

Aspire Care Services Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Aspire Care Services Ltd is a domiciliary care agency. It provides a personal care support service to people in their own homes. At the time of the inspection the service was providing personal care for 52 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People did not always receive care and support from staff that received adequate time off. We have made a recommendation about staff deployment.

The oversight and monitoring of the service was not always effective. Monitoring of staff calls was not robust and we could not be assured that sufficient numbers of staff were deployed to keep people safe.

People received their medicines as intended. People and their relatives told us risks were managed safely and regularly reviewed. Staff received training in safeguarding and knew how to identify, report and escalate suspected abuse. There were good infection control practices in relation to COVID-19.

Staff confirmed the registered manager was approachable and people told us their views were sought to drive improvements. The registered manager was aware of their responsibilities in line with legislation and was keen to continue to work in partnership with stakeholders.

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

Rating at last inspection

The last rating for this service was good (published 22 June 2018).

Why we inspected

The inspection was prompted in part due to concerns received about staffing levels and the overall management of the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We have found evidence that the provider needs to make improvements.
Please see the good and well-led sections of this full report.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Aspire Care Services Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

Three inspectors carried out this inspection.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed information we had received about the service since the last inspection. We also sought feedback from the local authority and professionals who work with the service.

During the inspection

We spoke with 13 people who used the service and two relatives about their experience of the care provided. We spoke with 12 members of staff including care workers, a coordinator, the registered manager, the

business and quality assurance manager and a director. We reviewed a range of records. This included care records and medication records. We looked at staff files in relation to recruitment and a variety of records relating to the management of the service, including audits and policies were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. This included audits and medicine records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

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

Staffing and recruitment

- People did not always receive care and support from sufficient numbers of suitable staff.
- During the inspection we identified three staff members worked for 59 and 89 days consecutively without a required day off. For example, one staff member worked 89 consecutive days between, 1 February 2021 to 30 April 2021. Although staff were working minimal hours each day, for example, two and a half hours a day, the extensive number of consecutive days worked by individual staff members meant those working were at high risk of fatigue.
- We shared our concerns with the registered manager who told us, "I hold my hands up, it's a mistake." Following our discussion with the registered manager, she confirmed they would review all staff rotas to ensure staff were given adequate rest breaks. We will review this at our next inspection.
- Staff told us that these long working patterns were in part due to a shortage of staff. One staff member told us, "I normally work six days on the trot and have Sundays off, but because we've been short staffed lately and shifts can't always be covered, I've ended up working every day this month (May 2021)." A third member of staff remarked, "We haven't always got enough staff to cover all our scheduled visits, so sometimes I've had to work 15 or 16 days in a row without having a day off."
- One relative told us, "[My relative] has had missed calls. The [the office] didn't send another carer, the office said they didn't send a replacement carer because the staff told the office too late that they wouldn't be able to work."
- The service had an Electronic Call Monitoring system in place (ECM), however it was ineffective. At the time of the inspection the ECM did not alert the registered manager and administrative staff if a staff member was running late for a call. The service relied on staff members to notify the office if they were going to be late for a visit. The ECM did not always work for all staff resulting in some staff members failing to log in and out of visits.
- We shared our concerns with the registered manager who told us, when they commissioned the ECM they had not been made aware of all it's functionalities, such as alerts, seeing all people using the service and staff members logging in and out.'

We recommend the service consider current guidance in relation to staff rest breaks and take action to update their practices accordingly.

- Notwithstanding the above, people told us staff arrived on time and stayed the duration of the visit as agreed in their care plan. Comments included, for example, 'The staff are spot on time, they offer to stay longer than needed. You can set your clock by the staff.' And, 'They [staff members] do come on time. They stay a long time and before they leave, they make sure I'm okay.'

- Staff told us their scheduled visits were well coordinated by the office-based staff which enabled them to usually get to their next visit on time. Staff also said they would ring ahead and let the person they were supporting or their relative know if they were running more than ten minutes late. One member of staff remarked, "I think the office staff do a pretty good job organising my visits which they make sure are usually near where I live, so I'm rarely late. If I am late its usually because of the traffic and I always let the person know that I'm on my way."
- Records confirmed the provider had robust pre-employment procedures in place, ensuring only suitable staff were employed. Staff recruitment files contained for example, a completed application form, two satisfactory references, proof of identification and a Disclosure and Barring Services (DBS) check. A DBS is a criminal records check employers undertake to make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives confirmed they felt safe using the service. One person said, "The staff are very good and make me feel safe. There's nothing I would change." A relative said, "We feel [my relative] is safe when the staff are here."
- Records confirmed staff received up to date safeguarding adults training and knew how to recognise and report abuse. One member of staff told us, "I did my online refresher safeguarding training in December 2020 and know I have to tell the staff in the office right away if I think anyone we look after is being abused."
- At the time of the inspection there was one safeguarding that was being investigated in conjunction with the Local Authority Safeguarding Team.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People were supported by staff who had a clear understanding of their risk management plans to keep them safe. Risk management plans were frequently reviewed to ensure they were up-to-date.
- A relative said, "A lady from the office did come to visit and I believe she did the risk assessments then. My relative is prone to falling and the file contains [the risk assessments] these."
- Several staff confirmed risk management plans were in place and easy to follow, which helped to reduce any identified risk. One member of staff told us, "Everyone I visit has a care plan which tells me all I need to know about that person and how I should support them." A second member of staff said, "You have to shadow the more experienced staff before being allowed to care for people on your own so you know exactly what you need to do to help people in their home."
- The registered manager was keen to learn lessons when things went wrong. Records showed where issues had been identified for example, as an outcome of a safeguarding, the registered manager shared action to be taken with staff members to mitigate repeat incidents.

