Aspire Home Carers Limited

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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

This inspection took place on 7 March 2018 and was announced. Aspire Home Carers Limited provides support to people living in their own homes in Folkestone and surrounding areas. The service is provided mainly to older people but can also support younger adults and people with dementia type conditions. It also provides staff to offer domestic calls, companionship and a sitting service for those people who do not require help with personal care. Not everyone using Aspire Home Carers Limited receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At inspection there were currently four people receiving the regulated activity of 'personal care'.

The service has a registered manager in post who is also the registered provider. 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 provider/manager also operates a residential care home from the same location.

We last inspected Aspire Homes carers Limited in January 2017 when two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified. We rated the service as requires improvements and issued requirement notices in respect of person centred care and good governance.

We asked the registered provider/manager to send us an action plan of the improvements they intended to make to become compliant with the legal requirements in regard to the breaches. This inspection was to assess the actions they had taken and confirm they had now addressed the breaches. No breaches of regulation were found at this inspection although we identified an area for further improvement.

At our previous inspection there had been concerns that some staff were carrying out personal care activities related to health monitoring that the person had not been assessed for, this need was not reflected in the persons care plan and staff had not been trained by the organisation to undertake this. At this inspection there was greater understanding by staff of the tasks they were able to undertake and provide support with. People told us that staff understood their needs and provided the level of support they needed and wanted. Both people and relatives spoke positively about the attitudes and ethos of the staff and the quality of the personalised support provided. Whilst some care plans would benefit from an improved level of detail.. Any impact was currently mitigated by the size of the client base and current staff team, and their ability to provide continuity of staff support to people; this could change so is an area of further improvement.

We were previously concerned that quality assurance processes had not picked up that staff were providing support outside of their remit. Since then the deputy manager has visited every person supported, and had undertaken personal care calls to all of them and understood the tasks staff need to provide. Care plans and risk information have been updated to ensure these reflect the current levels of support needed and risk

reduction measures in place; these are reviewed every few months or earlier if changes occur. The deputy manager undertakes competency assessment of staff during visits to people's homes and undertakes spot checks and observations. An electronic recording system enables care plans, medicine administration record sheets and daily logs to be viewed through a secure application online by people and their relatives; they can also comment on what the records contain. All records are in real time and the deputy manager can review each person's record to ensure medicines have been taken by the person through prompting and supervision of staff or whether any changes have occurred.

People and relatives were universally complimentary of the service and staff. The registered provider/manager and staff share the same values of offering high quality personalised care and in order to select the right staff for the team, had adopted a values based recruitment process that scores staff on whether they also display the attributes of for example kindness, compassion, empathy, innovation, respect. A comprehensive process of interviews and checks were in place to ensure applicants are suitable for the role before commencing employment. New staff were inducted and offered training to provide them with the necessary skills and knowledge; they said that they were always introduced to people before they provide them with support. People could request a change of staff working with them if they wished. Staff said they felt supported and valued and the registered provider/ manager provided incentives to help retain staff once recruited. Staff felt able to challenge and offer solutions to problems when they arose. People, their relatives and staff thought that communication was good and staff were able to discuss issues that arose with the deputy manager through supervision or staff meetings. Staff showed innovation in finding solutions to help for example improved communication strategies for people who needed it. People gave us examples of staff providing 'little extras' that added to the personalisation and quality of support they received. For example staff visiting people they had supported who had moved into a care home or were in hospital in their own time, staff changing light bulbs and bringing in a pint of milk when needed.

Staff supported people to retain their independence and do as much for themselves as they could. Staff demonstrated an understanding of how to protect people from harm or abuse and who to tell if they had concerns. Accidents and incidents were rare but any that occurred were analysed by the deputy manager to ensure all appropriate measures were in place to avoid recurrence.

Staff supported people to health appointments if asked to; they worked in partnership with health professionals when needed to provide joined up practical support for rehabilitation exercises or helping community nurses with turning people who needed their skin monitored or treated by the nurse.

