Aspire PC 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 effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Aspire PC Limited is a domiciliary care agency registered to provide personal care for people living in their own homes. At the time of the inspection the people provided with a service included people with a sensory impairment, younger adults and older people.

At the time of the inspection the agency was supporting four people who required personal care. We visited two of those people in their own home to obtain their views and experience of receiving support from this agency.

At the time of this inspection the service employed seven staff who provided personal care to those people. We spoke with four of those staff to obtain their views and experience of working for this agency.

We told the registered provider two days before our inspection that we would be visiting the service. We did this because the registered manager is sometimes out of the office and we needed to be sure that they would be available.

There was a manager at the service who was registered with CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The service was last inspected on 16 August 2016. Their overall rating was requires improvement and requirement notices were issued for regulation 12 safe care and treatment, regulation 17 good governance and regulation 19 fit and proper persons employed. Governance systems had been implemented, but these required embedding to ensure regulations were met. You can see what action we told the provider to take at the back of the full version of this report.

The leadership, management and staff were passionate about providing a person centred and caring culture. (Person centred means that care is tailored to meet the needs and aspirations of each person, as an individual.) The vision of the service was shared by the management team and staff. Staff were very committed to providing care that was centred on people's individual needs.

Staff told us they worked as part of a team, but not all staff felt that Aspire was a good place to work.

People had confidence in the care delivered and told us they received good care and support. They told us they felt safe, the staff were caring, kind and respected their choices and decisions.

People were supported with their health and dietary needs, where this was part of their plan of care or in an emergency.

People and relatives told us when they raised any issues with staff and managers, their concerns were listened to and acted upon.

Staff were familiar with people's individual needs and were able to describe how they maintained people's privacy and dignity.

Staff had a good understanding of what to do if they saw or suspected abuse or if an allegation was made to them.

There was sufficient staff to provide a regular team of care staff for people.

Staff had received training to carry out their role, so that people received effective care and a system had been established to ensure staff had received all the required training and that this was updated on a regular basis to keep their knowledge and skills up to date. Staff received regular supervision and appraisal.

Care records had been reviewed, but discussions with staff identified the care plans did not always accurately reflect the care provided, which in turn meant risks associated with the health, safety or wellbeing of people were not accurate.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Care plans did not accurately reflect the care provided, which meant there were potential risks identified that had not been assessed in people's risk assessments.

Further improvement was required to ensure medicines were managed safely.

There were sufficient staff employed to provide a regular team of care staff and people felt safe and secure when receiving support. Staff were also confident that any harm or abuse reported to managers would be acted on.

Is the service effective?

Good

The service was effective.

Staff were trained to provide care and support to people who used the service and felt supported in their job role.

Staff sought people's consent to care and treatment.

People were supported with their health and dietary needs, where this was part of their plan of care or in an emergency.

Is the service caring?

Good

The service was caring.

People spoke positively about staff and said they were kind, caring and respectful and knew them well.

Staff were very passionate and enthusiastic about ensuring the care they provided was personalised and individualised. Staff were respectful of people's privacy and dignity.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Care plans had been reviewed but they did not always accurately reflect people's needs.

People were provided with guidance about how to complain.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

There were systems in place to assess and monitor the quality of service provided, but these had not been effective in tracking progress of compliance with all the regulations.

The vision and values of the agency were understood by staff and embedded in the way staff delivered care.

The registered manager and staff had developed a strong and visible person centred culture in the service and all staff we spoke with were fully supportive of this.

Aspire PC Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The visit to the agency office took place on 13 March 2017. The registered manager was given two days notice of our visit. We did this because the registered manager is sometimes out of the office and we needed to be sure that they would be available.

An adult social care inspector and an expert by experience carried out the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience on this inspection had supported adult social care inspectors on other inspections and had skills in British Sign Language, which were used on this inspection to communicate with people and staff.

Before our inspection, we reviewed the information we held about the service. This included the service's inspection history and registration information. We also contacted commissioners of the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information was reviewed and used to assist with our inspection.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we reviewed the feedback received from two people, five staff, the registered manager and nominated individual and a director of the company. At the office visit we also spent time looking at records, which included four people's care records, four staff records and other records relating to the management of the service, such as quality assurance.

