

Aspire 2B Care Limited

Aspire 2B Care

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 2B Care is a domiciliary care agency providing personal care and support to adults with learning disabilities. Care and support is provided to people both in their own homes and in the community. At the time of the inspection the service was providing personal care to seven people.

Not everyone using Aspire 2B Care receives regulated activity; CQC only inspects the services provided to people who receive personal care; help with tasks relating to personal hygiene and eating. Where they do we also take into account any wider social care provided.

People's experience of using this service:

People received good outcomes using the service. All the relatives we spoke with said the service provided kind, caring and person-centred support.

There were enough staff deployed to ensure that people received a reliable and unrushed service at the times they needed it. Staff were recruited safely to help ensure they were of the right character to work with vulnerable adults.

Risks to people's health and safety were assessed and mitigated. Clear risk assessments and care plans were put in place which were subject to regular review. Staff were familiar with the care plans of the people they were supporting.

Staff had the right skills and knowledge to care for people. Staff worked with a small number of people which helped them develop an in-depth knowledge and understanding of the people they supported.

People knew who was coming to support them each day and people always received care from people they were familiar with. Staff treated people with kindness and compassion.

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

Care planning took into consideration people's likes, preferences and preferred activities. People and relatives were involved in the development and review of their care and support plans.

The registered manager had good oversight of the service. They had a good understanding of the needs of all the people who used the service. There was a clear person-centred culture within the service focused around each individual.

Audits and checks took place to help ensure the service was working to the required standards. The feedback of people and staff was regularly sought and used to make improvements to the service.

Rating at last inspection: This was the first inspection since the service registered in May 2018.

Why we inspected: This was a routine scheduled inspection.

Follow up: ongoing monitoring;

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

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 safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Aspire 2B Care

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:

The inspection was carried out by one inspector.

Service and service type:

The service is a domiciliary care agency providing care for people who live in their own homes and the community. 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:

The inspection was announced. We gave the provider a few days' notice about the inspection site visit. This was because we wanted to make arrangements with the provider to speak to people and their relatives. We made phone calls to relatives and staff between 15 and 22 May 2019. We visited the office location on 23 May 2019 to speak with the manager and staff; and to review care records and policies and procedures

What we did:

We reviewed information we had received about the service since it's registration in May 2018.

We asked the service to complete a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed this prior to our visit.

We asked for feedback from the local authority and commissioning teams.

We spoke with the registered manager and five care workers.

We spoke with the relatives of five people who used the service.

We reviewed two people's care records and other 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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to help protect people from abuse and avoidable harm.
- Relatives and staff told us people were safe using the service and they had never witnessed anything of concern. One relative said "100% sure [person] is safe from abuse."
- Staff received training in safeguarding vulnerable adults and understood how to identify and report any concerns. Safeguarding was also discussed with staff at supervision and team meetings to raise awareness.
- Systems were in place to ensure any safeguarding incidents were reported and investigated.

Assessing risk, safety monitoring and management

- Systems were in place to assess, monitor and mitigate risks to people's health and safety.
- Relatives told us staff worked safely, for example when undertaking moving and handling tasks.
- Prior to people using the service, the registered manager assessed the risks to each person and put in place a range of risk assessments for staff to follow. Staff read these before they delivered care and support. Staff were knowledgeable about the people they were supporting.
- Overall, risk assessments were clear, detailed and appropriate. They involved people, relatives and health professionals where appropriate. In one person's records, more information needed recording on how risks were mitigated in the community. We raised this with the registered manager and had confidence it would be addressed.

Staffing and recruitment

- There were enough staff deployed to ensure people received a consistent and reliable service.
- Relatives told us staff arrived at the same time each day, stayed for the full call length and did not rush. Records we reviewed confirmed timeliness was good.
- Staff rotas were realistic and achievable with travel time allocated.
- Robust recruitment procedures were in place to help ensure staff were of suitable character to work with vulnerable people. This included checks on staff backgrounds and a competency-based interview process.

Using medicines safely

- Medicines were managed safely. People got their medicines at the times they needed them and clear records were kept of the support provided.
- Information on people's medicines was present within their care plans and how they liked to take them. We identified one person's records needed more information recording about the role of the family in the medicine administration process. We raised this with the registered manager and had confidence it would be addressed.
- Staff received training in medicines management and had their competency to give medicines assessed to ensure they continued to work safely.

- Following medicine errors, action was taken to prevent a re-occurrence including staff meetings, supervisions or further training.

Preventing and controlling infection

- Relatives said staff adhered to good infection control techniques and staff said they had access to personal protective equipment.
- Infection control practices were checked by management during spot checks and observations of staff.

Learning lessons when things go wrong

- A system was in place to log, investigate and learn from any incidents or adverse events.
- A low number of incidents had occurred within the service. However, following any incidents, we saw clear evidence of learning. For example following an incident at a day service a new procedure had been developed to assist staff in keeping a person safe and 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

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

- Relatives said they had felt involved in setting up their relatives care packages and that people's likes and preferences had been considered. Relatives said care delivery was effective and achieved good outcomes.
- Care plans were in place which provided clear instructions on how staff should meet people's assessed needs.

Staff support: induction, training, skills and experience

- Relatives said staff had the right skills and knowledge to provide care and support. One relative said, "Staff have the right skills, [person] is a complex character, they have taken on board the nature of his needs and manage the package well."
- Each person received care and support from a small staff team. This helped ensure these staff built up a detailed knowledge of the people they were caring for. Staff also shadowed other staff before they provided support to a new person to help transfer the required skills and knowledge.
- The service provided bespoke training to each staff member based on the needs of the people they were supporting. This helped ensure staff could consistently meet people's needs.