People and their relatives understood how to complain if they were not happy with the service, they found all the staff easy to talk with and approachable, two people's relatives had expressed concerns at least once since their relative had begun using the service; they thought their concerns had been dealt with quickly and to their satisfaction. People had confidence in being listened to and that action would be taken. They were asked for their views about the service during quality visits by the deputy manager and also surveyed. Analysis of survey responses informed service quality and development. The registered provider/manager used independent consultants at various times to review the service and implement recommendations from these for service improvements. Regular audit checks of medicine records, care plans, daily logs, quality visits and reviews of peoples care needs, competency assessment of staff, and arrangements for their supervision and appraisal all helped inform the registered provider/manager that service quality was being maintained.

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

There were enough staff to support people safely and provide continuity. Recruitment checks to check suitability of new staff were robust.

Arrangements for the management of people's medicines were satisfactory.People were protected from harm and risks assessed.

There was learning from incidents that informed staffs future practice.

Is the service effective?

Good

The service was effective

People had capacity and consent was sought by staff undertaking personal care, staff understood and worked to the principles of the MCA(2005).

People were supported to eat and drink enough and to attend health appointments when needed, staff helped with peoples skin care.

Staff were inducted into their role and provided with on-going training to ensure they had the right knowledge and skills, a system for staff supervision and appraisal of their development and training was in place.

Is the service caring?

Good

The service was caring

Staff showed respect for people's privacy and dignity, staff were kind and compassionate.

People personal choices were reflected in care plans and communication needs considered.

People were encouraged to do as much for themselves as they

could.

Is the service responsive?

Good

The service was responsive

Peoples care plans were personalised to reflect their needs and wishes and were kept under review.

People were supported to attend community activities and appointments if they needed this.

People and relatives understood the complaints process and felt confident of raising concerns and that these would be dealt with.

Is the service well-led?

Good

The service was well led

The registered provider/manager and staff shared the same values and ethos for providing quality care.

The management team were visible and approachable, staff felt valued and listened to.

People and staff were given opportunities to express their views. The service had embraced new technology to enable people access to their records.

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 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 was a planned comprehensive inspection to check on the improvements made since the last inspection in January 2017 when it was rated requires improvement overall. We gave the service 48 hours' notice of the inspection visit because it is small and the registered provider/manager is often out of the office and the deputy manager is supporting staff or delivering care. We needed to be sure that they would be in. The inspection was carried out by two inspectors.

Inspection site visit activity started and ended on 7 March 2018. Prior to the inspection we asked the provider to complete 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. 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.

We visited the office location on 7 March 2018 to see the registered provider/manager and office staff; and to review staff and care records and policies and procedures. During this time we reviewed three people's care plan records and risk assessments, three staff recruitment files, records of staff training, supervision, appraisal, team meetings, visit and staff rota schedules, medicine records and evidence of quality assurance processes.

We visited two people in their homes who used the service and we spoke with two relatives. We spoke with the current registered manager who is also the provider; we will therefore refer to them throughout the report as the registered provider/manager. We also spoke with the deputy manager and an additional four staff.

Good

Is the service safe?

Our findings

People and their relatives spoke positively about the service commenting on the continuity of care from the same staff and their punctuality. "This is one of the best services I have ever been to by a long way", we were told this during a home visit by a person who used the service and it embodied a sentiment that was reflected throughout the inspection.

People were protected by the implementation of a robust recruitment procedure. Applicants experienced a filtering process through three interviews. Files viewed showed that a process of application, interview and offer of employment was in place. Interview records were made and a scoring system used to inform recruitment decisions. An appropriate range of checks were made of each applicant and the provider liked to push for more than two references with four requested. Disclosure and Barring criminal records check, evidence of personal identity, employment history and statement of health all helped the provider to establish the previous good conduct of the applicants and ensure that they were people suited to working with the vulnerable adults supported by the service.

