are provided with, "Foot covers, hand gel, gloves and aprons. We ensure it is in place," and, "I make sure there is always PPE in the property ready for whenever needed."

Learning lessons when things go wrong:
• The registered manager had effective arrangements in place to learn lessons. When things went wrong the registered manager told us, "We sit down and review what's happened and then decide what you are going to put into place to stop it happening again." Documents demonstrated that lessons learned were shared at staff meetings.

Using medicines safely:
•People and their relatives told us people received their medicines on time and as prescribed.
• Staff were trained and administered medicines safely and the registered manager told us they observed staff practice to ensure they were competent. A member of staff told us, "We've been trained and now doing the advanced medication training."
• Medicines records were accurately maintained.

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.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:
• Assessments were comprehensive, expected outcomes were identified and care and support regularly reviewed.

• People's care plans included their needs in relation to their culture, religion and diet. Staff had completed training in equality and diversity, the registered manager and staff were committed to ensuring people's equality and diversity needs were met. Staff comments included, "We would always cater for everyone's needs," and, "We treat people with respect irrespective of their individual characteristics".

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.
• The registered manager followed all the principles and guidance related to the MCA. A member of staff told us, "Assume the person has capacity, support the person, never judge, help them bearing in mind the best way for them, do not limit their freedom." Another staff member told us, "Assume that everyone has capacity to make own decisions unless proven otherwise. Ensure that all information is given to help support the person in making their own decision for the best outcome for that individual. Never say they can't make a decision even if it's not a wise decision. When someone's not able to make a decision, we have to make a decision that's right for them, least restrictive to that individual."
• Staff ensured that people were involved in decisions about their care.
• Capacity assessments had been completed and decisions made in people's best interests were recorded.

Supporting people to eat and drink enough to maintain a balanced diet:
• Where people needed support with their nutrition and hydration needs, this was provided. Staff supported people with basic preparation of breakfasts and checked people were having enough nutrition and fluids.
• One staff member told us, "We help in making up milk drinks," and another staff member said, "Yes all our clients have a choice and are provided with food and drink and if we were to find someone low in this we would inform the office or family or if need be, provide this for them."
•Care plans clearly detailed the support people required and their food choices and preferences. Where relevant reference was made to people's SLT (Speech and Language Therapy) guidelines.

Staff support: induction, training, skills and experience:
• People were supported by staff who had completed mandatory training to meet their needs. Staff told us they were supported by the registered manager through regular supervision and an annual appraisal. One staff member told us, "I have supervisions every 12 weeks and spot checks monthly from the supervisor or manager."
• People told us they thought staff were well trained and knowledgeable. New staff were supported to learn about people's needs by familiar staff. This supported people to experience a continuity of care and minimise any distress or disruption caused by new unfamiliar staff. A relative told us, "If they worry they make a call, within half an hour of the visit I can look on the app to see how [person] was. They do walk the extra mile, they turned up early for a hospital appt."
• Staff told us they worked well as a team. We saw staff interactions with each other were friendly and respectful. A staff member commented, "I get regular training and supervision."
• Staff told us they could request to undertake additional training. All new staff were supported to undertake the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of staff in care based roles.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support:
• People were supported to have access to a range of healthcare professionals to ensure they remained healthy. A member of staff told us if they were concerned about a person's health they would, "Depending on what it was, report to on call and take their advice, record and call 111 or 999 if I thought it was needed."
• Daily records and care reviews demonstrated that the registered manager and the staff worked effectively with external healthcare professionals to ensure people received appropriate care and support.

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity.
• Staff promoted inclusion, equality and diversity for people. They actively promoted people's rights and made sure support was provided in a person-centred way.
• A relative told us, "They come at nine in the morning they take the utmost care, they always put his sandals on to walk to the cloakroom, they manage in the most difficult conditions, they are always asking if he is ok and make sure he holds onto the basin at the same time respecting him, I feel very lucky that we actually found them to start caring for him, they are very careful with his suprapubic catheter, the hospital said that it is cared for and is absolutely A1. They never cause any damage and care very carefully."
• Staff knew people very well, including their personal history and preferences. The deputy manager told us, "At the point of assessment we speak to clients themselves or next of kin. Growing with them and developing with them. Speaking to outside agencies: doctors, OT's Mental health consultants etc. It is about how do we get the best outcomes for the individual," and, "As you get to know them you recognise things, changes and adapt things as they grow. We are very conscious about keeping care plans up to date, so you can see patterns growing and developing. At team meetings we discuss people. We are always in contact with the team."