Requires Improvement

Is the service safe?

Our findings

We checked systems were in place to see how risks to people were managed, so that people were protected, whilst at the same time respecting and supporting their freedom.

When we spoke with people they were confident that care staff were competent and aware of risks that may be presented and managed these well.

In our discussions with staff they confirmed risk assessments were always available in people's homes and that if there were any concerns they would be reported and acted on.

We found assessments were undertaken to assess and identify risks to people who used the service and to care staff who supported them. These included environmental risks and other risks due to the health and support needs of the person. Risk assessments included information about
action to be taken to minimise the risk of harm occurring, for example, falling. However, we found these were not always accurate. For example, one care plan identified that staff assisted the person to bathe and that they had a seat to assist them with this. The risk assessment did not identify any risk associated with this task, including that equipment was safe to use. A staff member told us the person carried out this task independently. This meant the care plan contained inaccurate information to confirm there was no risk associated with the task undertaken by staff.

This meant a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014 as accurate records were not in place.

There was a safe handling, management and administration of medication policy in place, which identified how medicines were to be managed safely, but this was not being carried out in practice. For example, where staff were involved with the medicines prescribed for people, such as applying topical medicines the person's care plan did not contain the detail of the cream to be administered, the administration instructions and a body map to describe to staff where the cream was to be applied. In addition, the medicine administration record (MAR) did not contain the initial of the member of staff administering the cream, but a tick and there were gaps in the record, with no reason recorded. Discussions with staff identified they would also record they had administered the cream on the daily report. We found this to be the case when we looked at the person's daily report but there was no record of what the cream was.

When we spoke with staff they told us they had received training in managing medicines, but an assessment of their competency had not taken place. We discussed with the registered manager that the medicines training had been ineffective in ensuring staff had the knowledge, skills and competence to manage medicines safely.

We recommend that the registered provider and manager refer to NICE guidance dated 30 March 2017 Managing medicines for adults receiving social care in the community to improve their medicine management.

We checked systems in place for the recruitment of staff to ensure that fit and proper persons were employed.

This was a breach in regulation at the last inspection. The recruitment and selection policy had been updated to reflect this and ensure all the information as specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 must be available to demonstrate fit and proper persons have been employed in the future. Schedule 3 is a list of information required about a person seeking to work in care to help employers make safer recruitment decisions. No new staff had commenced employment since the last inspection.

We checked and found sufficient numbers of staff were employed to meet people's needs.

The service had an electronic call monitoring system in place to monitor calls to people in a structured and measured way. We saw this in operation on the day of inspection and where staff appeared not to have attended a call that this was followed up to check they were there.

People told us they received a consistent team of care staff, who came at the right time, stayed for the required time and completed all the tasks they were asked to do.

Staff we spoke with told us they visited the same people, which helped ensure continuity of care to people.

We checked and found systems were in place to protect people from harm and abuse.

People said they felt safe in their homes when care staff were there.

We found safeguarding and whistleblowing policies and procedures in place. Whistleblowing is one way staff can report suspected wrong doing at work by telling a trusted person in confidence.

Staff told us and records confirmed staff received safeguarding and whistleblowing training. Discussions with staff identified staff had a good knowledge relating to the safeguarding and whistleblowing procedure and were confident any concerns reported would be acted on.

When we spoke with people they told us staff did not carry out any financial transactions on their behalf. A financial protection policy was in place if staff were to complete financial transactions on behalf of people. However, we found one occasion where staff had completed a financial transaction and not followed that procedure. We identified this with staff at the office who said they would not normally deal with financial transactions for that person.

Good

Is the service effective?

Our findings

We checked staff had the right knowledge and skills to carry out their roles and responsibilities, meaning that people received effective care.

When we spoke with people they felt staff were well trained and competent.

When we spoke with staff they told us they received training relevant to their role and that they felt competent in their role. Staff were not consistent in confirming they had regular supervisions and felt supported in their role. Staff told us they shadowed other staff until they were confident they were competent to meet people's needs. One member of staff explained the purpose as, "It's to support people's transition to new staff." They explained the company would never send in a member of staff without knowing the person.

Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Discussions with staff and staff records showed us staff received supervision. One member of staff commented, "The support here is good. I want to progress and they're facilitating this. I cannot fault the managers they're so supportive".

The registered provider needed to review the policies and procedures for supervision and training and development so that there was no confusion as to how often supervision should take place.

An appraisal is a process for individual employees where the employee and their manager discuss the employee's performance and development, as well as the support they need in their role. It is used to both assess performance in the last twelve months and focus on future objectives, opportunities and resources needed. At the last inspection we were told this was to be part of the personal development plans, something the registered provider planned to introduce. This meant annual appraisals were planned to take place in April 2017.

A training and development policy was in place. It was not specific about the training staff must attend, when, and how often or how their competency would be assessed on relevant topic areas to ensure they were competent in the role they were to perform.

We asked the service for their training matrix. This is one way the service can monitor the training staff have received, when that training is due for renewal and identify where staff need further training dependant on the history of the person they are providing care to, for example, diabetes. Likewise for supervision and appraisal. We checked staff had received training relevant to their role. We found all staff had completed the Care Certificate. These are the current standards that new care staff must complete on their induction. In addition, staff had received training in MCA/DoLS, food safety, medicine management and positive behaviour support and non restrictive practice. Moving and handling people was scheduled for April 2017. Discussion with a member of staff from the office told us staff did not assist people to move, but this contradicted with information in their care plan.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA.

Staff told us they received training and were clear how this might impact them in their role. They showed a passion for upholding people's rights and told us they supported people to make their own decisions, even unwise decisions, unless appropriate authorisations were in place to restrict this.

Equally, when we spoke with people they told us they consented to the care they received. They told us that staff checked with them to ensure they were happy with support being provided.

We checked and found people were supported to have sufficient to eat, drink and maintain a balanced diet where this was part of their care needs.

We checked and found people were supported to maintain good health, have access to healthcare services and receive ongoing healthcare support where this was part of their care plan or if an emergency occurred whilst staff were at a call.

Good

Is the service caring?

Our findings

We checked and found positive caring relationships were developed with people who used the service, with staff supporting people to express their views and be actively involved in making decisions about their care, treatment and support.

People were provided with a welcome client pack to explain the standards they could expect from care staff working for the agency.

We found during our visits and discussions with people, staff were familiar and knowledgeable about people's individual needs, their life history, their likes and dislikes and particular routines. They gave examples of how staff treated them with dignity and respect and maintained their privacy. The examples they gave included making sure curtains and doors were closed and making sure they were afforded dignity when staff were providing personal care. They told us staff involved them in making decisions about their care and support. For example, they always ask what we need on each visit and provide that support.

All staff showed concern for people's wellbeing in a caring and meaningful way when we spoke with staff and they were passionate about their role.

Staff knew the people they supported well and were able to talk about people in terms of their relationships with them, their preference and the care and support tasks they undertook.

Staff were able to explain how they maintained people's privacy, for example, by giving them their privacy whilst they went to the toilet. Staff also told us it was important to promote people's independence.

Requires Improvement

Is the service responsive?

Our findings

We checked people received personalised care that was responsive to their needs.

In our discussions with people we found they received personalised care that was responsive to their individual needs and preferences. People expressed staff were knowledgeable about their needs, preferences and interests, as well as their health and support needs, which enabled them to receive a personalised and responsive service.

Staff told us care plans and risk assessments were always in place and provided them with information to be able to care for people.

When we looked at people's care plans we found they had been reviewed, but one care plan identified that staff assisted the person to bathe and that they had a seat to assist them with this. The risk assessment did not identify any risk associated with this task, including that equipment was safe to use. A staff member told us the person carried out this task independently. This meant the care plan contained inaccurate information to confirm there was no risk associated with the task undertaken by staff.

This meant a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014 as accurate records were not in place.

We checked and found the service listened and learnt from people's experiences, concerns and complaints.