Staffing arrangements of seven staff members (two full time and five part time) offered flexibility and continuity for the four people receiving the regulated activity of personal care. Staff delivered approximately 68 hours of care each week, and the rest of their hours were used by domestic, companionship and sitting service calls. Additional staff had been recruited and would be ready to support new personal care clients as the client base expanded. The provider was conscious of not losing staff they had employed and provided them with hours in their care home next door as an interim measure, this provided continuity in the care home avoiding the need for agency staff and also ensured new staff were provided with work whilst they were waiting for personal care clients to be allocated to them. The Provider Information Return (PIR) told us that a staff rostering system was in place that monitors staff attendance at calls through the electronic care planning system (PASS) and we saw this in operation at inspection.

The registered provider/manager and deputy were passionate about not compromising the continuity of support they were currently able to provide people with by growing the service too quickly. Their focus was very much on the quality of the support staff were able to provide that enabled staff to have the time to build good relationships with people and provide many little extras to enhance the support they gave. Staff never worked with people they had not been introduced to first. People commented on the punctuality of staff and that they stayed the time they were meant to, "The service has been very reliable, when a member of staff is of sick cover is always sought, they are on time and reliable." Another said "I had a late call once they sent a text to tell me."

The registered provider/manager and deputy said apart from an historical arrangement with one person all calls were a minimum of three quarters of an hour to ensure people received a good level of support, staff said "They won't do anything less than 45 minutes there's no rushing care is very personalised." Staff were able to spend time with people without rushing them and ensure their comfort was attended to and people felt safe. "I have worked for Aspire for just over a year, best decision I ever made." Staff said they were unrushed; they received travel time between calls. An on call system out of hours enabled staff to seek

support for unplanned for events.

Staff understood the needs and risks of the people they supported and people thought staff understood their needs well. Health and safety risks to people and staff were assessed prior to the commencement of a service these included risks that might impact on the delivery of safe support to people, such as environmental risks, equipment to be used in safe working order, falls, risk from pressure sores, poor nutrition or lifestyle choices. A range of generic risk assessments and those personalised to individuals were located both in each person's care planning file and on the secure IT system, PASS, that was used widely to record data by the service. During the inspection we reviewed a number of incidents on file. They consistently showed evidence of follow up by the Registered provider/manager and or deputy manager to mitigate any further similar occurrences and monitor for emerging trends or patterns. We discussed the need for staff members to sign incident records to demonstrate their participation in reflection and learning.

Staff had received training in infection control and had an understanding of how to protect themselves and others from the spread of infection. They were provided with adequate supplies of personal protective clothing for when they were assisting people with personal care in their homes, a stock was kept in each person's home and additional supplies at the office.

People received their medicines in a consistent and safe manner. All staff supporting people with medicines received training and their competency was checked. This included direct observation of their medication support practice prior to the deputy manager assessing them as competent to work unsupervised. Staffing records confirmed staff had completed the required training. The majority of medication was managed by relatives. People had capacity and medication was not administered directly by staff, but supervised and prompted by them. The PASS IT system monitored medicine administration by staff recording. This method of tracking was of benefit to staff and family alike because it could be accessed 'real time' and from a smart phone or similar device and immediately flags up any medication administration omissions.

The IT system was supported by a robust system of spot checking and medication audits to ensure that medication training was embedded and monitored. There were also medication profiles with individualised guidance in place for people who received support with administering 'as and when required' creams as part of their personal care, this helped ensure administration happened only when the circumstances warranted it and in accordance with the persons needs and wishes. Medication Administration Records (MAR) were in place for each person supported, with weekly medication counts and evidence of follow up as required.

The service pays for an out of hours call centre to ensure that no calls into the service are ignored or lost due to mobile on-call phones being out of range(of a signal). The Registered provider/manager acknowledged that it was important that 'all calls are picked up quickly by staff'. The Registered provider/managers commitment to technology with the introduction of the PASS system provided the basis for the development of a more responsive model of care.

