City & County Care Services Limited

Aspire UK

Inspection report

First Floor, Abbey House
56 Burleys Way
Leicester
Leicestershire
LE1 3BD

Tel: 01162621999
Website: www.carewatch.co.uk

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

Aspire provides personal care for people living in their own homes. On the day the inspection the registered manager informed us that there were 467 people receiving personal care from the service.

A registered manager was in place. 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 was also the provider.

People and their relatives we spoke with said they thought the agency ensured that people received safe personal care. Staff had been trained in safeguarding (protecting people from abuse) and staff understood their responsibilities in this area.

Risk assessments were not fully detailed to assist staff are to support people safely.

We saw that medicines were supplied but more evidence was needed to ensure they were given safely and on time, to protect people's health needs.

Staff had not always been safety recruited to ensure they were appropriate to supply personal care to people.

Staff had training to ensure they had the skills and knowledge to be able to meet people's needs.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) to allow, as much as possible, people to have effective choice about how they lived their lives.

Staff had awareness of people's health care needs so they were in a position to refer to health care professionals if needed.

People and their relatives we spoke with told us that staff were friendly, kind, positive and caring.

People, or their relatives, were involved in making decisions about how personal care was to be provided.

Care plans were individual to the people using the service is to ensure that people's individual needs were met.

People or their relatives told us they would tell staff or management if they had any concerns and were confident any issues would be properly followed up.

People and their relatives were satisfied with how the agency was run by the registered manager. There were comments for improvement from staff to ensure office management staff always had a positive attitude towards them and they were not pressurised to carry out excessive shifts.

Management carried out audits and checks to ensure the agency was running properly and ensure people were provided with a quality service.

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 consistently safe.

People and their relatives said that people felt safe with staff from the service.

Risk assessments to protect people's health and welfare were in place but had not contained all relevant details to protect people safety.

Staff knew how to report incidents to relevant agencies if necessary.

Staff recruitment checks were usually in place to protect people from receiving personal care from unsuitable staff.

Medicines had not always been supplied as prescribed as recording systems had not always been fully in place to prove this.

Is the service effective?

Good

The service was effective.

Staff were trained to meet people's care needs.

People's consent to care and treatment was sought in line with legislation and guidance.

People's nutritional needs had been promoted and protected.

Is the service caring?

Good

The service was caring.

People and their relatives told us that staff were friendly and caring and respected their rights.

We saw that people or their relatives had been involved in setting up care plans that reflected people's needs.

Is the service responsive?

Good

The service was responsive.

Care plans contained information on how to respond to people's assessed needs.

People and their relatives were usually confident that any concerns they identified would be properly followed up by the provider.

Staff were aware of how to contact medical services when people needed health support.

Is the service well-led?

Good

The service was well led.

Any allegation of abuse had been followed up.

People and their relatives told us that management listened and acted on their comments and concerns and they thought it was a well led agency.

Staff told us the registered manager and senior office staff had usually provided support to them, though some issues needed to be looked at to ensure this was always the case.

Staff said the registered manager had a clear vision of how friendly individual care was to be provided to people to meet their needs.

Systems had been audited in order to measure whether a quality service had been provided.

Aspire UK

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 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.

This inspection took place on 9 and 10 May 2016. The inspection was unannounced. The inspection team consisted of one inspector and two experts by experience telephoning people in their homes to give their views on the service they received. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our experts for this inspection had experience of the care of older people.

We looked at the information we held about the service, which included 'notifications'. Notifications are changes, events or incidents that the provider must tell us about.

We contacted commissioners for health and social care, responsible for funding some of the people who used the service and asked them for their views about the agency. No concerns were expressed about the provision of personal care to people using the service.

During the inspection we spoke with 38 people who used the service, 10 relatives, the registered manager, the provider, two office management staff and four care workers.

We also looked in detail at the care and support provided to four people who used the service, including their care records, audits on the running of the service, staff training, staff recruitment records and medicine administration records.

Requires Improvement

Is the service safe?

Our findings

All the people we spoke with and their relatives said that they felt safe with staff from the agency. A person using the service told us, "They are safety conscious". People told us that staff took the time to provide care properly, safely and with dignity and they did not recall any falls or injuries caused by staff. People also said that they did not feel tense when the staff were in their homes.

People who needed assistance with equipment were satisfied with the way staff operated this. One relative told us, "They move her safely around in the hoist".

Risks within people's homes had been assessed and managed. We saw risk assessments set out how to protect people from identified issues in the environment such as electrical appliances, kitchen equipment, hazardous substances and tripping risks. Staff told us examples of how they kept people safe such as making sure that medicine was not lying around, doors and windows were kept shut and locked when needed and checking that rugs on floors were flat to eliminate tripping risks.