We found the service carried out observations of staff in people's home to ensure they had responded to people's needs as identified. In addition, people were sent surveys to provide them with an opportunity to provide feedback about the service, so that the service could assess any improvements that might be identified.

On our visits to people's homes we saw in people's care files there was a client welcome pack that provided information to people about the service. This included the complaints policy and procedure.

When we spoke with people and their relatives they told us they would know how to complain but did not have any complaints about the service.

Discussion with members of the management team demonstrated that complaints were taken very seriously.

It was evident from the comments from people, relatives and staff that they knew how to complain and felt confident that they would be listened to and acted upon.

We saw evidence of a working complaints procedure, where complaints were recorded, investigated and responded to.

Requires Improvement

Is the service well-led?

Our findings

We checked the service demonstrated good management and leadership, and delivered high quality care, by promoting a positive culture that was person-centred, open, inclusive and empowering.

The most recent rating of the registered provider was displayed in accordance with guidance provided by the Commission to comply with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 on the website and in the agency office.

When we spoke with people they told us they had received a copy of the report from the last inspection and that they thought it was a fair report. Not all staff were able to confirm they had seen the report. However, discussions with them confirmed they were aware of the improvements that were needed and the actions put in place to address this by the management team.

There was a registered manager in post at the service meaning that the registered provider had met this condition of their registration. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The registered manager understood and met their responsibilities for sharing information with the Commission in regard to statutory notifications. A notification is the action that a registered provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place.

The certificates of registration were displayed at the agency office.

The service had a Statement of Purpose.

In the PIR the registered manager informed us they kept up to date by using an array of forums including Think Local Act Personal, Social Care Information and Learning Service, Directions (Rotherham Borough Council Learning and Development Services); Love2 Meet U, Reach 4 the Stars; NHS Choices; Social Care Institute of Excellence, British Institute of Learning Disabilities and British Association of Social Workers.

When we spoke with people and staff we asked them their opinions of the management and leadership of the agency. Comments were mixed and included, "You can talk to all of the managers here. I am really happy in my job. We are a good team", "There's no communication with me, therefore no rapport. I don't feel part of the team at the office as they don't understand me. It's not a good experience working for Aspire as I don't feel equal" and "I have worked in other care settings and this is a far better company. I love it here. I've never looked back. I've never worked for such a good company. We work so well as a team".

Data held by CQC identified the ratio of managers to staff was better than expected and the numbers of staff

leaving was much better than expected compared to other agencies.

Staff received a staff handbook which included information about the agency and other information they needed to access whilst working such as their roles and responsibilities and relevant policies and guidance.

There was a quality assurance policy in place to identify how the service would assess and monitor the quality of the service provided. This included, on the job supervision, regular supervision with staff, regular team meetings, quarterly key worker reports, yearly surveys to people, commissioners and staff and addressing complaints and compliments.

We were able to confirm staff received job supervision, individual supervision, that team meetings were held and surveys were sent to people, commissioners and staff. A staff member confirmed quarterly key worker reports were no longer required as they were no longer effective. This meant the quality assurance policy required review to actually reflect what happened in practice.

The quality assurance process also included auditing of systems and processes. Eleven audits had been implemented since the last inspection to assist the service to comply with regulations. These included audits of policies and procedures, recruitment of staff, call monitoring, service checks, training, supervision and appraisal, risk assessments and care plans, management of medicines, evaluation sheets, annual questionnaires and service reviews and staff mileage sheets. We checked and found that these were in place and had commenced but were still in their infancy and therefore had not had the opportunity to achieve compliance with all regulations. The action plan for policies and procedures identified this had been met, but we found this had not been effective as there were some that required further review to reflect what happened in practice and meet legislation, such as medicines, supervision and quality assurance.

We found survey results were carried out and as identified in the quality assurance survey and the majority of feedback was positive. However, where information had been shared that required improvement an action plan was not in place to identify what the service were doing to improve that area of the service, so that this could be monitored.

Our findings meant the governance systems in place to evaluate and improve practice and to meet breaches of regulation had not been effective in all areas and was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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	Regulation 17 HSCA RA Regulations 2014 Good governance Systems or processes had not been established and operated effectively to ensure compliance with regulations.