Staff had a permanent rota of calls some of which were shared with another staff member who could provide continuity of cover in the event of the main carer's absence. A small number of staff were employed on permanent contracted hours with other staff employed on a flexi basis until the workload increased. Staffing levels were kept under review, an expanding client base or delivery of additional hours would prompt a review of hours, staff numbers and whether additional staff recruitment was needed

Staff were experienced carers and all trained in safeguarding adults and protecting them from harm. There was a clear safeguarding policy filed with the copy of the local authority safeguarding guidance. Staff were

knowledgeable about protecting people from different types of abuse and several had direct experience of using safeguarding procedures in previous employments to raise alerts where they had concerns in regard to people's safety. There had been one safeguarding alert in the last 12 months prompted by the service staff where they had not considered a person's best interests were being appropriately managed by other people involved in their care. Staff understood how to contact other agencies if they thought that concerns they raised about safeguarding issues were not being appropriately acted upon within the agency.

A contingency plan was in place for a number of events that may impact on the delivery of care to people, bad weather being one example. The deputy manager reported that recently because of the bad weather they had required a staff member who undertook a late call to call them at the end of their call to ensure they were safe and also that the call had been completed. Staff were local to the area where people lived, but in the event of bad weather the registered and deputy manager would consider whether as an interim measure staff needed to work geographically closer to their home to reduce the need for driving and to ensure people still received their visits and also staff were safe.

Good

Is the service effective?

Our findings

People thought staff understood their needs and had the right skills and knowledge and attitudes to support them appropriately.

Prior to receiving a service people's needs were assessed. The initial assessment process involved a home visit to assess their everyday living needs that they wanted support with and also an assessment of their environment and any other risks they or staff may experience. This was to ensure there was a safe environment for staff to work in, equipment they might use was in safe working order, and the person's needs and times of service delivery could be met by the service. For example, currently they did not work with people with more complex needs who required two staff for moving and handling because they knew at the present time they could not meet this need due to the additional staffing this would need. If necessary additional information was sought from health and social care professionals, to ensure care plans were developed from the most accurate and up to date information around health and support needs.

The registered manager's passion for only employing staff that demonstrated the same values and ethos of compassion, kindness, respect and innovation helped to ensure people received support from staff that cared about the quality of support they provided, were proactive and went that extra mile for people. The deputy manager told us "I feel we have a really great team of carers who deliver a very high level of care to all of our clients' and " I have had some lovely feedback from a family regarding the care staff" also "I feel that I am very well supported by my manager who is always there to offer guidance if I need it, overall a very happy friendly place." "A relative told us "The attitudes of the staff are both caring and professional" and "they show real commitment to their job and always go the extra mile."

All new staff were subject to the satisfactory completion of a probationary period. They received an induction into their role. The induction was based on Skills for 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. Initially staff spent in the office familiarising themselves with reading policies, procedures and care plans, an orientation to the service and its routines and practices. Shadow shifts with other staff in attendance at calls to understand how calls were delivered at different times and people's individual preferred routines. In addition a completion of basic mandatory training courses and assessment of subsequent competency around these was undertaken.

For all staff a programme of training that included health and safety, moving and handling, fire safety awareness, emergency first aid, infection control, basic food hygiene, end of life care, person centred care, safeguarding, dementia care and challenging behaviour was in place. Staffs understanding of these topics was tested by a member of the management team to ensure the staff member had understood what they had learned and could put this into their everyday practice, which was also assessed during spot home visits to people's homes to observe staff in action. Staff were expected to complete their training at intervals of between one and three years dependent on the area of training. For example those that had a direct impact on the wellbeing of the person supported were completed more frequently such as first aid, fire safety, moving and handling. Staff felt they received the right amount of training and it gave them the knowledge

and skills they needed one staff member said they had never had a good training programme in previous employments "to be honest my training in care only really started when I came here, I was also given a choice of whether I wanted to do an NVQ3." (The Diploma in Health and Social care is the new equivalent of the NVQ and available in two levels made up of mandatory and optional units). Staff told us that they received regular supervision and a system of appraisal was in place for those staff in post for more than one year where they could discuss their training and development needs. The provider and deputy manager were able to demonstrate how they provided support to staff experiencing problems and provided additional support and mentoring with appropriate risk assessment in place.

