

Aspire Care (SW) Limited

# Aspire Care (SW)

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

About the service:

Aspire Care (SW) is a domiciliary care service providing personal care and support for people in their own homes. At the time of the inspection five people were receiving personal care regulated by the Care Quality Commission and there was a team of 18 care staff.

People's experience of using this service:

People received a service that was safe and protected them from harm. The staff team received training which ensured they maintained people's safety and any risks were well-managed. Where required, medicines were administered safely, and infection control measures were robust.

Whilst the service is still relatively new and supporting a small number of people, no new services users will be taken on until there is the staff capacity to provide the carer and support required. Any new service user will be fully assessed prior to any service being agreed upon.

The staff team received the relevant training to enable them to do their job well and were well supported by the management team. Training included a comprehensive induction programme at the start of their employment and ongoing refresher training. Each person was allocated their individual staff team which meant staff were able to provide a consistent service and knew their individual care and support needs. Staff supported people to live their life in their way of choosing and provided support with meaningful activities where appropriate.

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

Some comments have been made about communication between the management and office staff and the care staff and families. Communication had been particularly difficult during the pandemic but actions already taken by the registered manager have led to improvements being made.

Care records were kept up to date and amended as and when required. People were looked after by staff who were kind and caring. People and their family said they would feel comfortable to raise any concerns or issues they had and felt they would be listened to. We received positive feedback about people's experiences of the support they received. People told us staff treated them well, with dignity and respect.

People's support was tailored to meet their individual needs as per their plan of care. Where a person could self-direct their care, the staff worked with them to achieve this. Staff facilitated people to access community resources and any new opportunities they wanted to try and be involved in.

People and staff spoke positively about the registered manager and the senior care staff. Whilst the staff did

say how difficult it had been during the pandemic, they also said they were valued and supported by the registered manager.

There were measures in place to monitor the quality, safety and 'customer' satisfaction with service provision. There was a regular programme of auditing and people were asked and encouraged to provide feedback regarding their views and opinions of the service.

For more details, please see the full report which is on CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection:

This is the first inspection of this service since it was registered by the Care Quality Commission in September 2019. The service has been rated Good.

Why we inspected:

This was a planned inspection.

Follow up:

We will continue to monitor the service through the information we receive. We will inspect in line with our inspection programme or sooner if required.

## 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 was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in out well-led findings below.

# Aspire Care (SW)

## Detailed findings

### Background to this inspection

#### The inspection:

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

#### Inspection team:

The inspection was carried out by one inspector.

#### Service and service type:

Aspire Care (SW) Care is a domiciliary care service providing personal care and support for people in their own homes.

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

#### Notice of inspection:

The inspection was announced. We gave the service 48 hours' notice of the inspection visit because it is a small domiciliary care service and we needed to be sure that the registered manager and other senior staff would be available to speak with us.

#### What we did before the inspection:

Prior to an inspection site visit we reviewed all the information we had received about the service. This included details about any incidents the provider had told us about and were required to notify us of.

The provider had not been asked to submit their provider information return prior to this inspection however shared the report they had prepared for the other Aspire Care branch in Bristol. This report provided key information about the service and told us what the service did well and improvements they planned to make.

Inspection site visit activity started on 3 November 2021 where we met with the registered manager, clinical lead and a member of the office staff. We reviewed four care records and policies and procedures and discussed service delivery arrangements.

During the inspection period we met with three people who received a service in their homes, spoke with four relatives and received feedback from five staff members. We also received information from five health or social care professionals who work with the service.

# Is the service safe?

## Our findings

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

This is the first rating for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff were trained in safeguarding adults and children and were knowledgeable about potential signs of and types of abuse. They knew how to report concerns and safeguard both the person they were looking after and also manage their own safety.
- The registered manager and clinical lead were both aware when concerns required reporting to the local authority and the Care Quality Commission.
- The service had an up to date Safeguarding Policy and reporting protocols and these were kept under review.

Assessing risk, safety monitoring and management

- As part of assessment and care planning processes, any risks that would affect the person's care and support needs were identified and management plans put in place to reduce or mitigate the risk.
- Risk assessments and management plans were reviewed on a regular basis and updated as and when necessary.
- Risks in respect of mobility, community access and behaviours were assessed. We saw examples of risk assessments and associated plans. Copies of these documents were kept in the person's home as well as the office.
- An assessment of people's living environment was undertaken to ensure the home was a safe place for the staff to work within.