Supporting people to express their views and be involved in making decisions about their care:
• Staff supported people to be involved in and agree decisions about their care.
• People's communication needs were recorded in care plans. Staff knew people well and understood when they wanted help and which strategies worked best when communicating with people.
• A relative told us they are contacted, "Always, I hear them and they say [Person] what do you think and they say I will just ask [relative] as well."
• Staff assisted people to remain independent. A staff member told us, "We encourage independence and for clients to remain in their own home." Another staff member told us, "We promote their independence as much as possible."
• A relative told us, "We had a meeting with the community nurse last week and the registered manager talks to [person], they address [person]."

Respecting and promoting people's privacy, dignity and independence:
• People told us that staff promoted their privacy, dignity and independence. One person told us, "Absolutely, they allow me to do as much as I can for myself."
•A relative told us, "[Person] tries to go out without clothes, they support her to get dressed, they give her space to do things on her own and assist where possible." This was one of many comments and observations which demonstrated staff encouraged and promoted people to maintain their independence, privacy and dignity.

• All records containing information about people were kept locked when not in use to maintain confidentiality.
• The Equalities Act 2010 was designed to ensure people's diverse needs in relation to disability, gender, marital status, race, religion and sexual orientation are met. The care planning process included information divulged by people with regards to marital or partnership status, and disability among others during the pre-assessment process. This demonstrated that staff considered the characteristics defined under the Act. The registered manager gave an example or someone they used to support who had needs in this area.
• The registered manager identified that although most of people's protected characteristics were discussed they did not ask about people's gender. They told us that they would add this to their pre-assessment process.

Good

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's likes, dislikes and preferences were documented in their care plans which were detailed and easy to read.
•We saw evidence of positive outcomes for people. For example, the staff supported a person who came out of hospital with MRSA. Through following the care plans and liaising with medical professionals they were able to support the person to be free of MRSA. Their relative told us, "They handled his MRSA superbly. I can't find a word to say against them."
• Care plans explained in good detail the things people could do, and the things they needed staff to support them with.
•There was information about people's backgrounds and what was important to them. This helped staff engage meaningfully with people and build an understanding of their needs. A member of staff told us, "We also take a client out on drive around area she used to live and reminisce through her photo album as she has dementia" and, "We have a client who we support on different outings of his choice this is for six hours on a Saturday, it's his choice on where he wants to go." Another staff member told us, "Person centred planning takes into account individuals needs and wishes, life circumstances and health choices. For example, what time a person likes to get up, what they like for breakfast and how they like to be supported with personal care."
•Records documented the care needed to support people to maintain good skin integrity, assistance required to take medicine safely and the care needed to support people with catheter care.
• Relatives told us that they were kept fully informed of peoples care and support and were consistently happy with the support people were receiving.

All organisations that provide NHS or adult social care must follow the Accessible Information Standard (AIS). The aim of the AIS is to make sure people who have a disability, impairment or sensory loss receive information they can access and understand, and any communication support they need.

• Information was available for people in accessible format. For example, large print documents could be produced for people who were unable to read small type. The deputy manager told us, "We do have photos for people so they know who is coming in." Although there was some accessible information more consideration could have been given to this.

We recommended that the provider looks further into the AIS and considers making information more accessible to people.

Improving care quality in response to complaints or concerns:
• People knew how to make a complaint and they were confident their complaints would be listened to and

acted upon.
• One relative told us that there was a carer whom their partner just didn't take to, they told us, "The only thing I had to do once was to tell Aim Homecare that my partner didn't like one of the carers, they [carer] had done nothing wrong. The registered manager sorted it out straight away and it wasn't talked about again. Very well handled."
• Documents demonstrated that the complaint log was completed and complaints were followed up and dealt with however, there was no evidence that the complainant was satisfied with the outcome. Relatives confirmed that they were satisfied with complaint outcomes. We spoke to the registered manager about this and they said they would complete this final stage in future.

