

Aspire Care Support Services Ltd

Aspire Care Support Services

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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Aspire Care Support Services is a domiciliary care service that provides support for approximately 90 people in their homes. We previously inspected the service on 20 June 2016 and rated the service as good in all areas. At this inspection we found that the service remained good and was outstanding in the 'caring' domain.

There was a registered manager in post. 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 2008 and associated Regulations about how the service is run. The registered manager was also one of the providers and had founded the company in 2013.

Not everyone using the service received the regulated activity 'personal care'. The Care Quality Commission (CQC) only inspects the service being received by people provided with personal care such as help with tasks relating to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

People who used the service and their relatives were extremely positive about the caring nature of staff and the responsiveness and reliability of the service. Everyone we spoke to, without exception, told us how the service excelled in delivering a service that met their individual needs. One person told us, "They're excellent, absolutely excellent, couldn't ask for better. I've never met nicer, more caring people who go beyond the call of duty. They're always cheerful, happy, always willing to do more. They're very special people."

Reliability was a key factor in people rating this service so highly. People told us they had a small team of care staff and that this was extremely important to feeling safe and well cared for. The registered manager and other senior staff were all involved in providing hands-on care and people we spoke with knew them by name. Staff and customers were carefully matched by considering things such as people's personality, likes, dislikes, hobbies and interests. The service ensured a small and consistent team worked with each person and it was evident that both staff and people using the service benefitted from this approach.

Staff were highly motivated and took pride in their work. The values and culture of the service were exemplified by all the staff who worked in the service. People using the service used the term "go the extra mile" frequently to describe the staff. Staff members felt they were a highly valued part of the service and very much involved in feedback and decision making. Without exception staff told us they were proud and happy to work for Aspire.

Staff recruitment was robust to ensure that staff had the right attributes, skills and experience. A well-structured staff training and development programme resulted in a professional and highly-skilled workforce. In depth induction training was provided upon commencing employment. Ongoing refresher training was also provided and this was regularly updated to meet the changing needs of the people who

used the service. A training and recruitment officer had been employed since our last inspection. Staff received high levels of support to enable them to provide outstanding care including regular supervision, team meetings and appraisals.

The provider had systems in place to ensure that people were protected from the risk of harm or abuse. There were policies and procedures in place to guide staff in relation to safeguarding. Risks to people were assessed and minimised by careful care planning. People received their medicines as prescribed and clear accurate records were kept.

The agency specialised in providing end of life care for people wishing to return home from hospital. This usually started with only 24 hours notice and was fulfilled by a team of very skilled and experienced staff.

All staff were provided with a phone. These were used to scan into calls and an alert was sent to the office staff, including out of hours on call, if the carer had not logged in 15 minutes after call was due to start. A system known as 'Quikplan' was installed on the phones and this gave basic details of the person, access to their home, the colleague who would be attending the call, and the person's care needs. This had a very important feature of allowing the member of staff to alert others to any changes, for example changes to medication.

The care records we looked at showed that people were involved in decisions about their care and support. The care records contained good information about the support people required and were written in a person-centred style. Calls were carefully monitored by office staff and people were alerted if staff were going to be late. Three monthly reviews and annual full service reviews were recorded in people's care files.

There was an open culture that was driven by a visible management team. The providers spoke with passion about the service, what they had accomplished and how they wished to improve the existing high standards of care in the future. The service was exceptionally well-led and had excellent links with healthcare professionals. There was a strong emphasis on continually striving to improve the quality and safety of the service and ensure that people were receiving excellent outcomes.

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 remains good.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Outstanding ☆

The service is exceptionally caring.

People who used the service had a small team of carers who got to know them very well and knew how they liked their support to be given.

All the people we spoke with praised the staff. They said staff were always cheerful, kind, caring and helpful, and nothing was too much trouble for them.

People told us that their dignity and privacy were always respected when staff supported them.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Good ●

The service remains good.

Aspire Care Support Services

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008. This inspection was planned to check 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 inspection took place on 4 and 6 February 2019 and was carried out by an adult social care inspector. We gave the registered manager short notice of the inspection to ensure they would be available.

