

Aspire Home Carers Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Aspire Home Carers Limited is a domiciliary care agency providing support to people in their own homes. At the time of our inspection there were 11 people using the service. Some people were living with dementia. Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People were not supported by staff who had been recruited safely. There were gaps in new staff's previous employment history which had not been explored and references had not been consistently obtained.

Risks had not been consistently assessed in line with best practice. For example, people and staff had not been individually assessed for the risks of COVID-19. Staff did not consistently record the actions taken when there had been concerns about a person's health.

The registered manager did not have clear oversight of the day to day running of the service. There had been several changes in branch management in the previous 12 months. People told us the communication was not good. Checks and audits were not robust, and the registered manager had not reviewed the audits to check they were effective.

The service was actively recruiting for staff. Office staff covered care calls to make sure people received the support they needed. People told us that generally staff were on time and they stayed the length of time they should. People and relatives said they were contacted by the service if staff were running late.

People were supported by staff who understood how to keep them safe. Staff understood their responsibilities around the risks of discrimination, abuse and harm. People told us they felt safe having staff coming into their homes to support them. One person said, "I trust them with all my heart." A relative said, "[Staff are helpful and caring. I feel safe knowing they are there for [my loved one]. They use a stick and a walking frame and staff support them when they are moving round the house."

People received their medicines as prescribed. The service used an electronic system which alerted office staff if a medicine was not signed as administered. This enabled them to double check, and if necessary, take action quickly. People and relatives told us staff wore gloves, face masks and aprons when they visited.

A new branch manager had been recruited and had already identified shortfalls. They prioritised obtaining feedback from people, relatives and staff to begin to drive improvements. Staff felt the service had improved since the new branch manager had started working at the service and felt confident this would continue. Staff felt valued and believed their opinions and ideas were listened to.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection

The last rating for this service was good (published 5 May 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service. The inspection was prompted in part due to concerns received about the day to day management of the service. As a result, we undertook a focused inspection to review Safe and Well-Led only.

We have found evidence that the provider needs to make improvements. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Safe and Well-Led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Aspire Home Carers Limited on our website at www.cqc.org.uk.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to recruitment practice and good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Aspire Home Carers 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 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 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. A branch manager ran the service on a day to day basis.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. 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 two people and three relatives about their experience of the care provided. We spoke with three staff, the new branch manager and the registered manager. We reviewed a range of records. This included two people's care plans and associated risk assessments and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits and policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate the evidence found. We looked at training data, meeting minutes 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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- People were not supported by staff who had been safely recruited. The provider's recruitment and selection policy had not been followed to ensure staff had the skills, knowledge and experience required and were of good character. Recruitment was not in line with Schedule 3 of the Health and Social Care Act 2008. A full employment history, with a satisfactory written explanation of any gaps in employment had not been consistently obtained.
- We reviewed five recruitment files and only one contained two references. The provider's recruitment policy stipulates 'a minimum of two written references' were required before the person starts work.
- Two staff files contained no references from previous employers. When applicants had previously worked in health or social care, references had not been consistently sought to obtain information about the person's conduct.
- Application forms requested months and years of employment. Applicants had not always completed the months of employment, only years. This had not been questioned during interviews. One of the five files reviewed contained a full employment history. The provider could not be assured they had obtained a full employment history to ensure they were able to obtain evidence of conduct.

The provider and registered manager failed to operate effective recruitment processes and ensure information specified in Schedule 3 of the Health and Social Care Act was available for each member of staff. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- Disclosure and Barring Service (DBS) checks were completed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The service had implemented a recruitment campaign due to staff shortages. Three people's calls were missed in March 2022 due to staff error of not updating their rota. People received an apology from the service and were offered an alternative call time. However, people told us staff generally arrived on time and stayed the amount of time they should. People commented, "They always phone if they are running late. They are nearly always on time" and, "They text me when they are stuck in traffic. They let me know if they are running late."
- The deputy manager and co-ordinator, who were usually office based, covered care calls as part of the contingency plan.

Assessing risk, safety monitoring and management

- People and staff had not been assessed for the risks of COVID-19. There were generic assessments in place noting all people were vulnerable and to remind staff about hand hygiene. Risk assessments did not take into account age, ethnicity or health conditions which may place them at higher risk. Following the inspection, the new manager confirmed these had been implemented.
- When people had a catheter to drain urine from their bladder, there was information to alert staff to possible signs of infection or the catheter bypassing (not working as it should). Staff recorded how much they gave people to drink, however they did not consistently record the urine output. Staff had not consistently recorded when action had been taken when they had a concern. We discussed this with the deputy manager who agreed this should be completed and said they would meet with the staff concerned to address this recording issue.
- Other risks to people were assessed. There was guidance about how to reduce risks. For example, there was guidance for staff to follow about how to move people safely.
- People said, "I feel they have the right training. They seem to know what they are doing" and, "They are well trained in what they do. [My loved one's] mobility isn't good. They do a great job. They transfer them from their bed to their wheelchair. It is done safely." A relative commented, "I feel [my loved one] is very safe."