End of life care and support:
• At the time of our inspection no one was receiving end of life care.
• The provider had a policy, based on national guidance, in place to provide support to staff about the actions to be considered when a person was approaching the end of their life.

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.

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; and how the provider understands and acts on duty of candour responsibility:
• Staff said they were listened to by the registered manager. They were clear about their roles and responsibilities towards people they supported. They felt confident about raising any issues or concerns with the registered manager at staff meetings or during supervision.
• Staff understood the whistle blowing policy and how to escalate concerns if they needed to, via their management team, the local authority, or CQC. Prior to our visit there had been no whistle blowing notifications raised at the service.
• Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found the provider was working in accordance with this regulation within their practice.
• The registered manager focused on the effectiveness of team working and person-centred care. Staff reflected these principles in their comments to us.
• Staff had access to policies and procedures which encouraged an open and transparent approach. Information on safeguarding was easily available in the office and displayed on notice boards.
• People told us, "[Registered manager] is very good they want you to be happy which is good. Most things I have asked for they have done well, having a permanent morning carer," and, "I am very happy with them. They are very pleasant to talk to. They came out in an emergency, one of the management came with me to hospital."
• Staff consistently commented that senior staff were approachable and supportive. The deputy manager told us, "[Registered Manager] is a very caring person to her staff and her clients with good work ethics and often delivering a good care service. She has an open-door policy to all staff, not just staff but the clients and their relatives." A staff member commented, "I think the registered manager is very positive, approachable and makes sure that there are enough care workers to cover the clients so is always looking at the business and makes sure we are rewarded for what we do as a team and singularly. The company is run well and a good place to work."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:
• The registered manager understood their responsibilities of their registration. There was a deputy manager in place who supported the management of the service.
• Policies and procedures were in place to aid smooth running of the service. For example, there were policies on safeguarding, equality and diversity, complaints, medicine administration and whistleblowing to

name a few.
• The registered manager had quality assurance procedures and systems in place to help drive ongoing improvements and monitor the quality and safety of the service. They also carried out random spot checks and audits on a regular basis and had regular meetings to identify any concerns and trends. Where shortfalls were found, these were addressed in an action plan. This enabled them to maintain their oversight of quality and safety within their service. When issues were identified, action plans were made with timescales for work to be completed. During feedback the registered manager was receptive to our findings and was keen to introduce new ideas and suggestions.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Working in partnership with others
• The service worked in partnership with other organisations to support care provision and service development.
• People and their relatives were happy about the flexibility provided. One relative told us, "We liaise about care and sometimes they change the times to suit her, they can be quite flexible. We got a tracker for [person], she does wander off and they look for her around [the local area]."
• People had access to varied professionals and this was evidenced in their support notes. For example, people were supported to access the GP, district nurses and attend hospital appointments. The registered manager told us, "We obviously have an emphasis re: working in partnership, I am in contact with the district nurse and GP on a regular basis."
• Staff supported people to attend local community events and to access activities and support provided by external agencies. For example, reminiscence drives, and supporting people to their chosen location or activity.
• Staff told us they felt listened to and could influence change within the service. Team meetings were held and the minutes demonstrated meetings were used in part to share ideas and suggestions on how the service could be improved.
• Staff had regular supervision, spot checks, competency checks and team meetings took place monthly. Documents demonstrated that people and their relatives were asked for feedback on the service.

Continuous learning and improving care:
• The registered manager regularly reviewed the service provided for people. Learning from reviews, meetings and feedback from the companies own observations were fed back to the staff and incorporated wherever possible in care plans, policies and procedures.
• The deputy manager told us, "Fire Brigade: we are actually going there to do a workshop. We were looking for fire training. We have done a workbook and we discussed what to do if we discovered a fire but wanted something more in-depth. They don't teach staff but do managers and so the management team have booked on and it is all about managers where they deliver the training to us and we come back and deliver it to the team."