Care records for people showed risk assessments were completed to protect their safety. These included how to move people safely. Staff told us that they had been trained to use equipment such as hoists and rotundas to ensure people were moved safely. A staff member told us they were aware of when the hoist should be serviced and that they checked that slings for hoists were in good condition to ensure people's safety. People had information in their care plans about who to contact in the event of an emergency. In two care plans there was no contact number for the district nurse or the next of kin so there was a risk that assistance to protect people's safety could be delayed. The registered manager said this would be put into place.

We looked at a care plan which outlined issues about a person's behaviour. There was a general risk assessment in place to assist staff to safely manage this situation should it arise but no specific information for staff to follow such as how to distract the person. The registered manager said that this issue would be followed up and swiftly sent us an action plan putting this in place.

Another care plan noted a person was a risk of choking. There was a risk assessment in place for staff to follow as to a safe texture of food and that food needed to be cut up into small pieces to prevent a choking risk. However, there was no specific information in place as to what type of food that was safe for the person to eat. This meant there was a risk that staff may have supplied food which was a choking risk to the person. The registered manager said this issue would be followed up and swiftly sent us an action plan putting this in place.

We saw a care plan which stated that the person had an identified risk of pressure sores. There was a risk assessment outlining safety measures to ensure the person received creams from staff to maintain their skin. We checked the daily records for one person in January 2016 who needed to have cream applied by staff every day. However, evidence this had been carried out was not always in place. The registered manager thought this was because staff had not recorded it rather than the cream had not been supplied to

the person. She said this issue would be followed up with staff to ensure this was recorded after they supplied the cream, and she swiftly sent us an action plan covering this issue.

Another care plan stated that the person was diabetic and needed to have an appropriate diet provided to them. However, there was no specific information about what food and drink to offer the person in order to ensure their safe nutrition. Records did not include information as to what food had been supplied to the person in order to check that it had been appropriate. Staff had been trained to test the person's blood to ensure their sugar levels were at a safe level. However, there was no recorded range of blood sugar level in place in order to alert staff to contact medical services if this had been a problem. The registered manager said this would be put into place and swiftly sent us an action plan putting this in place.

Staff we spoke with had been trained in protecting people from abuse and understood their responsibilities to report concerns to other relevant outside agencies if necessary. This meant that people's safety could be protected in case of abuse.

Staff recruitment practices were in place, except for one staff member. Staff records showed that before new members of staff were allowed to start, checks had usually been made with previous employers and with the Disclosure and Barring Service (DBS). DBS checks help employers to make safer recruitment decisions and ensure that staff employed are of good character. However, records did not always show that the necessary documentation for staff was in place to demonstrate they were fit to supply personal care to people, as the record for one staff member only had character references from friends or work colleagues, which did not provide independent evidence of their suitability. The registered manager said this issue would be followed up and swiftly sent us information outlining how this had been put into place.

We found that sufficient numbers of staff had usually available to meet people's needs, as people and their relatives told us that most calls had been made by staff. In the instances that staff would be late, the office usually contacted them to explain why they would be late and give an update of the time of arrival. The people we spoke with were satisfied with this procedure. One person told us that he had contacted the office when the call was late but he had received no response. The registered manager said this would be followed up and provided information later that this had been done..

People all confirmed that staff stayed the length of time needed to complete personal care tasks. One person said, "They don't rush me."

The provider's safeguarding and whistleblowing policies (designed to help protect people from abuse) were available to staff. These told staff what to do if they had concerns about the safety or welfare of any of the people using the service. They contained contact details of relevant agencies where staff could report their concerns to.

Policies set out that when a safeguarding incident occurred management needed to take appropriate and action by referring to the relevant safeguarding agency.

People and their relatives told us that staff had usually reminded people to take their medicines and there had been no issues raised about not receiving their medicine. However, one person told us they had contacted office staff to check whether staff had prompted them to take their medicine. It was found that the staff member had not prompted this. Office staff had then apologised to the person for this omission. We saw a letter from the provider to staff stating that it was very important for staff to ensure that people had their medicines and that action would be taken if they did not ensure this happened.

We saw evidence that people had usually received their daily prescribed medicines. However, there was some occasions where staff had not signed whether the person had taken their medicine. The registered manager later sent us information following up this issue.

There was information in people's records about their allergies and also information about side effects of the medicines they were taken. This helped staff to ensure that people were taking their medicines safely. We also saw that staff had been trained to support people to have their medicines and administer medicines safely.

