

Aspire Care Support Services Ltd

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Inspection report

Unit 34-36
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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 Support Services Ltd is a domiciliary care agency. It provides personal care and support to people living in their own homes. At the time of inspection 59 people were receiving a service.

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

Care plans and risk assessments were in place with regard to the support that people required however, we identified that some of these were incomplete. The registered manager immediately acted on this and rectified the issues.

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.

People felt safe. Staff had received appropriate training and had the right skills to provide care safely and effectively. We were told by one person "I feel the care is safe. I like the consistency and reliability." The provider had systems in place to ensure people were protected from abuse and avoidable harm.

Staff supported people to take medicines safely. Staff were trained in medicines management and knew how to ensure that people received their medicines on time, and as prescribed. Accidents and incidents were recorded and reviewed in order to minimise the risk of reoccurrence. There was a complaints procedure in place, which people's relatives were aware of, and quality assurance processes such as spot checks, were used to drive improvements.

Safe recruitment practices were followed, and appropriate checks completed to ensure that only suitable staff were employed. Staff received an induction and were supported through a programme of regular supervision and training. Staff comments included, "There is always training sessions going on and if we want to progress and put an idea forward that we would like to do, Aspire gets the training booked," and "I have worked with Aspire for two years and they always push the staff to want to better themselves by allowing them to do courses to improve qualifications."

People, relatives and health and social care professionals spoke positively about the service provided. People received personalised care responsive to their individual needs. Staff had a good understanding of the care and support people needed and provided this with kindness, care and compassion, whilst respecting their privacy and dignity.

People were involved in deciding what support they needed. Close working partnerships with other agencies and health and social care professionals had been formed. A social care professional told us "They [Aspire Care Support Services Ltd] are very approachable, willing to work and engage with us, they always attend the Domiciliary Care forums, no issues at all in terms of engagement / feedback."

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 inspected at a previous location and was rated good. This report was published on the 22 March 2019.

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.

Aspire Care Support Services Ltd

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

This inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

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.

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

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent to 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 all this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and five relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager. We also spoke with a professional who worked with the service in support of people's needs to gain their feedback.

We reviewed a range of records. This included four people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- The provider had an electronic care planning system in place to ensure staff had access to information about people's needs and care.
- Some of the risk assessments and management plans in place to keep people were safe had been reviewed and updated as appropriate, but some were not. We spoke with the registered manager about this and this was acted upon immediately.
- Staff spoken with were confident they supported people safely. One staff member told us "The system alerts us with changes to the rota but if it is a new person to Aspire we are given a thorough handover and linked with office staff or seniors on the first instance of support."
- Environmental risk assessments had been carried out prior to care commencing in the persons home to ensure it was safe for staff to do so.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe while being supported by staff. Comments included "I feel safe with the carers, they look out for you", "The carers are very good at their job and I like the fact that I get regular carers" and "I feel the care is safe. I like the consistency and reliability. The carers are very thorough and well trained."
- Staff understood how to protect people from harm and had completed safeguarding training.
- The registered manager understood their obligations to report any concerns they might have in relation to people's safety and the risk of abuse.

Staffing and recruitment

- The provider's recruitment process was robust and included background checks and references to ensure staff employed were safe to work in the service.
- The majority of people told us that there were enough staff to support them safely. The provider tried their best to ensure that people received care from a consistent team of staff who knew them well. We were told "I have never been left without a carer" and "Carers are all very good and always turn up, seven days a week."

Using medicines safely

- Medicines were managed appropriately.
- Regular checks were undertaken to ensure people had received their medicines correctly and at the correct time.
- Checks were also undertaken to ensure staff were competent to administer medicines safely.
- People we spoke with had no concerns regarding their medicines. Comments included "It goes fine. The carer puts my medicine in a glass and will record that I have taken it. I get it at the right time. They also put

cream on my skin, do everything for me" and "I have eight tablets every morning and the carer will tell me what they are as I take them. They apply cream on my legs and neck every morning too as I need eczema cream. They look after my feet. The podiatrist leaves instructions and they do as she says."

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- Staff had received appropriate training regarding infection control.
- We were assured that the provider's infection prevention and control policy was up to date.
- Everyone we spoke with told us there was no issues with staff wearing PPE and that they followed infection control processes.

Learning lessons when things go wrong

- The registered manager reviewed accidents regularly to identify any trends/risks and updated people's care plans as appropriate.
- The provider had systems in place to identify and learn from any incidents with any learning was shared with the staff team.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before the service began to ensure they could be met. This assessment considered their medical history, medicines, personal care, and how the person would like to receive their care and support.
- Assessments of people's needs were shaped following input from health and social care professionals prior to their care package commencing.
- People and their families were invited to participate in the assessment process to enable staff to further understand people's needs.

Staff support: induction, training, skills and experience

- Staff completed training in a range of different subjects to ensure they had the right skills, knowledge and experience to deliver effective care.
- Staff told us training was of a good standard and helped them effectively support people and meet their needs. One said, "Yes, the training is very good, and I could argue that a lot of the training I have complete is much more thorough and substantial than some on my degree! The manual handling is the best training I have received in 12 years of my care career. Some of it is degree level and it is really great information especially the medication training. It is good to have that awareness."
- New staff received a comprehensive induction which included training and a period of working alongside a more experienced staff member on their care visits.
- Staff told us they felt supported. One staff member told us, "I know if I have any problems or concerns I can go to [registered manager] about anything, [registered manager] is there for us even if we have any personal issues."

