Aspire Home Carers Limited

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 13 and 14 January 2017 and was an announced inspection. The registered manager was given 48 hours' notice of the inspection.

Aspire Home Carers Limited provide care and support to people in their own homes. The service is provided to mainly older people. At the time of the inspection there were approximately six people using the service, of which five people received support with their personal care. The service undertakes visits to provide care and support to people in Lympne, Folkestone, Dover and immediate surrounding area. It also offers staff to provide a sitting in service for people who do not need support with their personal care.

The service is run by a registered manager who was registered with the Commission in January 2015. 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 of this service is also the registered provider of the service. In addition, they operate a residential care home, of which, they are also the registered manager and provider.

Risks associated with people's care had been identified and there was sufficient guidance in place for staff. However, care plans were not in place for all aspects of people's care and support needs.

There were audits and systems in place to monitor the quality of the service people received. These had not always been effective in identifying and addressing shortfalls.

People were involved in the initial assessment and the planning of their care and support and some had chosen to involve their relatives as well. Care plans contained a good level of detail and ensured people received care and support consistently and according to their wishes.

People told us their independence was encouraged wherever possible, this was supported by the care plan.

People told us they received their medicines when they should and felt their medicines were handled safely.

People felt safe using the service and when staff were in their homes. The service had safeguarding procedures in place. Staff demonstrated clear understanding of what abuse was and how to report any concerns to keep people safe.

People had their needs met by sufficient numbers of staff. Visits were allocated permanently to named staff and were only changed when staff were on leave. People received a consistent service at the right time, for the full planned visit from a team of regular staff.

New staff underwent an induction programme, which included relevant training and shadowing

experienced staff, until they were competent to work on their own. Staff received training appropriate to their role.

People told us their consent was gained at each visit. People were supported to make their own decisions and choices. No one was subject to an order of the Court of Protection although some people had made Lasting Power of Attorney arrangements. Some people chose to be supported by family members when making decisions. The Mental Capacity Act provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The registered manager understood this process.

People felt staff were very caring; they told us they were relaxed in their company, staff listened to what people wanted and acted on what they said. People were treated with dignity and respect and their privacy was respected. Staff were kind and caring in their approach and knew people and their support needs well.

People told us they received person centred care that was individual to them. They felt staff understood their specific needs relating to their age and physical disabilities. Staff had built up relationships with people and were familiar with their personal histories and preferences.

People told us communication with the office was good and if there were any queries they telephoned and action was taken. People felt confident in complaining, but did not have any concerns. People had opportunities to provide feedback about the service provided. People felt the service was well-led and well organised. There was an open and positive atmosphere in the office and staff were committed to improving the service people received.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the end of this report.

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.

Risks associated with people's care had been identified and guidance was in place to keep people safe.

People received their medicines when they should and safely.

Established processes were in place to safeguard people against the risk of harm or abuse.

People's needs were met by sufficient numbers of staff.

Is the service effective?

Good

The service was effective.

People's support was delivered by regular staff, who were familiar with people's preferred routines.

People received support from trained and supported staff. Staff encouraged people to make their own decisions and choices.

People were supported to maintain good health. Staff worked with health care professionals, such as occupational therapists

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect and staff adopted a kind and caring approach.

Staff supported people to develop their independence where possible.

Staff listened acted on what people told them.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's support plans did not always reflect the care and support provided.

People were supported in developing and maintaining independence.

People and relatives had opportunities to provide feedback about the service they received.

People were not socially isolated and were supported in a variety of activities and to access the community.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The audits and systems in place to monitor the quality of care people received did not always identify shortfalls in how people's care was assessed and delivered.

There was an open and positive culture within the service, which was focussed on people. The provider had an aim for the service and staff followed this through into their practice.

There was an established registered manager who was supported by a team of senior staff team who worked hard to drive improvements.

Aspire Home Carers Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. This was the first inspection of the service since registering with the Commission in January 2015.

This inspection took place on 13 and 14 January 2017 and was announced with 48 hours' notice. The inspection carried out by one inspector.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Prior to the inspection we reviewed this and other information we held about the service and notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

During the inspection we reviewed people's records and a variety of documents. These included two people's care plans and risk assessments, three staff recruitment files, staff training, supervision and appraisal records, visit and rota schedules, medicine and quality assurance records.

We spoke with two people who were using the service, one of whom we visited in their own home, we spoke with one relative, the registered manager who is also the provider, the deputy manager and three members of staff.

Good

Is the service safe?