Good

Is the service effective?

Our findings

All the people and their relatives we spoke with said that the care and support they received from staff effectively met their needs and they thought that staff had been properly trained to meet people's needs. People described effective practice in how they were assisted, and confirmed that staff seemed well trained and able to supply care safely and with dignity.

A staff member said, "We get training all the time. If we need any more we just have to ask." Another staff member said, "Training is good. We are encouraged to do this."

The staff training matrix showed that staff had training in essential issues such as such as protecting people from abuse and dementia care. There was also evidence of training for health care tasks such as managing stoma care and assisting people to eat who are at risk of choking. There was no evidence of staff training in dealing with behaviour that may challenge the service. The registered manager and provider said this would be followed up and we quickly received information that this was being organised for staff.

New staff are expected to complete induction training, which covers comprehensive training as outlined in the company's induction workbook. This training was covered over a five-day period. The registered manager said that new staff would have training in the Care Certificate, which is relevant nationally recognised training. We saw in the minutes of staff meetings that it was important that staff attended relevant training. Within the meeting, a staff member stated that they needed training in the needs of people with learning disabilities. The registered manager said that the training manager was currently organising this training and provided evidence of this.

Staff told us that new staff undertook an induction when they had begun work with the agency, which included shadowing experienced staff on shifts. The registered manager stated that shadowing was usually for two or three days with an experienced staff member, but if the new staff member did not feel confident of carrying out essential tasks this process was then extended for more days as needed to make sure the staff member knew how to provide effective care.

Staff we talked with said they had spot checks from the management of the agency to check they were supplying care properly. We saw evidence of these checks. Staff told us they received supervision and these were recorded in staff records. This provided staff with support to provide effective personal care to people using the service.

The Mental Capacity Act 2005 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards

There was evidence that the provider had relevant procedures in place to assess people's mental capacity. Staff were aware of their responsibilities about this issue as they told us that they always asked permission before they supplied care to people. Most staff had received training about the operation of the law and further training was currently being carried out to ensure all staff received this training. This meant that staff were or would be in a position to assess people's capacity to make decisions about how they lived their lives.

We saw in one person's care plan of a person without the capacity to decide for themselves, that bedrails had been used to prevent the person falling out of bed. There was no evidence that this restriction had been discussed in a best interests meeting to determine whether this had been formally discussed and approved. The registered manager later sent us information which indicated this had been carried out.

People told us that when staff prepared meals these were well presented. Staff members told us that people's food choices were respected and they knew what people liked to eat and drink. They told us that people had drinks and snacks left for them as needed to make sure they did not become hungry or dehydrated.

People said that staff would get them a doctor or other health service if needed. One person said, "They alert me to the doctor if they spot anything or if its needed." Another person said, ''Yes, at times they have alerted us to get the doctor….he had blisters on his legs.''

We saw evidence that staff contacted medical services if people needed any support or treatment. Staff members told us of contacting the ambulance service when they found people had fallen and injured themselves. This was an example of staff acting to provide effective care to meet people's needs.

Good

Is the service caring?

Our findings

People told us that staff were polite and respectful and respected people's rights and independence. They consistently referred to the way that staff respected their home and family life. All the people we spoke with and their relatives thought that the carers were very friendly and offered companionship to the people who used the service. A person told us, "They are very careful and gentle and helpful." Another person said, "They help me have a wash and get ready and they use a lift. It's done with dignity and they talk to me as well when they are here." A relative told us that a staff member '' "Supported us to get help which was essential, and added, "Nothing but praise for her."

Other people thought staff were very caring. One person said that staff, "Are cooperative and understanding of my disability," and "They respect me and are friendly and caring."

They said staff carried out extra tasks and were thoughtful about things that made a big difference to the quality of experience of some people using the service. This could be as simple as making a cup of tea if time allowed or asking if they could do anything before they left.

One person with a visual impairment said that staff were asked to leave certain items in particular places, which they had carried out. This ensured that the person was able to find things they needed.

A staff member told us, "It is their home. We are there as a visitor. We respect what they want."

Several people recently had face to face meetings with members of the office to discuss how their care was going. One person said, "They come out every six to eight months to go through things and see if anything needs changing." People considered that all staff, both those supplying care and those from the office, were to be good listeners and followed their preferences. People and their relatives told us their care plans were developed with them. We saw evidence in plans that this had taken place, such as people signing their plans. There was evidence that people's preferences as to the gender of staff supplying personal care to them had been followed. Staff said this process took into account people's wishes to make sure that their needs were included.