We looked at records, which included four people's care records, four staff files, and other records including customer feedback and records relating to the management of the service. We spoke with the registered manager and 12 other members of staff. During and following the visit, we spoke with five people who received a service from Aspire and relatives of four people who used the service.

Before our inspection, we looked at information the Care Quality Commission (CQC) had received about the service including notifications received from the registered manager. The registered manager had completed a Provider Information Return (PIR) as requested. This is a form that asks them to give key information about the service, for example, what the service does well and any improvements they intend to make. We also looked at safeguarding referrals, complaints and any other information from members of the public. We contacted service commissioners to ask for their views of the service.

Is the service safe?

Our findings

People we spoke with felt the service provided care and support that was safe. They told us that calls were never missed and that staff always arrived on time, or if they were going to be late they always let them know. One of the people we spoke with said that for the first time they were going on holiday without any worries about their relative's care while they were away.

Staff were provided with a mobile phone that showed their duty rotas, phone numbers for the staff team and managers, and key pad numbers for people's homes. The phones were also used to log in and out of calls to people's homes so that the management team was aware of where staff were, and could check whether calls were on time. The phones were also used to give staff updates on any changes to people's support so that they always had up to date information.

We looked at the staff files for four members of staff who had been recruited during the last year. The records showed that full recruitment and checking processes had been carried out when these staff were recruited. This included a Disclosure and Barring Service disclosure and at least two verified written references.

The provider had their own policies and procedures relating to safeguarding, as well as a copy of Wirral Council's policies and procedures. The registered manager kept a record of safeguarding referrals that had been made. Records showed that all staff had completed training about safeguarding and staff we spoke with had good knowledge.

The registered manager told us "We encourage a culture of openness, so staff feel safe to raise concerns and know that these will be dealt with effectively." Staff we spoke with confirmed this and said they would have no hesitation in reporting any concerns. One member of staff told us "The standard is high and we have to keep it high. You have to have a backbone."

We looked at accident and incident forms and found that they had been well completed and signed off by the manager, with her comments recorded on the form. A monthly analysis of accidents and incidents was carried out and action taken to help prevent further incidents.

Risks to people's safety and well-being were identified and plans put in place to minimise risk. The risk assessments had been updated annually or sooner if there was any change in the person's needs. Risk assessments included medication, environment, and moving and handling. We saw very detailed moving and handling plans in people's care notes that were enhanced by the use of pictures.

Staff supported some people with medication either by prompting them to take their medication or by assisting with administration of medication. Medication administration record sheets were included in people's care files and these had been completed appropriately. Staff had received training about safe handling of medication and the service had a detailed medication policy and procedures for staff to refer to.

Staff had received training about infection control and were provided with equipment such as disposable gloves and aprons to use when providing personal care.

Is the service effective?

Our findings

New staff went on a 'shadow shift' with an experienced member of staff and then undertook a week long induction training programme. This was followed by a three month probationary period during which time they completed the Care Certificate. One member of staff told us "This is my first care job and I love it. I did a week induction and then the Care Certificate. I've learned so much. I couldn't think about doing any other job. I asked for a second shadow shift to make sure it would be right for me, then I worked with experienced staff who taught me so much and made me feel comfortable."

Records showed that staff completed a range of training including health and safety, fire safety, manual handling (theory and practical session), infection control, medication administration, food hygiene, continence care, personal care, pressure area care, and safeguarding adults and children. A training programme was in place for the whole of 2019 including refresher training in core topics. There was a well-equipped training room in the office for moving and handling instruction. A member of staff said "I can't fault the training. The quality of the training is good and we're encouraged to ask questions. We had a full training session about supporting a person with their particular mobility need."

People who used the service and relatives we spoke with considered that the staff were very skilled and knowledgeable. Twelve staff had achieved a level 3 qualification in end of life care and 76 had completed the Care Certificate.

Staff had regular supervisions which set development and training targets. Care staff had an individual supervision meeting four times a year and records showed that most of the supervision meetings took the form of supervised practice. Senior staff regularly worked as part of the team alongside the support staff and were able to monitor their practice. Staff had an annual appraisal of their performance. Regular staff meetings were held.