Records showed staff training was kept up to date.

- Staff said they felt well supported. They received regular supervision, appraisal and spot checks on their practice. Staff were supported to achieve further qualifications in health and social care.

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

- People's nutritional needs were assessed by the service. Clear care plans were in place describing the support to each person. A relative said, "[person] has a special diet, they know what [person] needs and always deliver on it."
- If the service was concerned about people's food or fluid input, records were maintained detailing their consumption. These were clear and well completed.

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

- People's healthcare needs were assessed and clear information recorded to assist staff.
- The service worked closely with other agencies including learning disabilities nurses to help ensure people's needs were met.
- The registered manager was committed to understanding people and their healthcare needs. For example, they were due to attend a hospital consultation with a person and their family to better understand the person's condition.

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 service was acting within the legal framework of the MCA. People were involved to the maximum extent possible in care and support planning and people's relatives were consulted as part of best interest processes where applicable.
- Staff and management had received training in the MCA and were aware of how to act within the legal framework.
- In one person's care records, information about their capacity and understanding needed to be better incorporated into care and support plans. We spoke with the registered manager who took steps to address this.
- The registered manager was aware of the role of the Lasting Power of Attorney (LPA) and was seeking confirmation from relatives who claimed to have LPA's in place.

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; respecting equality and diversity

- Relatives consistently said staff treated people with kindness and compassion. They said staff had the right personal attributes to be working in care. One relative said, "All get on and have a laugh, [person] smiles as he likes the staff." Another relative said staff were "very caring."
- People were always cared for by familiar faces. Each person had a small staff team who provided support. People received rotas informing them who would be supporting them each day and new care workers always shadowed experienced staff so that care was never provided by strangers.
- Staff were matched with people based on their likes, experience, and personal attributes. The registered manager told us "having a good relationship with client is extremely important."
- Staff demonstrated they were committed to providing person centred care. They spoke fondly about the people they supported and it was clear that good relationships had developed. Information on people's past lives had been obtained to help staff better understand each person.
- Any diverse needs people had were identified through the pre-assessment service. Information was recorded on how to support people with any diverse needs including cultural and spiritual.

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

- Relatives told us they felt very involved in people's care and support. Records showed that people and their relatives had been involved in regular reviews and their comments listened to and acted on.
- Relatives said that staff listened to them and acted on any minor issues of suggestions they made.

Respecting and promoting people's privacy, dignity and independence

- Care planning focused on helping people to achieve independence and build confidence.
- Relatives said that staff consistently treated people with dignity and respect and were respectful when working in their homes.

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

- Relatives said care was high quality and person centred. One relative said, "They do everything to a high standard."
- People's needs were assessed prior to using the service. Clear and detailed care plans were then produced providing clear information to staff. Daily records showed staff provided care in line with people's assessed needs. Staff knew people's care plans in detail giving us assurance they were consistently followed.
- Records showed staff attended people on time which helped in the delivery of appropriate care.
- The service assessed people's social needs and ensured they attended their planned activities plus anything additional people wanted to do. We saw staff encouraged people to take part in a varied range of activities.
- People's communication needs were assessed and clear information recorded on each person's needs. Staff and the registered manager were very clear on people's individual communication methods and how they interpreted non-verbal language. Plans were in place to make some key service document more accessible.
- The service worked closely with the local community. For example, they held events such as a Christmas Fayre and had plans in place to develop a community drop in centre.

Improving care quality in response to complaints or concerns

- A system was in place to log, investigate and respond to any complaints. Information on how to complain was present within the service user guide. No formal complaints had been received about the service since it began operating in 2018.
- Relatives said they were fully satisfied with the service. They said that when they had made minor suggestions these had been received positively by the registered manager and action taken to address.
- The service logged compliments, so it knew the areas it exceeded expectations.

End of life care and support

- At the time of the inspection the service was not providing end of life care. However, the registered manager assured us that appropriate care planning would be put in place should this be applicable.

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 with openness; and how the provider understands and acts on their duty of candour responsibility

- Relatives told us they were very happy with the overall quality of the service. They said the service was well led and provided high quality, person centred care.
- The registered manager was open and honest with us about the performance of the service and was consistently looking at ways to further improve the service.
- Staff told us they were happy in their role and demonstrated people were put at the heart of everything they did.
- The registered manager had a good knowledge and understanding of all the people they supported, showing good oversight of the service and people's needs.

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

- The registered manager was supported by senior care workers who helped undertake assessments, reviews and monitor the performance of staff. Staff were clear in their roles and had well defined responsibilities.
- Staff performance was regularly monitored. This included through spot checks and observations on their practice.
- Audits and checks were undertaken to provide the registered manager with assurance on how the service was operating. Daily records and medicine records were brought back to the office on a monthly basis to audit.

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

- Relatives told us they felt very involved in care and support. People and relatives were involved in care reviews.
- Surveys had recently been sent to relatives and staff and were in the process of being collated. Responses were very positive. One relative wrote: "Relative] receives high quality, excellent care provided with compassion."
- Client meetings were held where each person's staff team met and discussed the person's care package and how well it was going. We saw clear actions were put in place to address any concerns/comments and ensure continuous improvement of the care experience.
- Staff and management meetings were also held. These showed staff were consulted about how the service operated and were also used as an opportunity to discuss any quality issues with staff.

- The service promoted diversity and equality. There were plans for one staff member to raise awareness with people and staff about some of the protective characteristics under the Equality act.

Working in partnership with others

- The service worked well in partnership with other agencies. This included day services which people utilised. We saw examples of protocols and risk assessments being developed in consultation with those who worked in other services to promote good care.
- The registered manager attended events held by the local authority and networked with other managers to keep up to date with the latest developments in care.