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of abuse, discrimination and avoidable harm. People told us they felt safe with carers visiting them. They said, "I have a key safe. They let themselves in. They are very trustworthy" and "I feel very satisfied with my care. Absolutely safe, 101%." A relative commented, "[My loved one] has a key safe and an alarm on their wrist. I feel they are very safe with the carers."
- Staff completed safeguarding training, understood the potential signs of abuse and felt confident to raise any concerns.
- The registered manager understood the need to inform the Care Quality Commission (CQC) and local authority safeguarding team of certain events.

Using medicines safely

- People were supported to have their medicines safely and as prescribed. A relative commented, "They give [my loved one] their medication. They will make a phone call to the doctor if needed."
- An electronic system was used to record medicines. This alerted office staff should a medicine not be signed as administered. Office staff checked with carers to ensure people had their medicine when they needed them.
- When people were prescribed medicine on an 'as and when' basis, such as for pain relief, there were protocols in place to guide staff. Medicines records noted what the medicines were for and any special instructions, for example if a medicine was not to be crushed or chewed.
- The deputy manager and co-ordinator completed regular medicines checks and audits. Staff completed medicines management training and their competencies were assessed to make sure they administered medicines safely and kept up to date with best practice.

Preventing and controlling infection

- People and relatives told us staff wore personal protective equipment (PPE). A relative said, "They wear their masks and full PPE as [my loved one] is vulnerable".
- Staff completed infection prevention and control training. Staff told us they had plenty of PPE and were able to collect more as needed.
- The management team completed regular spot checks which included making sure staff wore the appropriate PPE.

Learning lessons when things go wrong

- Accidents and incidents were recorded on an electronic system. This produced an overview and created a trend analysis. This was reviewed by the management team on a daily basis to ensure action could be taken when needed.
- When required, information was shared with the local authority safeguarding team and CQC.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The registered manager did not have oversight of the service. They told us they had relied on the branch managers whilst they were overseeing another branch. They said they had not completed audits to ensure there was good governance.
- There had been several changes of management in the previous 12 months. People said, "Management seems to change a lot. It would be nice to be updated when management changes" and, "I think there are large turnovers of management". Staff said it had been a difficult time with so many changes in management.
- Checks and audits were not consistently robust. For example, the new branch manager completed a 'Schedule 3' audit to check staff files. They did not know the provider's own policy required two references before the new staff member began working. The audit had identified gaps in people's employment history, however, there was no evidence on the actions needed, who would complete them and by when.
- Office staff completed basic spot checks, reviews of care plans and risk assessments. However, these were not detailed to show what changes had been made. The registered manager had not checked to make sure the checks were robust. An external audit had been completed which identified shortfalls, including concerns around quality assurance systems. No action plan had been implemented to address shortfalls and monitor progress.

The provider and registered manager failed to operate an effective system to monitor the quality and safety of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- A new branch manager had been recruited, to run the service on a day to day basis, and was beginning to make changes to ensure there was regular monitoring of the service. The registered manager was spending half the week working alongside the new manager to ensure there was consistency across the two branches. Following the initial inspection feedback, the new branch manager provided an action plan showing what action had been taken since the inspection and the further actions to be taken.

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

- People told us, "Improvement with communication would improve the quality of service" and,

"Communication lets them down". The new branch manager had already identified that communication needed to be improved across the service. They had prioritised going to meet people and speaking with relatives to obtain feedback to enable them to make improvements.

- Other than communication and a turnover in management, people and their relatives told us they were happy with the service provided. They had built trusting relationships with staff. They said, "I couldn't wish for better care", "Honestly I could not fault them" and, "I would say they provide an excellent service".
- People and their relatives were involved in the developing of their care plans. People's protected characteristics, such as disability and religion, were considered.
- People were regularly asked to provide feedback about the service they received. A quality survey had recently been sent to people and the new branch manager was collating the responses to analyse them.
- Staff told us they felt supported by the new branch manager and that the culture was more open and cohesive than previously. They said, "[The new branch manager] is really supportive" and, "[The new branch manager] is really good. They listen and act on ideas. We suggested getting some banners and leaflets to promote our recruitment and that has been arranged. They really include staff in the decisions."
- Regular staff meetings and board meetings were held to provide updates.

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; Working in partnership with others; Continuous learning and improving care

- The registered manager understood their responsibilities in relation to duty of candour. This is a specific set of requirements that services must follow when things go wrong with care and treatment. The Care Quality Commission and local authority safeguarding team were informed of notifiable incidents in line with guidance.
- The management team liaised with health care professionals. People told us staff supported them to contact the doctor to seek medical advice when needed.
- The new manager was keen to identify areas people and staff felt needed to be improved.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider and registered manager failed to operate an effective system to monitor the quality and safety of the service.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider and registered manager failed to operate effective recruitment processes and ensure information specified in Schedule 3 of the Health and Social Care Act was available for each member of staff.</p>