Staff had completed a training course which gave them a basic awareness of the Mental Capacity Act and Deprivation of Liberty Safeguards. This gave staff guidance when providing care for people who may not have capacity to make some of the decisions needed in relation to their support.

People's food preferences and any specific dietary requirements were outlined in their initial assessment. A task and situational risk assessment completed at the initial visit identified any risks around malnutrition and dehydration.

The service worked closely with people's GPs, district nurses and other health professionals.

Is the service caring?

Our findings

As part of the inspection we looked at feedback the agency had received from families of people who had used the service and we spoke with people who used the service and relatives of people who used the service. Their comments were overwhelmingly positive and showed that people were always treated with kindness and compassion when receiving support.

One person had written "You became part of our family and the way you connected with [relative] was a joy to watch. You will never really know the amazing difference you made in our lives, we'll never forget it." A letter from another person stated "We want you to know that all the team that cared for Mum were kind, gentle and considerate. They developed a very sincere bond with her that was lovely to see and hear. It took such a lot of stress away from the family."

A relative we spoke with said "They're excellent, absolutely excellent, couldn't ask for better. I've never met nicer, more caring people who go beyond the call of duty. They're always cheerful, happy, always willing to do more. They know their stuff, for example my relative likes to have every pill explained to him and they can do this. We have a good laugh too. They're very special people." This showed that staff were aware of the person's individual needs and preferences in the way they received support.

We saw many examples of how staff responded to people's individual needs and preferences. A member of staff described the need to be able to adapt their approach to different people and circumstances. They told us "I like to go in singing and most people love this, but of course it's not always appropriate and sometimes you just have to be quiet." Another member of staff described how they were sometimes able to support people with their 'bucket list'. This could be done through virtual reality technology that the provider had made available, but also in more practical ways. For example, one person had told them they had never had caviar and would love to try it "so I went out and got it for them".

The service specialised in providing end of life care for people in their own homes. The feedback we received showed that this was done in a caring and compassionate way that protected the person's dignity. People whose relatives had received end of life care from the agency's staff commented: "I was delighted that we managed to get her home for her final few days but this could not have happened without the wonderful care provided by your staff. Their bedside manner was always exemplary and they dealt with Mum with dignity and kindness." and "The fantastic team at Aspire Care Services gave my husband his last wish to be at home and they treated him with care and dignity. I will never be able to thank the team enough for what they did, they made sure he was given the best care, they always went that extra mile."

We found many examples of compassionate, respectful and empathetic behaviour within the staff team. Members of staff told us "Support is massive from the girls I work with and from the office; there's always people you can phone." and "The managers value the staff and appreciate what we do. They thank us for our work and pass on any feedback from customers." We saw messages of support from and to staff via social media including welcome to new staff doing their induction and a message to the manager stating "You and the staff do an amazing job and you all should be proud of Aspire because I am proud to work with

you all."

A member of the office staff described a recent situation when carers called them to say that one of the people they were supporting was close to the end of their life that but their family had not yet arrived. The registered manager and another senior member of staff immediately went out to be with the person so that the carers could get to their next call and the person would not be left on their own. The carers then returned at the end of their shift to check that they were OK.

Staff told us their relationship with customers and families was very important. It was stressful for the person and their family if they got different carers who kept asking the same questions and people had to keep explaining what they required and how they liked things done. A member of staff told us "We get to know people's routines and how they like things done, some are a bit shy at first but you go in and make the customer feel they are important. You get such a close bond with customers and their families. You get to know how they like things, for example one person likes their Weetabix cold in the summer and warm in the winter.

We saw that staff showed concern for people's wellbeing in a caring and meaningful way, and responded to their needs. A person we met told us "I have three or four carers and they're wonderful. I have arthritis and they gently ease me out of bed in a morning. They have become like friends. When I was poorly I asked for an extra call in an evening and it was provided straight away."