Staffing and recruitment

- The service had sufficient numbers of skilled and experienced care staff to meet the care and support requirements of the five people they were providing a service for.
- The service only provided a service to new people when they had the capacity to do so. This ensured Aspire Care continued to provide a consistent and reliable service.
- Each person had their own team of care staff to ensure stability and familiarity for people.
- There were safe recruitment procedures in place to ensure suitable staff were employed. Recruitment checks included an application form, interview assessment, written references and a DBS check.
- The registered manager was aware of the need for all future candidates to have received their Covid-19 vaccination.

Using medicines safely

- People's needs were assessed where they needed support with medicines and the level of assistance required, detailed in their care plan.
- Medicines were administered by staff who had completed safe administration of medicines training. Their

competency was regularly reviewed to ensure their practice remained safe.

- People were supported to re-order their prescriptions if required.
- Care staff were provided with detailed information regarding people's medicines and what they were for.
- A medicine administration record (MAR) was not present in the care file of one person who was supported with topical medicines. The registered manager took action to resolve this during this inspection.

#### Preventing and controlling infection

- Staff received online infection control training which covered Personal Protective Equipment (PPE) and food safety.
- COSHH (control of substances hazardous to health) online training covers all aspects of cleaning and 'touch-point' cleaning.
- PPE, including hand sanitising gel was supplied by the service and replenished as often as required.
- Staff were double vaccinated and undertook regular testing for COVID-19 (PCR test).
- The provider had infection control policies in place, which staff were aware of.

#### Learning lessons when things go wrong

- Any accidents or incidents that occurred were reported and recorded. No recent accidents or incidents had occurred with people.
- Incidences where a person had to be restrained (part of a care plan) were always recorded and analysed, looking for trends and triggers. This enabled the service to make any changes to prevent a reoccurrence.

# Is the service effective?

## Our findings

This is the first rating for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care and support needs were fully assessed, and a tailored package of care delivered, detailed in a care plan.
- The assessment and care plan included information regarding culture and religion and any protected characteristics were identified and respected.
- People were encouraged to make their own choices, self-direct their care and have a say about the way the service was delivered.
- One social care professional said the service provision had enhanced [person's name] quality of life and the consistent support was beneficial to their well-being.

Staff support: induction, training, skills and experience

- Care staff received the training they needed to do their job well. New staff had an induction training programme to complete. There was a mandatory training programme for all staff and modules had to be refreshed regularly.
- Training was delivered by online modules, but classroom-based training was to be re-introduced. Some staff members felt that the online training "could be better".
- In addition to mandatory training, staff received specific training relevant to the person they were supporting.
- Staff received practical moving and handling training. Where a person had moving and handling needs, the training was specific to their individual needs.
- The service supported and encouraged staff to develop their skills, one member stating there was opportunities for them to work towards a health and social care qualification.
- Staff had regular team meetings and individual supervision sessions with a senior member of staff or the registered manager. Staff said the registered manager was supportive. One staff member said they had been supported by Aspire when they had to isolate (COVID-19) and colleagues had done their shopping.

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

- People's needs were assessed regarding the level of support they required to eat and drink. People were supported with food safety tasks, shopping and preparing meals.
- How a person was supported was recorded in their care plan. For one person the care staff monitored the amount of food and drink taken and recorded this in care notes.
- One person was encouraged to make healthy food options however the staff respected their decisions and prepared meals as directed by the person.

Staff working with other agencies to provide consistent, effective, timely care

- The staff worked alongside other health and social care professionals to ensure people's care and support was effective.

- Feedback we received from professionals we contacted was positive and included these comments: "The manager works collaboratively with us and the service is very person centred", "Aspire has been successful in maintaining a highly complex package of care", and "It is commendable that they were able to manage the large care package throughout the pandemic".

Supporting people to live healthier lives, access healthcare services and support

- People's health needs were documented in their care plans. Staff had good knowledge of people's support needs. One staff member said they could contact the office or on-call member at any time for clarity on a person's health needs.
- People were supported to attend health appointments where this had been identified as part of their care plan.
- A health care professional reported that the service always responded appropriately to any requests and made the required adjustments to the care plan.