Our findings

People and relatives told us they felt safe when staff were in their homes and when they provided care and support. Their comments included, "I am very comfortable with the care staff and feel I safe with them in my home", "Absolutely no concerns at all" and "I have complete peace of mind, they make me feel safe".

Risks associated with people's health and welfare had been assessed and procedures were in place to keep people safe. For example, health concerns, skin condition, medicine management, personal care, decision making and communication. The service maintained a risk register detailing all risks to people and providing guidelines about the categorisation of risks and frequency of reviews. Any accidents, incidents and near misses were recorded. Senior staff and the registered manager reviewed each accident and incident report. This helped to ensure appropriate action was taken to reduce the risk of further occurrences. Accidents and incidents were monitored for patterns and trends; their occurrence was low. This provided an effective overview and helped to ensure risks were safely and consistently managed. Staff were knowledgeable about the people they supported and familiar with risk assessments. People told us that they felt risks associated with their support were managed safely; one person told us they felt safe when staff used equipment to reposition them in bed.

There was a clear medicines management policy in place. Staff had received training in medicine administration, they told us, and records confirmed, their knowledge and competency was regularly checked, including observation of their administering practice. Medicine Administration Records (MAR) charts showed and people confirmed they received the right medicines at the right time. All MAR charts were audited for completeness. The service was in the process of establishing a dual system whereby staff logged medicine administration manually and electronically. Electronic records provided management oversight upon completion of a visit to ensure medicines were administered. Electronic alerts were generated in the event of any omissions; this allowed the matter to be followed up immediately, rather than being identified at a later stage during MAR chart audits.

Where people were prescribed medicines on a 'when required' or 'as directed' basis, for example, to manage pain or for skin creams, there was clear individual guidance for staff on the circumstances in which these medicines were to be used safely and when they should seek professional advice on their continued use. This helped to ensure people received these medicines consistently and safely.

People were protected by safe recruitment procedures. We looked at four recruitment files of staff, including some who had been recently recruited. Recruitment records included all required pre-employment checks to make sure staff were suitable and of good character.

People's needs were met by sufficient numbers of staff. People we spoke with told us staff "always arrived when they were expected". One person said, "Having a fixed time is wonderful, it's reassuring". Staffing levels were provided in line with assessed needs; people confirmed the right number of staff attended and they stayed for the full duration of the planned visit. Regular review and feedback enabled adjustments to care delivery if more visits or longer visits were required. People told us visits did not feel rushed; staff completed

all expected tasks in a professional methodical way. This provided reassurance and helped people to feel confident in the staff and safe.

An established on call system ensured people and staff were supported in the event of any untoward events; an out of office hours contact system was covered by senior staff. Senior staff were responsible for planning the rotas taking into account people's support needs. All visits were allocated permanently to staff and these were only then changed when staff were on leave.

The service employed staff on permanent contracted hours as well as bank staff (staff that worked as and when required). Management kept staffing numbers under review. At the time of the inspection the registered manager told us they were preparing to interview for more staff with a view to then gradually expanding their client base once suitably appointed staff were available. It was very much the ethos of the registered manager to ensure potential staff shared the values of the service and, once in place, additional clients would be considered.

There was a safeguarding policy in place. Staff had received training in safeguarding adults; they were able to describe different types of abuse and knew the procedures in place to report any suspicions or allegations. There had been no safeguarding alerts in the last 12 months, staff and the registered manager were familiar with the correct process to follow if any abuse was suspected; they knew the local Kent and Medway safeguarding protocols and how to contact the Kent County Council's safeguarding team.

The registered manager told us they had a contingency plans in place for events such as fire or bad weather. These included measures running the service from the neighbouring care home with laptops in the event the office could not be used and staff working locally to where they lived, to ensure people would still be visited and kept safe.

Good

Is the service effective?

Our findings

One person told us they were "Happy and felt they received the right support" In recent quality assurance surveys undertaken by the provider people indicated they were happy with the support they received. One person told us, "I have peace of mind for the first time", another person commented, "They are a young and small company, but if they continue as they are, they will be the best company". People felt the service employed good quality staff; relatives were satisfied with the support their family members received commenting that the support their family member received also had a positive and reassuring impact for wider family members.

Care plans contained a communication profile. This detailed how a person communicated including how they would make their needs known. For example, one person communicated through eye contact and coughing, together with the support of their spouse. The profile emphasised the importance of staff looking at the person when they spoke with them, maintaining eye contact, talking slowly and plainly as well as giving the person sufficient time to process what was being said. Most people were able to make their needs known verbally and regular reviews ensured changing needs were noted and care plans were updated to reflect this.