Another person who used the service told us "We have had experience of different care companies and these are fantastic, there is no comparison at all, not on the same wavelength. I am disabled and they have to know how to move me. I have the same carers, a team of about six and they are all fantastic. I can ring the office and ask for [manager's name]. If she's not available she always calls me back. She came out to see me when I wasn't well, and came back again next morning. There's nothing they won't do for me. I'm treated as an individual person. They stick up for me and I think of them as friends."

The care staff we spoke with reflected people's opinions of them and some of the significant comments they made to us were "Consistency is very important, you build up a relationship"; "I don't see it as 'going the extra mile', I see it as doing my job."; "I like to go home and feel that I've done more than enough."; "I like to come to work and make a difference." and "It was so much comfort that I was with her at the end. I waited with her relative until the doctor came so she wouldn't be on her own."

The registered manager told us "Equality and diversity are key components in the delivery of quality services at Aspire. We encourage and promote these values as much as possible via our core values and mission statement. Our staff ensure that through their work, customers are treated fairly and equally and each customer they provide a service for is treated with dignity and respect. Equality and diversity should never be viewed as a bonus in terms of service delivery; it is an integral part of our service planning. Staff encourage customers to be in control and will encourage independence rather than create a dependency."

When we spoke with people who used the service, and with staff, we found that this was the case. Staff recognised the importance of promoting people's independence. One carer said "I like being there to help people carry on doing as much as they can." Another told us about a person who was struggling with the loss of their independence and how they sat with them and peeled potatoes together. One of the people who lived at the sheltered housing service said "They try a lot to help us to be independent. They're always coming up with new ideas."

We saw that the service made sure that people, and those close to them, felt they mattered, and that staff

listened to them and spoke to them appropriately and in a way they could understand. A relative told us "They're brilliant, can't praise them enough. We had endless problems with another care company. Since having Aspire my relative's skin integrity has improved and they haven't had any urine infections. They are very knowledgeable and experienced. I stay in the room with them and am very involved. Continuity is a really big thing. They talk to her, tell her what is happening, they talk to her like she's a human being."

We saw that the management and staff responded well to people's individual needs and requests and that people were involved in decisions. For example, one person received a care call early in the morning to enable them to get ready for work. Another person preferred to only have calls from certain members of staff and this had been inputted into the scheduling system. One person had requested a small team of mature female staff as they had dementia and needed staff who could relate well to them and respond appropriately if they became aggressive. This also applied to staff, and the registered manager told us one member of staff had expressed that, due their religious beliefs, they would find it difficult to support people who had alcohol related issues, and this was respected.

There was a 'dignity tree' in the office and certificates for staff who had made pledges with the Dignity in Care organisation. A Dignity Champion is someone who believes passionately that being treated with dignity is a basic human right, not an optional extra.

The registered manager told us "We ensure that people receive person centred care that respects their privacy and dignity by developing a support plan with the individual customer that documents their personal history, interests past and present, important people in their lives, their normal daily routine, likes and dislikes regarding food, their health conditions, their religious and cultural beliefs and how they would like to be addressed." The care files we looked at demonstrated this.

Staff told us how they protected people's dignity when they provided care. They told us "We talk to people as we work, people love it when we sit down and have a cup of tea with them."; "Show respect to people, for example when you wash people you cover them up, listen to what they want, tell them what you are doing, just get on with things and talk about everyday things so you don't make a big deal of personal care."; "Always tell people what you're doing even if they seem unresponsive." and "Only uncover what you're washing then cover it up again."

Staff also recognised the importance of good personal care for people and how doing their nails and hair could make them happy. One member of staff told us "I looked at pictures of how she used to have her hair before she was ill and I tried to do it like that." The registered manager kept a supply of continence products, toiletries and equipment such as mouth care products that could be used for people returning home at short notice until the person's family or friends could provide a supply. They also had inflatable hair-washing bowls that could be used for people who were cared for in bed.

We saw that staff found ways to communicate with people when their protected and other characteristics under the Equality Act make this necessary to reduce or remove barriers. For example, one person had a visual impairment and written information was in large print and staff were advised that if they wrote anything down for the person it should be written in black pen and in large print. Another person who was hearing impaired was contacted by email or text as they were unable to use a telephone.