People told us that their dignity and privacy had been maintained and staff gave them choices. For example, whether they wanted to go out, what food they wanted to eat or the clothes they wanted to wear.

We saw that information from the agency emphasised that staff should uphold people's rights to privacy, dignity, choice, independence and cultural needs. The staff handbook also emphasised people's rights that staff needed to respect.

We looked at a care plan for a person from a cultural community. This indicated that the person's preferences in relation to food choices and shopping reflected their cultural needs. However, there was no other information with regard to respecting their religious and cultural preferences. For example, to ensure staff did not move cultural artefacts in their home or whether staff needed to take off their shoes or wear

shoe protectors within the person's home. The registered manager later sent us to ensure that people's cultural needs were sought and met. This will then ensure that people's cultural wishes are followed by caring staff.

The care plans we looked at stated that staff needed to encourage people's independence. People stressed that being independent was very important to them. One person said, "They let me walk with a walker by myself even though it takes me a long time." We saw evidence in staff meetings the importance of promoting independence from people.

Staff told us that they protected people's privacy and dignity. They said they always knocked on doors before entering their bedroom. One staff member told us, "We are all conscious of the need to respect people. We are there to support people rather than do things for them if at all possible and to make sure they are treated properly."

This presented as a strong picture that staff were caring and that people and their rights were respected.

We looked at the provider's statement of philosophy, which emphasised that staff should treat everyone with respect, dignity and fairness. This set a good model to ensure people were treated in the caring and respectful manner.

Good

Is the service responsive?

Our findings

People told us that the office responded quickly to their requests and made changes where needed. One person told us that due to a change in their home circumstances, agency staff, "Came out yesterday to discuss things and sorted everything out including laundry."

A number of people told us they were are in regular contact with friends and family. One person had his morning call arranged so he and his relative could go out every Friday. Another person arranged the care, "On days I choose so I can go to church on Sunday."

One person told us that he had contacted the office when the call was late but he had received no response. The registered manager said this issue would be followed up with a person and she later provided us with information that this had been done..

We also spoke with two people who wanted staff to be able to speak their language, which was Guajarati as they did not speak English. They said this was a real problem as they could not tell staff how they were feeling and what care they needed. Subsequently, one person was supplied with staff that spoke Guajarati, but the other person still had staff at the weekend that could not speak the person's first language. The registered manager said that the service did not have an available staff member who could speak Gujarati at the weekend, and this had been conveyed to the commissioning body.

We found that people had an assessment of their needs and a personal profile in the care plan. All the people using the service and relatives we spoke with said that management properly assessed people's needs before providing a personal care service. Assessments included relevant details such as the support people needed. There was also information as to people's personal histories and preferences such as their food and drink preferences and how they liked to spend their time. Staff told us that they were asked to read people's care plans and that plans have been improved and now contained more detail of people's individual needs. This helped to ensure that people's individual needs were responded to.

We saw that the assessment of a person's moving and handling had identified that equipment was needed to help the person go to the toilet and to have a shower. An occupational therapy assessment had been made so that the person could be assessed for suitable equipment to help them.

These were examples of management responding effectively to people's individual care needs.

People and their relatives told us that care plans were reviewed by the management from the agency to ensure any changing needs were recognised and could then be responded to. We saw evidence of this in people's care plans. One relative could not recall a review taking place for some time and said, "They do not check with me. They used to check my husband's care, but not now… I really need more changing pads overnight…It needs the care plan updating." The registered manager provided evidence that this issue had been followed up so that suitable equipment to meet the person's need could be in place.

We saw from some staff rotas that on a small number of occasions there was no travelling time allowed between calls to people. This meant that calls to them would be late and there was a risk that staff would not stay for the full agreed care visit and so there was a risk that staff could not respond to people's needs. The registered manager followed up this issue and said action had been taken to ensure this was not the case in future.

People were generally content that they could sort out problems that often arose particularly in the early stages of a care package, and or that if they had complained (which was rare) the service took these matters seriously and acted upon them. We found that people knew how to make complaints. People and their relatives told us they would speak to the registered manager if they had any concerns, and would feel comfortable about doing so. We saw in records that when there were instances of people expressing concerns about staff, action had been taken by the registered manager to rectify the issue.

Staff told us that there were few occasions when they received complaints from people or their relatives but, when they did so, they reported issues to the registered manager or senior management staff and they saw that the issue had been dealt with speedily and effectively.

The provider's complaints procedure gave information on how people could complain about the service if they wanted to. This included relevant information on issues such as how to contact us the local government ombudsman should they have concerns that there complaint had not be being investigated properly from the local authority.