Adapting service, design, decoration to meet people's needs

- People were supported in their own homes. An assessment was made of the staff members working environment to ensure it was a safe place to work.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People's capacity to make their own decisions was assessed as part of the overall assessment and care planning process.
- Where appropriate, advocacy services and family members were consulted to make decisions regarding care and support issues.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first rating for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were supported by staff who were kind and caring. They said, "I have a good team of care staff", "I am able to meet and greet new staff being introduced to the team" and "I like my carers because they have bubbly characters".
- Healthcare professionals said, "The staff have a caring approach. The staff team have established a nurturing and boundaried rapport", "Staff have demonstrated good empathy" and "Aspire staff are good, kind and caring".
- Feedback the service had received prior to this inspection included the following comments; "Aspire Care is by far the best service by a long way", "I am treated with respect and dignity", and "Aspire look after their clients and staff very well".
- The registered manager and senior staff covered shifts. This enabled them to work alongside care staff so they could observe the delivery of care and support.

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

- People were asked and consulted about their care and how they wanted to be looked after. Family members were consulted, where this was appropriate.
- One person told us they were able to self-direct their care and the care staff respected their decisions.
- People were able to meet 'new' care staff before they were introduced to their care team. One person said the management team had listened to their feedback regarding the suitability of the member of staff.
- Where there was a large complex package of care in place, a member of staff had been designated as the team leader and coordinated reviews with the person, family, and other parties involved in their care.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to have as much choice and control as possible in their lives. This included having a say about the care staff who provided their care and support.
- People were supported to maintain family and social relationships. One social care professional stated that Aspire were now supporting an individual to re-establish pre-pandemic social activities.
- People were supported to develop new skills and experience new opportunities where appropriate. Care plans detailed how care staff should support the person, for example, "I would like to be more involved in..." and "I can safely do...".

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first rating for this newly registered service. This key question had been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were in place which described how people's care and support needs were to be met. Comprehensive care notes were recorded for each care call ensuring that all care staff had up to date information.
- People's likes, and dislikes were documented and they were provided with person centred care and support.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported in activities of their choice. This included shopping, sports activities, and family visits.
- Where appropriate the care staff encouraged and facilitated people to try new activities and opportunities to enhance their wellbeing.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans described people's preferred methods of communication and gave guidance to staff on effective communication. Feedback we received included a comment that the care staff were "Very interested in finding communication methods for X who was non-verbal".

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place. The service used information from any concerns or complaints received to improve service provision and 'customer' satisfaction.
- The registered manager had not received any complaints in the last year. The health and social care professionals we received feedback from had no complaints regarding the service. CQC had not received any complaints about Aspire Care (SW).
- People who used the services and their family felt they would be able to raise any concerns the service they received or a staff member. One person said, "I tell them and I they listen to me".

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they promoted created high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a staffing structure in place with the registered manager being supported by a deputy branch manager, a clinical lead nurse, a field care supervisor, a team leader and office staff. There had been some turnover with the office staff, but this was now resolved. There had been some impact on service delivery, but improvements had already been made.
- Care plans were reviewed at least monthly and updated as often as necessary. The service used an electronic recording system and a paper copy was kept in the person's home. This meant records were accessible to people.
- Systems were in place to monitor and review the quality of the service. Senior staff including the registered manager covered shifts and this ensured they were fully aware of how the service was performing.
- Notifications of important events were submitted to CQC as required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; and how the provider understands and acts on duty of candour responsibility, which is their legal responsibility to be open and honest with people when something goes wrong

- People and staff spoke positively about the registered manager and the support provided. Staff said they were valued and had been well looked after during the pandemic. One staff member said, "The manager listens to us and gets things done." One family member reported that Aspire Care provided a very reliable service and if things were not quite right, then it was all sorted out.
- The service respected people's wishes around communicating and involved family members where agreed. Some comments were received about communication with the "office" but improvements had already been implemented to address this.
- Systems were in place to communicate within the service. Staff completed care notes and had handover reports between shifts if required.

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

- Feedback had been sought from people, family members and the staff team. Results received were positive. Comments included, "Aspire look after their clients and staff 100%. They are very open to suggestions", "I have always felt supported in my role, especially at times when things are difficult", and "I get to meet all the care staff who look after (person's name). All works well".
- The registered manager planned to undertake a further quality assurance survey with people, family, staff

and health and social care professionals at the end of the year.

#### Continuous learning and improving care

- Meetings were held with the individual staff teams and enabled them to raise any issues or concerns they had.
- Senior staff used individual staff supervisions to discuss any improvements needed.
- Staff were supported to develop their knowledge and skills by undertaking further training and qualifications that were relevant to people's care and support needs.
- Involvement in local networks and forums with other health and social care services had been difficult during the pandemic but were being re-introduced.

#### Working in partnership with others

- The service worked well with any other health and social care professionals who were involved in people's care and support.
- One health care professional said there was good collaborative working in place and outcomes for the person supported were good.