People told us they had received the information they needed about the service including a 24 hour contact number. The registered manager told us "All customers are issued with a customer guide and statement of purpose containing contact numbers for advocacy services. We are proactive in encouraging customers to

contact advocacy services if their views and opinions are not being listened to by others. Customers are informed that any information obtained is kept and stored in line with confidentiality and data protection regulations. Our computer systems are protected by comprehensive anti-virus software to minimise risk of data breaches. All paper copies of confidential documentation are stored in locked filing cabinets and the keys are stored away from the filing cabinets in a central key box which is coded." During our visits to the office we observed that no personal information regarding people who used the service was on show.

Is the service responsive?

Our findings

The service specialised in providing end of life care for people wishing to leave hospital and return home. This was usually requested at 24 hours notice with information provided by the hospital integrated discharge team. One of the agency's schedulers took lead responsibility for agreeing and facilitating this service. The managers had developed a team of experienced care staff who worked in pairs and would usually provide four calls a day to the person. The managers also supported calls to these people and the agency staff worked closely with district nurses. One of the care staff told us "I find end of life care rewarding rather than upsetting."

The registered manager told us "We are proactive in ensuring that our customers have a dignified, comfortable and pain free death and that families are supported during the dying process; this is very important to us and our staff. We are training all staff in advanced care planning in the next three months. Once staff have a good understanding about the process of this we can produce advanced care plans for customers wishing to engage in developing them. Staff will have the skills and ability to work through these documents over a period of time as people's wishes and preferences change." Feedback we saw from families confirmed their satisfaction with the way that end of life care had been provided.

New referrals for domiciliary care came from social workers, or directly from clients or their families. When an enquiry was received, the agency's assessment officer went to visit the person to discuss their needs and the service they required. A comprehensive assessment was completed and identified specific individual needs and choices about the way support was to be delivered. Risk assessments and care plans were written and communicated to staff. A member of care staff told us "Care plans are important, they tell you exactly what you need to do. We can add things to them as we get to know the person, for example the name people like to be called by, their food choices."

Each person had a monthly booklet in which the carers made notes after their visit. These were completed clearly and in good detail. The booklets also had charts for staff to record medication administration, skin checks with body maps, bowel records, and accident forms. A person we spoke with told us the staff checked their relative's skin on every visit and ensured that the correct equipment was in place to ensure her comfort before they left.

The agency had complaints policies and procedures and people were given details about who they could contact if they wished to make a complaint or raise a concern. We saw that two complaints had been recorded in the last year. The records showed that these had been investigated and responded to quickly and appropriately. Two of the people we spoke with said they had received a care call from a member of staff they did not like and they had informed the registered manager. They were very happy that this had been dealt with swiftly, and one of them told us "They listen to what you say."

The agency provide support for ten people with disabilities who lived in a 'shared ownership specialist sheltered scheme'. This was supervised by a team leader. Some of these people received support to meet their social needs as well as voluntary work placements, education and work opportunities. A fortnightly art

and craft class was held at the agency's office and we observed that people really enjoyed joining in this.

The registered manager described how they supported people with communication needs by assessing their verbal and non-verbal skills and identifying any techniques they used to enable effective information sharing and communication. One person had a visual impairment and written information was in large print and staff were advised that if they wrote anything down for the person it should be written in black pen and in large print. Another person who was hearing impaired was contacted by email or text as they were unable to use a telephone.

Is the service well-led?

Our findings

The registered manager explained the philosophy of Aspire Care Support Service "Aspire has a clear set of values including: valuing the dignity of every human being, diversity of the services we offer, independence and autonomy, our ability to take measured risks, to demonstrate an entrepreneurial spirit in order to tackle unsolved problems, our inclusive approach, ensuring access to our services by all members of society, working collaboratively with others, our customers and strive to ensure that they receive an excellent service and are fully engaged and consulted, all our staff, their talent, their contribution and their continuous development." During the inspection we saw that this was put into practice.

