

Aspire Care (SW) Limited

# Aspire Care (SW) Bristol

## Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Aspire Care (SW) Bristol is a domiciliary care agency that provides personal and nursing care to people living in their own home. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. At the time of the inspection, there was 2 people receiving support with their personal care.

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

People received their medicines safely and when required. Care plans contained guidance and protocols for staff to follow relating to the management of their medicines. People were supported by enough staff and by staff who knew them well. Staff knew who to go to should they have concerns relating to people's safety and staff were able to identify the different types of abuse.

Staff were part of regular Covid-19 testing. Staff wore personal protective equipment (PPE) as required and staff confirmed they had access to plenty of PPE.

The outcomes for people using the service were positive and health care professionals gave positive feedback about the service people experienced. Staff supported people to have choice and control and staff had a good understanding of how to treat people individually in line with the company's aims and values.

People had reviews undertaken when required and care plans contained important information relating to people's likes and dislikes and their individual complex health needs.

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, this service was registered with us on 29 July 2020 and this is the first inspection to rate the service.

### Follow up

We will continue to monitor information we receive about the service until we 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?

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.

# Aspire Care (SW) Bristol

## 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 team consisted of one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses.

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

This inspection was announced. We gave notice of the inspection as we needed to be sure the provider or registered manager would be in the office to support the inspection. We also needed to arrange to speak with people and relatives and for documents to be sent to us.

Inspection activity started on 9 September 2021 and ended on the 5 October 2021. We visited the office location on 9 September 2021.

#### What we did before the inspection

We reviewed the information we had received about the service and sought feedback from professionals who work with the service. The provider sent us a completed provider information return prior to this inspection. 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 of this information to plan our inspection.

During the inspection

We spoke with the registered manager, the office administrator and the nurse specialist.

We reviewed a range of records. This included two people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We were unable to seek people's views due to their complex health needs, but we spoke with both their relatives who were actively involved in the care they received from Aspire Care (SW) Bristol. We contacted all care staff and managed to gain views from five care staff including the registered manager and the nurse specialist. We gained feedback from four health professionals regarding the care people received.

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# 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 for 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

- Staff felt people were safe. Staff told us, "Yes I do feel people get safe care" and "Yes I absolutely feel people get 110% safe care". One relative told us, "Absolutely, yes".
- Staff received training in safeguarding adults and people were supported by staff who were familiar with the different types of abuse and who they should raise concerns with. One member of staff told us, "We safeguard people from abusive behaviour like financial, physical, emotional, verbal abuse". Another member of staff told us, "I would go straight to the management, safeguarding team, local authority or The Care Quality Commission".

Assessing risk, safety monitoring and management

- People's care plans had detailed risk assessments and protocols in place for staff to follow. Risk assessments included people's individual specific needs relating to moving and handling, epilepsy, skin integrity, physiotherapy needs and nutrition and hydration.
- Staff knew people well and were able to demonstrate the importance of following people's protocols and risk assessments.

Preventing and controlling infection

- People received their care in-line with infection control procedures.
- All staff were part of regular weekly testing and staff had received infection control training.
- Two relatives we spoke with confirmed staff wore personal protective equipment (PPE) as required. One relative told us, "PPE is always worn".

Using medicines safely

- People received their medicines safely and when required. Records were current and up to date and care plans provided guidance for staff to follow including what medication people took and when.
- Body maps were in place confirming where topical creams should be applied.
- Staff received training in the safe administration of medicines and if required bespoke training was provided to ensure staff knew how to administer medicines specific to the individual's health needs. One relative told us, "They follow protocols to the letter. They are always checking to make sure their epilepsy medicines have not expired".
- People's care plans had risk assessments undertaken these identified any risks relating to their medicine's management.

### Learning lessons when things go wrong

- No incidents and accidents had been recorded. The clinical lead and the registered manager confirmed they had a good oversight of any changes to people's needs and they were regularly updating people's care plans to assess if further measures were needed to reduce an incident occurring.