People and their relatives found communication with the office and staff was straightforward and easy; with all staff and management open and approachable. People gave examples of where they had asked for their care package to be varied and told us this was done quickly and effectively.

People and their relatives told us they received consistent support from a team of regular staff. Each person's support plan was carefully discussed and considered with them to ensure the right member of staff was appointed to support them. Frequent opportunities for people to comment and provide feedback about the care and support they received ensured the person and member of staff were suited or allowed a process for changes to be made. Each person we spoke with was very satisfied with the staff who supported them; this was also reflected in the service's most recent survey.

People told us their consent was achieved by staff discussing and asking about the tasks they were about to undertake; one person's reaction would let staff know if they did not consent. People told us staff also explained what they were doing as they supported them. People felt they were supported to make their own decisions and care plans contained information about how to best facilitate people making their own choices and decisions where possible. Support plans demonstrated that people would be offered choices and made decisions about what to wear and what to eat or drink. A recent survey of people recorded 100% satisfaction that staff always gained consent and offered choice.

Staff were trained in Mental Capacity Act (MCA) 2005. The registered manager told us some people had an appointee to manage their finances. One person had lasting Power of Attorney arrangements in place. The Mental Capacity Act 2005 (MCA) provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where

relevant. People's capacity had been assessed in relation to certain decisions and the decision making had included relatives and professionals where appropriate. The registered manager and staff demonstrated a good understanding of their obligation to meet the requirements of the Act.

The provider had a clear and focussed recruitment ethos; to find the right person for the role based very much against the core values of the service. Candidates were scored at interview and asked to select three of the values of the service, commenting why they felt selected values were important; these included compassion, dignity, respect, responsibility, courage, empathy and imagination..

Relatives told us they felt staff had the right skills, experience and training to meet people's needs. Each person we spoke with was completely satisfied with the quality of staff and found their knowledge and experience reassuring. Staff understood their roles and responsibilities. Staff had completed an induction programme, which included reading, orientation, attending training courses and undertaking knowledge competency tests. In addition staff also undertook shadowing of experienced staff until it was felt they were competent to work alone. The induction was based on Skills for Care Care Certificate, which was introduced in April 2015. These are an identified set of 15 standards that social care workers complete during their induction and adhere to in their daily working life. Staff had a nine month probation period to assess their skills and performance in the role.

The registered manager explained that staff received their initial training and then this was refreshed every one to three years depending on the subject. Training included health and safety, moving and handling, fire safety awareness, emergency first aid, infection control and basic food hygiene. Additional training included end of life care, person centred care, safeguarding, dementia care and challenging behaviour. Competency assessments ensured staff practiced the skills and methods they had learnt to the satisfaction of the provider. Competency assessment were complimented with spot checks that took place during home visits.

Four of the nine staff had a Diploma in Health and Social Care (formerly National Vocational Qualification (NVQ)) level 3 or above, another member of staff had recently registered to undertake their level 3 diploma. Diplomas are work based awards that are achieved through assessment and training. To achieve a Diploma, candidates must prove that they have the ability (competence) to carry out their job to the required standard. Where staff did not hold a level 3 diploma or above training for the Care Certificate was completed or underway.

Good

Is the service caring?

Our findings

People told us staff were caring, they listened to them and acted on what they said. People were relaxed in the company of staff and they and relatives were complimentary about the staff. Comments included, "The staff are nice, absolutely fantastic", "They are extremely caring, thoughtful and very gentle" and "They are always polite and helpful". Speaking about the provider, one person commented, "He is as passionate about care as I am and I am very passionate". A member of staff told us, "We care about the people we care for".

People and relatives felt staff always treated people with dignity and respect and that the staff were kind. People were asked during review visits if they were happy with staff visiting them, if staff were friendly and polite and they were treated with dignity and respect and all those seen contained positive comments. Some people talked about staff and the service going the extra mile to ensure they were happy with the care provided. They commented about staff being intuitive and not invasive in the way they provided care.

The service had received a number of compliments, including "carers are very kind and supportive" and "In the short time we have had Aspire Home Carers, we cannot fault it. For the first time in three years we have real care". Another family had placed a testimonial in the local newspaper publically thanking the service and staff for the care and support provided.

Whether feedback was received verbally or as part of quality assurance processes or care package reviews, people thought the service took the time to listen to feedback, answer people's questions and make changes if needed. When people raised concerns or wanted to make changes to better suit them, staff listened, and explained what options were available to make the changes needed. For example one person felt they would be more confident with two people supporting them for personal care tasks, their care package was varied to accommodate this. Another person wanted a glass of water as well as a hot drink. In each instance we found people's wishes were recorded and action was promptly taken.