People who used the service and their relatives were extremely positive about the caring nature of staff and the responsiveness and reliability of the service. Everyone we spoke to, without exception, told us how the service excelled in delivering a service that met their individual needs. One person told us, "They're excellent, absolutely excellent, couldn't ask for better. I've never met nicer, more caring people who go beyond the call of duty. They're always cheerful, happy, always willing to do more. They're very special people."

Reliability was a key factor in people rating this service so highly. People told us they had a small team of care staff and that this was extremely important to feeling safe and well cared for. The registered manager and other senior staff were all involved in providing hands-on care and people we spoke with knew them by name. Staff and customers were carefully matched by considering things such as people's personality, likes, dislikes, hobbies and interests. The registered manager ensured a small and consistent team worked with each person and it was evident that both staff and people using the service benefitted from this approach.

Staff were highly motivated and took pride in their work. The values and culture of the service were exemplified by all the staff who worked in the service. People using the service used the term "go the extra mile" frequently to describe the staff. Staff members felt they were a highly valued part of the service and very much involved in feedback and decision making. Without exception staff told us they were proud and happy to work for Aspire.

The registered manager was also one of the providers and had founded the company in 2013. She was supported by a business partner who held the role of care manager. Both of the providers had considerable experience in providing domiciliary care services and continued to provide hands-on care for people who used the service. They told us they always worked with staff when any new pieces of equipment were introduced to ensure that they were confident and competent.

The registered manager had completed a level 5 'Leadership and Management' qualification. They attended training sessions to update their knowledge and keep abreast of changes and new technology, research, guidance and developments. They had participated in a number of multi-disciplinary workshops held by the local authority and health to shape future commissioning within the local area and led a pilot contract for domiciliary end of life and complex healthcare packages in Wirral. The registered manager had been on a course with NHS staff for advanced care planning and told us this would be disseminated to staff at training sessions.

Since our last inspection the providers had increased their office space which included very spacious and well-equipped training facilities. They had formed an alliance with two other providers of domiciliary care to successfully tender for local authority contracts as the tender had to cover all types of service provision, for example re-ablement, which Aspire did not provide. Although the 'Wirral Homecare Alliance' was set up for tendering for contracts, the registered manager told us it was also proving valuable in other ways, for example sharing good practice and help with recruitment.

The registered manager told us "Human rights underpin the ethos of Aspire and are pivotal in our service delivery. There is within the company a culture of fairness, respect, dignity, equality choice and control. The Human rights approach is a thread that runs through everything we do from recruitment to service delivery and monitoring and reviewing. Our interview process screens people for their understanding of human rights through a variety of practical scenarios and qualitative questions. Our induction training programme is built on human right principles."

During the inspection we found that the providers had created and developed a culture of caring, openness, and mutual support. A relative told us "Nothing is too much trouble, it's just fantastic. Any problems I can ring the office and speak to [manager's name]. I just wish there were more people like them, I can't praise them enough." People we spoke with said that any concerns they raised were dealt with promptly and effectively.

Members of staff said "I love working for them. It's brilliant."; "I love what I do, love working for this company. If you've got any issues it's so open here."; "I have worked for a couple of other care companies and this is by far the best." Other staff said "Best decision I ever made. The management are very supportive. I can always come into the office, don't have to make an appointment."; "They care about you." and "The managers and the girls in the office are fantastic and give you great support, for example after a death they come out to support us and will cover the next call for us. They actively encourage us to progress. The management treat us with respect, listen to us when we have problems. There's no 'us and them' with the office staff."

We spoke with the three schedulers and the assessor. They told us they had a team meeting every morning and handovers from on-call which were also shared by email. Six senior staff shared on call cover and the office was open six days a week. They explained the importance of continuity and of 'staff and client match' based on personality and customer feedback. An example they gave was of one person who loved football and a new member of staff had been recruited who was happy to go with them to football matches. Staff told us that the matching process usually worked very well, but one member of staff said they had an experience of feeling uncomfortable with a customer and this was addressed right away.