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

- People's needs around eating and drinking were recorded in their care plans and people were supported with their nutrition and hydration needs, if required.
- Staff were aware of people's dietary needs and people who required specialist diets were supported appropriately. Staff had received training in nutrition and well-being and diabetes to support this.

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

- Staff worked with other agencies, such as district nurses and social workers to ensure people's needs were met. Community based health care professionals provided guidance to support people with ongoing health

conditions.

- People told us how staff had supported them with their health needs. Comments included, "The carers come with me for my hospital appointments. All goes well and they come in with me" and "If I have a problem the carers will ring my GP or the District Nurse for me."

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.

- People were involved in decisions about their care and treatment and staff supported them to have maximum control of their lives.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as outstanding. At this inspection this key question has changed to 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 and their relatives described staff as friendly, polite, and respectful. People were treated with kindness and compassion. Comments included, "Carer is very gentle and when she speaks, she has a quiet manner. She instils confidence, she listens" and "Carers show respect, always. I was scared to have carers in, but they are very kind. They watch me and remind me to keep safe." A family member told us "Carers are mindful of dignity and respect. They are chatty and talk to [relative] and sing to her as well."
- Staff knew people well and described how they had established positive and caring relationships with the people they supported which helped them to deliver good, person-centred care that met people's needs.
- Staff received diversity and equality training to ensure they understood how to protect people's rights and lifestyle choices.

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

- Care plans reflected the decisions and choices people had made about how and when they wanted their care and support provided.
- People were offered choices and were involved in decisions about their care. For instance, their preferred gender of care staff. We were told by a family member, "I told Aspire Care that (relative) wanted females and that is what she has had. When they wanted to send a male carer on one occasion, they contacted her to see if that was acceptable and she said it was." Another person said, "I am not comfortable with having male carers so I only get females."

Respecting and promoting people's privacy, dignity and independence

- Care plans contained information on how to support people with their independence.
- People's sensitive and confidential information was safely stored and protected in line with General Data Protection Regulation (GDPR).

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care was planned around their needs and wishes. The registered manager reviewed people's care regularly to the care provided continued to meet their needs.
- One person told us "I have seen my care plan and I can check it and ring up at any time if it needs changing in any way." A relative also said, "The care plan is up to date and reviewed regularly. I can always contact the service and ask for changes to be made."
- Aspire Care and Support Services used an electronic care plan system. This was specific to the individual. Each visit was planned and there was clear guidance on the person routine and how they wanted to be supported.

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 provider assessed people's communication needs to identify how they needed information to be provided. This was recorded in people's care records to guide staff on how to share information with them.

Improving care quality in response to complaints or concerns

- The provider had a policy and procedure in place for receiving and responding to complaints about the service.
- Guidance about how people could raise concerns was included in the information given to people.
- People and relatives we spoke with had no complaints.
 - Complaints received were used by the registered manager as an opportunity to learn and improve the service. The registered manager logged and investigated all complaints. Any learning or actions taken to improve the service were shared with staff.

End of life care and support

- Where appropriate, people's end of life wishes, were known and recorded for staff to refer to.
- The service worked with other agencies to ensure people were supported, where possible, to remain in their homes as they reached the end of their lives.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There were some issues surrounding the completion of risk documents and other systems that contributed to effective oversight of the service that internal audits had not identified.
- This was brought to the registered manager's attention who immediately rectified the issues. This was used as a learning experience and new processes were implemented ensuring a more robust oversight system was in place.
- Appropriate policies and procedures were in place, including policies around safeguarding, infection control, recruitment and disciplinary processes..

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 and staff team understood their responsibilities under the duty of candour. The provider had notified us of significant events, as required..

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff received supervision and support from the registered manager and senior care workers to develop their practice.
- The provider had invested in an external service that encouraged re-engagement of staff by developing listening groups, holding 'moving forward' days and by having a 'coaching' course for office staff.
- The provider had identified an issue during the recent COVID-19 pandemic where care staff may not have had access to transport. Following this they had invested in company cars that were loaned to those who needed them. This ensure staff were able to work and minimised the risk of people's care being disrupted.
- The registered manager and staff worked with external professionals to ensure positive outcomes were achieved for people.
- The provider had invested in recognised therapies for example, 'doll therapies' for people with dementia, this had brought comfort to people and also involved their families.
- Professionals we spoke with said that communication with the provider was good and that there were no issues.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were assured they could contact the administrative office if they had any concerns about their care.

People told us "I think it is well managed. [Office staff member] came out to see me and was very good, very business-like, but kind and compassionate." Another person said "Well managed and the manager listens to me."

- Staff told us they were supported and enjoyed providing care to the people in their own homes. They told us the manager and provider listened to their feedback. Their comments included, "We are given numerous opportunities to voice our opinions about care being given through the [electronic] system, meetings, forums and speaking directly to line manager or the bosses" and "I have learnt so much from Aspire, Aspire always puts the service users first and go above and beyond to give them the care they need."