People told us they always received person centred care that was tailored and individual to them. People felt staff exactly understood their specific needs and areas of independence. Staff had built up relationships with people and were familiar with their life histories and preferences. Care plans contained detailed guidance about people's preferences, including sequences of how they preferred to be supported. Personal histories, gave staff a good understanding of the people they supported, reflecting their personalities and interests. During the inspection staff talked about people in a caring and meaningful way.

People told us their independence was encouraged wherever possible. One person said, "I am fiercely independent, I know what I want and what I need help with". Another person told us how staff encouraged them to undertake tasks that they could, but provided support in a dignified way when it was needed.

People told us they were involved in the initial assessments of their care and support needs and planning their care. Some people had also involved their relatives. People told us that senior staff visited periodically to talk about their care and support and discuss any changes required and

reviewed their care plan. People felt care plans reflected how they wanted the care and support to be delivered.

The registered manager told us at the time of the inspection most people did not require support to help them with decisions about their care and support, but if they did or chose were supported by their families or their care manager, and no one had needed to access any advocacy services. Details about how to contact an advocate were available within the service.

People told us they had their privacy respected. Care plans contained information to ensure people's privacy, such as use a towel to cover a person, or close curtains before personal care. People told us staff did not speak about other people they visited and they trusted that staff did not speak about them outside of their home. Information within the service user guide confirmed to people that information about them would be treated confidentially. The service user guide was a booklet that was given to each person at the start of using the service, so they knew what to expect.

Care records showed if people did not want to be resuscitated and when people passed away, as an organisation, Aspire Home Carers were sensitive and respectful, sending flowers and condolences to relatives.

Requires Improvement

Is the service responsive?

Our findings

People were directly involved in the initial assessment of their support needs and then planning their support. Relatives had also been involved in these discussions when possible. Senior staff or the registered manager undertook initial assessments and additional information was obtained when needed from health and social care professionals involved in people's support. This helped to ensure the service had the most up to date information about the person and any associated medical conditions. People were introduced to staff before care delivery started, this enabled familiarisation and helped to ensure they were compatible. A care package and support plan was developed from these assessments, discussions and observations. In a recent quality assurance survey people indicated they were sufficiently involved in their care planning and without exception felt their care needs were being met by care staff.

People's support plans were regularly reviewed and all information held was up to date. However, we found some staff were performing tasks to monitor blood sugar levels. This had not been assessed, and there was no care plan in place to provide guidance to staff in order for them to carry this out correctly and safely. In addition nothing was written about this monitoring in the person's daily notes. Although the monitoring was undertaken with the consent of the person and in the knowledge and with the support of their relative, this need had not been established within the care plan and consequently processes were not in place to support its delivery. We brought this to the attention of the provider who took immediate action to address this.

The provider had failed to ensure that information within the care plan reflected people's assessed needs and preferences. The above is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Otherwise, support plans contained information about people's wishes and preferences. People had been involved in developing their care plan. Support plans contained details of people's preferred routines, such as a step by step guide to supporting the person with their personal care in a detailed and individual way. Support plans were very clear about what people could do for themselves and what support was required by staff, this helped to ensure people's independence was maintained or developed. Each area of care was broken down into individual tasks; staff confirmed each task undertaken, adding comments to describe care delivery and noting any changes in condition or aspect that may require review.

The service had introduced a computer based care management system which ran in tandem with paper copy care plans in people's homes and the services' office. The computer record enabled supervising staff to carry out real time checks that tasks were completed and were supported by appropriate notes about the care delivered. People who used the service and, if wanted, their relatives could remotely access the computer care records and see what staff had done. This again provided a real time picture of the support provided.

When people's needs changed and specific equipment may be helpful, such as pressure reducing mattresses and cushions or walking aids, the service liaised with family members, occupational therapists

equipment stores to facilitate the provision equipment.

People were not socially isolated. Some people said they looked forward to the staff visits each day and told us this in itself together with visiting family and friends ensured they were not lonely. The service also offered companionship, where staff would sit in with a person to keep them company. One person told us, "I look forward to them coming, they always cheer me up".

People had various means and opportunities to provide feedback about the service provided. People were visited by senior staff as part of staff's observational supervision and had the opportunity to raise any concerns during this visit. In addition when people received a care plan review visit they were asked for their feedback about the service they received. The provider sent out annual questionnaires to people to gain their feedback about the service and an action plan was put in place to address any negative feedback and make improvements. These showed that people were happy with the support they received. People were also able to rate the service on an independent website; at the time of the inspection, this showed a ten out of ten score with people regarding the service as excellent.