The schedulers told us about their role in the organisation and said "It's a lovely job. We all go out and give care and get to know people. It's nice for staff to see us out there." Two of the schedulers were new to the service in 2018. One of them told us "I couldn't have been made more welcome." The other said "Everybody cares, I love it, they all go the extra mile. For example, the staff working in end of life will work on their day off to ensure continuity and 'see it through'. Right from the induction the managers made me feel welcome, valued. The passion for the company runs right the way through."

The manager told us that they always tried to involve staff in important decisions. Staff meetings were held every three or four months and records showed that meetings were repeated at different times of day to ensure as many staff as possible could attend. One of the meetings in 2018 had no agenda but was used as an invitation for staff to say anything they wanted to and suggest any changes they would like to be made. A survey carried out in December 2018 asked staff what they wanted to 'stop, start, or continue'. We saw evidence that the management team had considered the staff's comments in the future planning of the

service.

There were also social events for staff and their families and team building sessions for staff to encourage the development of relationships and trust. A charity 'shoe box' appeal at Christmas was facilitated by the manager and well supported by staff. The boxes were put together in the office by staff and their families. When 'thank you' cards or messages were received at the office, these were shared with staff by pictures or messages on their phones. The manager told us that this developed a culture of mutual support and team motivation. This was clearly successful because staff told us "I'd say to people, come to Aspire, they're great."; "I've never heard staff moan or say a bad word. They're all in it because they want to be in it." and "When you're doing it, it doesn't feel like a job because you enjoy doing it."

The registered manager told us they had formed a relationship with one of the local schools and have had a number of work experience students spend time on placement with the company.

Aspire also offered a handyman service to provide affordable, value for money services to assist with safe discharge from hospital and maintaining a safe living environment. The handyman service included fitting key safes, completing small household repairs, fitting security lights, CCTV systems, and door entry systems. One of the people we spoke with told us how much they valued this service.

The manager told us "We constantly monitor and evaluate the service delivery through direct observations, service reviews, QA checks and delivering hands on care. We monitor complaints and compliments and look for trends in safeguarding and CQC notifications to identify any areas of poor practice. If we identify any concerns we action this either through policies and procedures such as capability/disciplinary or through training and development."

The care files we looked at recorded regular three-monthly reviews of people's care, involving family members where appropriate. A full service review was carried out and recorded annually. Any changes that people requested were considered and responded to whenever possible. People who received a short-term service from the agency were asked to complete an 'end of service questionnaire'. We saw that the feedback people had provided was very positive.

The care that people received was recorded in a book that was completed monthly for each person. At the end of the month the books were brought into the office and audited by an external person who identified, for example, any dates without an entry or any missed medication. A report was written in each book and we saw that the manager followed these up. We looked at the most recent report and found that the dates where no care had been recorded all coincided with the service being cancelled for that day by the person, for example because the person was going to be out visiting family.

The most recent full customer survey had been carried out in March 2018 and 76 forms were returned. These showed a very high level of satisfaction, with no negative scores or comments. The next survey was due to be sent out in March 2019.

We saw that the manager was constantly exploring how the service could be improved and enhanced. She told us "Within the next 12 months all staff must be able to use self-reflective techniques to improve their own standards. They should continue to work as part of a team and learn from each other adopting new ideas and techniques to make the services we offer more caring. We want to develop the finer details in the package of support we offer, for example, simple things that make a big difference to the customer's comfort and mental wellbeing thus ensuring that the support package the customer receives is holistic and not purely focused on the physical aspects of care and support."

The provider accessed policies and procedures from an external company which were then adapted to suit the service. Staff were able to log into these using their phones, for example when doing training. The service user guide and staff handbook were included. The manager could send a reading list to staff of any specific policy or procedure they wanted them to revisit or that had been changed, and then check if they had read it.

All of the documents we asked for were readily available in the office and had been written and maintained to a good standard and kept up to date. We found an excellent standard of record keeping in all areas including personnel records, copies of notifications, safeguardings, accidents and incidents, all signed off by manager. The registered manager was aware of the statutory notifications that needed to be sent to CQC and ensured these were submitted as and when required. A copy of the last CQC report was available for people to look at in the office and on the provider's website.