### Staffing and recruitment

- People were supported by enough staff although one member of staff had experienced on occasions a second member of staff not turning up. We fed this back with the registered manager. They confirmed recruitment was underway to recruit three full time care staff. One relative told us, "Really good staff. There are male and female carers, and this works well. I'm very vocal if they're not right". People's staffing levels reflected the support they required.
- People were supported by staff who had checks completed prior to starting their employment. Checks included a completed Disclosure and Barring Service check (DBS), references, identification checks and a contract of employment.
- People were supported by regular staff who knew them well.

# 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 for this newly registered service. This key question has been rated as Good. This meant people's outcomes were consistently good, and relatives feedback confirmed this.

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

- People were supported to live healthier lives through good support and access when required to health care services and professionals.
- People were supported by staff who worked effectively with other agencies to support people with their changing health care needs. One health care professional confirmed positive improvements experienced through good joined up working. They told us, "They do an amazing job. The care they provide is robust and solid they have worked well to manage such a complicated health condition".
- The registered manager and nurse specialist liaised and made referrals to health care professionals when required. Care plans contained important information set out by health care professionals involved in people's care. For example, guidance was in place to support staff with the person's physiotherapy, epilepsy and breathing needs.
- The management team had a good working relationship with people's GP's and there was good communication should any health changes be identified. The nurse specialist confirmed, "We have a good relationship with health care professionals and the GP's. We liaise with them as we need to, and they are quick to make any changes for example to people's medicines if required".

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

- People were supported by staff with their individual nutritional needs.
- Staff received training so that they could meet people's individual nutritional needs. The agency had a nurse specialist who was responsible for checking staff's competencies and identifying any changes to people's individuals needs including their nutrition. If any changes were identified the agency liaised with the relevant health care professionals as required.

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.

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's care plans confirmed where people lacked the capacity to make their own decisions. A mental capacity assessment and best interest decisions were recorded in the person's care plan including who had been part of the decision-making process.
- Care staff supported people to make decisions such as what to wear, through visual prompts. One member of staff told us, "We always get [Name] involved in what they would like to wear. We just know through facial expressions, eye movement and body language".

Staff support: induction, training, skills and experience

- People were supported by staff who received training to support people safely and effectively. Staff received a mixture of face to face training and E-learning. Training included, moving and handling, medication, first aid, safeguarding, mental capacity, infection control and personal protective equipment. Staff also received additional bespoke training so they could meet people's individual complex health needs. This included training in, communication, epilepsy, basic sign language, positive behaviour management and end of life care.
- Staff were happy with the training they received. One member of staff told us, "I've had training in safeguarding adults, administering medicines, moving and handling, confidentiality, equality and diversity, communication, epilepsy, oxygen therapy and person-centred care. Training is really good".
- Staff received supervisions and an appraisal.

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

- People were supported by staff who received training in equality and diversity and who understood the protected characteristics under the Equality Act 2010. One member of staff told us, "Yes I've had equality training. The protected characteristics are gender, diversity, faith, religion, age. It's about treating people equally".
- People had their needs assessed prior to starting with the service. Assessments were undertaken by the registered manager and nurse specialist. Care plans contained important information relating to people's choices and how care should be delivered in line with people's individual needs.

# 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 for 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; Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who were kind and caring. One relative told us, "Staff are really caring and professional. They're all really lovely". One member of staff told us, "The team is really nice, caring and polite they're always respectful".
- Staff promoted people's dignity. One member of staff told us, "We're always respectful and give people choice and control. Like what someone would like to wear". One relative told us, "They are compassionate. They always put a towel across to protect [Name] dignity. They also talk to them all the time".
- Care plans were written to support people's dignity and respect.
- People received care that was respectful. One member of staff told us, "We always give choice and respect people's opinions and what they want to do. Privacy and communication are key".
- People were supported by staff who respected their individual needs. Staff had a good understanding of equality and diversity and had received training. One member of staff told us, "We should respect people. Regardless of their diversity, faith, religion, age, gender. Treating people equally with the same opportunities".

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

- People were supported by staff who gave people choice and control. For example, one relative told us they would just know if the person was unhappy about the support, they were receiving from care staff. They told us, "[Name] would be very vocal if they were not happy. They have all been amazing. I trust the support they provide. It means I can have a relationship with [Name] rather than be their carer".
- One member of staff told us, "We always give choice. Like if someone wants to wear socks, or another choice of clothes. It's the same for washing and dressing. We always talk to the person and respect their choices".