We looked at the complaints file. We found that complaints had been investigated, a response sent to the complainant, with apologies made as needed, and action taken as needed, for example disciplinary action, unannounced spot checks on staff and additional staff training. This provided assurance that complainants received a comprehensive service responding to their concerns.

People told us of other agencies involved in their care including the adult care department, GPs, and a physiotherapist. Several people told us of their hospital appointments and that Aspire arranged to cancel or rearrange their personal care calls when necessary.

Staff told us that they had contacted other services when needed. For example, a staff member told us that a person was found on the floor after falling. She contacted the ambulance and the person was able to receive hospital treatment. We looked out the incident folder. We found that staff had called in medical services as needed except on one occasion in March 2016 where a person had fallen and had possibly suffered back pain. The registered manager said this issue would be followed up. This told us that staff had mostly appropriately liaised with other agencies to ensure that people had received care responding to their needs.

Good

Is the service well-led?

Our findings

People consistently said they could get in touch with the office and that these staff were easy to get on with. Everyone we spoke with said they were more than happy to speak to the office staff and/or the registered manager should they need to, although the majority of people had no reason to. One person said that the office staff, "do listen to you" and had, when necessary, made changes to people's care. Examples people gave were a request for staff to be sent who could speak Gujarati, having female rather than male staff and having regular staff rather than different ones. One person said, "I called the office and they sorted it quickly. I am happy now".

We saw evidence in the office meeting of April 2016 that there were occasions when the response from the office was not positive to people. Also, there was an occasion where staff did not receive assistance to deal with a medication issue. We also saw information where people or their relatives had complained about the actions of staff members. Evidence showed that the registered manager had taken action to deal with these situations.

We found that incidents of alleged abuse had been reported to local authority safeguarding teams. Information we looked at showed that the registered manager had worked in conjunction with these teams to protect people from abuse.

Staff were provided with information as to how to provide a friendly and individual service. For example, to always respect people's rights to privacy, dignity and choice. Staff told us that the registered manager expected them to provide friendly personal care to people, and to meet their individual needs.

Staff told us that they were supported by the management of the agency. However, we received comments that staff who worked long hours were contacted by office staff to cover more calls. Also that staff that regularly had sickness leave were not dealt with by the management of the service. And that staff needed to be commended more often for the good care they provided to people. The registered manager said she would look into the first issue but stated that staff that were regularly off sick were always subject to action to resolve the issue. She said she would review the issue of staff being commended and swiftly sent us evidence that this had been recently carried out.

We saw that staff had been supported in providing care by having regular staff meetings. This provided staff with more support to carry out their task of supplying quality personal care to people.

Staff members we spoke with told us that they would recommend the agency if a relative or friend of theirs needed this service, as they rated the care provided as very good.

Staff told us they could approach the registered manager or senior office staff about any concerns they had. One staff said, "If I have a problem I can ring someone and they will help me."

Staff said that essential information about people's needs had always been communicated to them.

Staff had received further support through fieldwork supervision. This meant that staff were supported to discuss their competence and identify their learning needs.

There was evidence that people's needs were reviewed. Reviews covered important issues such as their general satisfaction with the service, whether their care needs were being met and whether they needed any more assistance with regard to meeting their health needs. However, issues identified from reviews did not always show what action was taken to follow up, such as office staff alerting people if staff were going to be late. The registered manager said she would ensure this was carried out in the future and she sent us an amended form which included action needed to resolve any issues raised. People were also contacted periodically by telephone to check that they were satisfied with the service.

We saw that people had been asked about their views about the running of the service through a satisfaction survey. These had been generally very positive in the questionnaires that had been returned. Everyone had stated that they were satisfied with the service. Where issues had been identified in the survey, the registered manager had set out an action plan to follow these up. There were no questionnaires for relatives or staff to enable these important parties to give their views about the quality of the service. The registered manager said this would be followed up, and sent us information after the inspection which indicated a staff survey would be carried out.

Information in the provider's statement of purpose stated that the service would ensure that quality monitoring systems to check services would be put into place.

We saw quality assurance checks in place. Staff had periodic spot checks where a number of relevant issues were checked by management such as staff attitude, and performance such as respecting people's privacy and dignity. Daily records had been audited to check that the care supplied to people was meeting their care needs. Medicine sheets had been audited to check that people had been supplied with their prescribed medicines. Staff recruitment records had been audited to check that applicants had the necessary checks in place to safely provide personal care to people.

This process assisted in developing the quality of the service and so indicate a fully well led service.