People told us they felt confident in complaining, but did not have cause to do so. People knew how to make a complaint; they felt good communication meant any small concerns were addressed very quickly and to their satisfaction. People commented that the service responded well to any issue raised. Records showed a dedicated action, staff member responsible and deadline ensured any issue raised was resolved. The complaints procedure was contained within information in people's care folders, which were located within their home along with their care plan. Records showed there had been no formal complaints in the last 12 months; the provider had established systems in place to deal with complaints if needed.

Requires Improvement

Is the service well-led?

Our findings

The service was run by a registered manager, who had registered with the Commission in January 2015. They also provided a separate residential care home service of which they are the also the registered manager. Within Aspire Home Carers, the registered manager was supported by a deputy manager, an administrator and a care advisor. The registered and deputy managers undertook people's initial assessments, quality assurance visits, staff recruitment and organised and delivered some training as well as undertaking spot checks on staff and care plan review visits.

The provider had engaged independent consultants to undertake an audit and review of the service in April, June and August 2016. They had made several recommendations and the management team had worked to address these. There were other audits and systems in place to ensure the service ran smoothly and to measure the quality of care provided. However, they had not been effective in identifying tasks undertaken by staff that did not form part of agreed care plans. This meant care plans had not been developed to include all tasks, processes had not been established and any associated risk had not been assessed or if needed mitigated. When pointed out, the registered manager carried out an immediate investigation and has since submitted an action plan addressing the issues raised. However, all aspects of care delivery were not visible to checking and quality assurance processes in place highlighting a shortfall in established systems.

This inspection highlighted shortfalls in the service that had not been identified by monitoring systems in place. The failure to provide appropriate systems or processes to assess, monitor and improve the quality and safety of services was a breach of Regulation 17(1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities).

There were systems in place to monitor that people received care plan reviews and staff received spot checks and supervision. Our review of records found these were up to date. Accidents and incidents were monitored and analysed to see if any learning could be taken from these and used to reduce the risk of further occurrences.

Throughout the inspection there was an open and very positive culture within the office, which focussed on the delivery of reliable and quality care for people. The registered manager demonstrated a strong commitment to learning and driving forward improvements to the service people received. It was evident during the inspection that the office staff worked well as a team to ensure the service ran smoothly. People and relatives spoke well of the management team, commenting they felt the service was well organised. People felt comfortable in approaching and speaking to all staff. The registered manager and management team adopted an open door policy regarding communication. People felt communication with the office was good and staff were always polite and courteous. People felt the service was well-led, describing it as a flexible and professional.

Staff understood their role and responsibilities, were happy in their role and felt they were well supported. They felt the registered manager understood their role and the practical challenges faced in providing a

mobile service. These had been recognised in the provision of traveling time between visits, and car MOTs and breakdown cover provided at the expense of the provider. Other checks ensured staff had the right car insurance in place. There were arrangements in place to monitor that staff received up to date training. Staff felt the registered manager and office team were open and approachable and motivated them. They felt they could raise any concerns and were kept informed about the service, people's changing needs and any risks or concerns. Each of the staff we spoke with enjoyed their work.

The service published its care philosophy setting out the key principles of care and what people could expect. The service openly advertises its pledge to the Social Care Commitment which is a promise made by people who work in social care to give the best care and support they can. The values and commitment of the service were embedded in the expected behaviours of staff and were discussed with staff and linked to recruitment, supervisions and appraisals. Staff recognised and understood how their behaviour and engagement with people affected their experiences living at the service.

The service kept up to date with current social care thinking through subscription to industry publications and a working knowledge of national guidelines. The registered manager, staff and the organisation as a whole was involved with organisations such as Dementia Friends, Action on Dementia Alliance, Age UK and the Alzheimer's Society to understand about best practices and act as ambassadors for care speaking at and delivering presentations at schools and to the public.

Staff had access to policies and procedures via the office or their staff handbook. These were reviewed and kept up to date. Records were stored securely and there were minutes of meetings held so that staff would be aware of up to date issues within the service. Staff also received regular notices and updates about any changes to keep them up to date.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider had failed to ensure that information within the care plan reflected people's assessed needs and preferences. Regulation 9 (1)(b)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to provide appropriate effective systems or processes to assess, monitor and improve the quality and safety of service. Regulation 17(1)(2)(a)(b)