# 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 for 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 care that was individual and personalised to them and their individual health needs. One relative told us, "[Name] goes out and does amazing things. The carers are really good. [Name] is benefiting so much more". One health care professional told us, "Aspire have been incredible. They provide the right care that is safe, it's such a complicated package but they do it so well. [Name] has a great quality of life".
- People's care plans contained important information relating to the person and their life and support network. This included people's likes and dislikes, what they enjoyed doing. Care plans had hospital passports these included important information such as what support the person required and their communication and medication needs.
- Care plans were regularly reviewed so that they were current and up to date with any changes. People's relatives were liaised with when required. One relative told us, "There is good communication. I know they are only a call away a real burden has been lifted".

Improving care quality in response to complaints or concerns

- Not all relatives were happy with the care provided. Where we received feed-back we raised the concerns with the registered manager who confirmed actions taken following the inspection. No formal complaints had been received at the time of the inspection.
- The service had received various compliments from relatives and professionals. One compliment included, 'In the short time I've spent with [Name] I'd like to forward on some positive feedback. I have experienced from the carers on the package and to say that it had been so lovely to witness [Name] being included and spoken to as any other individuals as any-one would expect. Just how it should be'. Another compliment included, 'The move to Aspire has been the best thing for [Name]'.

End of life care and support

- No one at the time of the inspection was receiving end of life support.
- Staff had received training in how to support someone with end of life care.

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 registered manager confirmed if people required their information in an alternative format this could

be provided. People's care plans had important information relating to their individual communication needs.

# 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 for 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

- People were supported by staff who reflected the company's mission, vision and values. The mission included; 'Aspire Care is dedicated to providing, safe, quality health and social care services in a compassionate, respectful and dignified manner to all its clients'. This was reflected in the feedback we received.
- One member of staff had provided feedback through a staff survey. Feedback comments included, 'I feel that within my team and management in the office I'm always supported at all times and any time of the day/night. I have the upmost support and the most training to be able to look after all my clients and their needs in the most efficient way possible with the most respect and dignity'.
- The values of the organisations were. 'Aspire Care values our clients and the staff who care for them. We treat all our clients with respect, dignity, compassion and kindness. Our staff work in a diligent, professional and courteous manner and uphold the high standards of conduct and performance, which is expected of each staff member within the organisation'. One member of staff had reported back through the staff survey the following, 'I have been really impressed with how supported I have been when working in the field. I have shadowed a qualified nurse who was happy to teach me and answer my questions. I was signed off by the clinical lead who was so helpful and checked that I was confident. I also received specific physio training'.
- The company's vision aimed, 'To become the service provider of choice for those who wish to remain independent in their own homes receiving high quality, safe and effective health and social care services'. Another member of staff's feedback confirmed, 'It's very good to discuss and resolve without being judged and be part of a team that delivers good care towards the clients and staff maintaining confidentiality and standards'.

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 was responsible for monitoring the incidents and accidents. At the time of the inspection no incidents had occurred.
- The registered manager confirmed they worked in partnership with health care professionals and families to prevent incidents from occurring. They understood the need to be open and transparent should such an incident occur.

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

regulatory requirements

- The registered manager and nurse specialist were an active part in supporting and monitoring people's care and support.
- The registered manager undertook regular audits for monitoring the quality of the service.

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

- The registered manager and staff team knew people well and staff and relatives felt management were accessible and approachable. One member of staff told us, "[Registered manager] and [specialist nurse I never feel alone. They are always on the end of the phone they are really helpful".

Continuous learning and improving care

- The registered manager and nurse specialist continuously reviewed people's care experience so that any learning opportunities were in place.
- Improvement plans were in place to increase the staff team and to expand the service.

Working in partnership with others

- The registered manager and staff worked in partnership with people, relatives, and other agencies to ensure people received good care and support. They had built positive working relationships with health care professionals and GP's. One health care professional told us, "The team and registered manager keep me in the loop with everything that is going on so much more cohesive. They are professional and transparent they do it well".
- The registered manager gave examples of working with staff and families so that people were at the centre of their care experience. Example's included when bespoke training was identified. The nurse specialist confirmed different types of training such as physiotherapy and epilepsy training were provided to staff, which was tailored/individualised to the person.