Using medicines safely

- People received their medicines safely.
- One person told us, "The carers get the medicines out the Dossett box then they give them to me, they will tell me what the medicines are for." A relative said, "There have never been any issues with [my relatives'] medicines."
- The provider's medicine's policy followed the six Rs' principle for the safe administration of medicines. Right person, right medication, right dose, right method, right time and right to refuse.
- Staff told us they had received training on the safe management of medicines and their competency to continue doing so was routinely assessed by their line manager. One member of staff said, "I had medicines training at the end of last year (2020) and the office staff are always checking we're administering people's medicines properly when they ring people we support or turn up when we're on a visit."
- Medicines administration records (MARs) were signed for and detailed the medicine, dose, route and frequency required. Regular audits of people's medicines were undertaken to ensure issues identified were

addressed swiftly minimising any negative impact on people's health and well-being.

Preventing and controlling infection

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that staff were using PPE effectively and safely.
- We were assured that the provider's infection prevention and control policy was up to date.
- Staff told us they followed safe infection prevention and control (IPC) procedures, including those associated with COVID-19, to minimise the risk of people catching or spreading infections.
- All staff felt the provider had managed the COVID-19 pandemic well.
- Staff said they had received up to date infection prevention and control training, which included guidance about how to safely use personal protective equipment (PPE). Staff also told us they had adequate supplies of PPE.
- The provider was participating in a COVID-19 testing program for staff. This meant staff were routinely tested for COVID-19. One member of staff told us, "I have a COVID-19 test every week."
- Practice around infection control and use of PPE was checked by office base staff when they carried out regular spot checks on care staff during their scheduled visits.
- We have also signposted the provider to resources to develop their approach.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- At the last inspection we identified there were failings in the oversight and monitoring of the service. Although action had been taken, we found further improvements were required.
- The provider carried out audits to monitor the service's performance. However, during this inspection we identified these were not always operating effectively and had failed to identify issues found during this inspection, for example, staff working excessive hours for consecutive days.
- We shared our concerns with the registered manager who said, "We are going to be using [an electronic system] for auditing, it should be [in place] by the end of May 2021." We will review this at our next inspection.
- Notwithstanding the above, we identified audits undertaken in relation to staff files, medicines management and care plans were undertaken regularly and where issues were identified, action taken in a timely manner.
- People confirmed the care and support they received was person-centred and enabled them to have their needs met in the way they chose.
- Staff spoke positively about the way the service was managed. One member of staff told us, "I find the [registered] manager and all the office staff to be approachable and supportive. I think we make a good team."
- Staff told us the quality and safety of the service people received was routinely monitored by the office-based managers and senior staff. For example, one member of staff said, "The management are very good at keeping an eye on what we [staff] get up to and regularly come to check on our working practices when we're on a scheduled visit or just telephone the people we support." A second member of staff remarked, "The management often come and see us at work to see we're wearing our PPE correctly and handling medicines safely."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics and How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People's views were regularly sought to drive improvements. One person told us, "Yes, they [office staff] do call me up and ask me how things are going and what my thoughts are on things." Another person said, "The office staff come and ask me if there's anything I want changed or anything special I would like. They came

and sing and dance with me on my birthday, it was excellent."

- We reviewed the December 2020 annual quality assurance surveys which identified, 97.8% of people surveyed felt their dignity was respected, 95.5% felt their staff member had sufficient time to meet their needs and 88% of people said staff arrived at the expected time for their visit.
- The provider valued and listened to the views of staff. Staff told us they were encouraged to contribute their ideas about what the service did well and what they could do better during regular individual and group meetings with their line managers and fellow co-workers. One member of staff said, "I had my last one to one supervision with my manager back in March 2021", while a second member of staff told us, "I feel the managers do listen to what we have to say."
- The provider was aware of their duty of candour responsibilities. The registered manager told us, "[The Duty of Candour means] always being open and making sure when things go wrong, we take responsibility and put our hands up."

Continuous learning and improving care and Working in partnership with others

- The registered manager was keen to make improvements to the service and evidence showed where issues had been identified action was taken to address this.
- The registered manager confirmed they placed importance on working in partnership with stakeholders to drive improvements. The registered manager worked with online registered manager groups, Lambeth Healthwatch, Skills for Care and The London registered managers network.
- Records showed the registered manager sought guidance and support from healthcare professionals to enhance people's experience of the service. For example, where levels of care and support required changing, the registered manager had liaised with the Local Authority to discuss this further and amend the care package.