People told us that staff encouraged them to do as much for themselves as possible but always spoke with them and explained about the support they were going to provide giving people the opportunity to consent or refuse. People had capacity and also were able to vocalise their needs and wishes, however each care plan gave a communication profile to inform staff if specific needs existed and how these were supported to effect good communication. People were able to express their views clearly and any changes to their support they might want, staff were flexible and able to respond to occasional changes to routine but more permanent changes were discussed through a review of each person's needs. Staff were informed of any changes to people's care needs and individual care plans updated to reflect changes.

Careful consideration was given to the staff supporting individuals; where people raised a concern that they might want a change of worker once conveyed to the management team changes were made quickly. Staff were never asked to work with someone they had not been first introduced to. The people we spoke with and the relatives of others were very satisfied with the staff supporting them.

Support plans made clear people should be offered choices and that they could make everyday decisions for themselves such as what to eat or drink or what to wear. A basic capacity assessment was undertaken to ascertain the level of peoples decision making abilities and the people currently supported all had capacity to make their own decisions albeit with some support from relatives, if the initial capacity assessment highlighted that capacity in one area was a concern the staff understood about the use of best interests meetings and accessing advocacy for people if needed. A survey conducted by CQC indicated that people's level of satisfaction with staff always obtaining their consent was 100%. Staff had received training in the Mental Capacity Act (MCA) 2005, and staff understood that where people were unable to make some decisions for themselves best interest meetings might need to be held to make best interest decisions on their behalf.

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 were assessed as not having the capacity to make a decision, a best interest decision would be made involving the person and people who know them well, any decisions made must be in their best interest and least restrictive. People can only be deprived of their liberty so that care and treatment can be provided to them in their best interest when a legal authorisation to do so is in place under the MCA. When people live in their own home these applications must be made through the Court of Protection (COP). No one in the service was currently subject to the COP but the management team demonstrated an understanding of what needed to be in place should this situation change, MCA was embedded in staff everyday practice and they had an understanding of the importance of acting only with peoples consent or in their best interests if authorised to do so. MCA was reviewed after six months if needed, staff respected people's right to refuse reassessment and would seek external advice if this posed an issue for someone with failing capacity.

We found that the service demonstrated a lot of effective practice. When asked the question, "do you have a copy of your care plan and is there enough information in it?" people told us: "Yes, they know what's wrong

with me and I am consulted, when the care plan is changed" "They ask me every time if I am happy" and in relation to being involved in important decisions, "definitely, they just do what I want". This was further supported during our conversations with people when we were told, "anything I want, I just need to ask and they'll do it".

The registered provider/manager and deputy manager were aware of best practice guidance for a range of aspects of support and care available through The national Institute for Health and Care excellence (NICE) and used these as a reference when developing their practice within the service.

Currently no one was in receipt of support from staff for specific health conditions other than through prompting and supervision around medicines and help with application of creams for skin care maintenance. Staff had an understanding of actions to take in the event of finding someone unwell or a health issue arising during their attendance on a call; this would involve notifying the office, relatives and seeking support from health professionals if required to ensure the person remained safe and well. At times staff provided a supportive escort role for some people who needed to attend health appointments," They provide my mum with the support and care she requires as well as taking her to medical appointments." The Provider Information Return informed us that people had previously been involved in health reviews where they have had specific health needs and staff had made referrals to relevant health specialists for example Dieticians where needed.

Some people received support to have meals prepared for them and staff left drinks out for people where they could reach them after leaving a call. People told us staff always offered a choice of what to eat if they were preparing food and always asked them if there was anything else they could do for them before they left. Staff understood that some people may make unwise decisions through lifestyle choices about things they drank or ate and understood and supported the agreed alternatives in place to mitigate worse outcomes for people.

Although not currently the case, the registered provider/manager and deputy manager were able to tell us about instances where people they had supported at end of life were receiving personal care support from staff and also receiving support from district nurses. At these times there were occasions where joint visits were arranged to provide joined up support around skin care and pressure areas in support of treatment provided by healthcare professionals, and in another instance joint working with an occupational therapist around improvements to a persons mobility.

Good

Is the service caring?

Our findings

Staff demonstrated meaningful consideration of the wellbeing of people they supported and were enthusiastic about providing high quality support. People and relatives spoke highly of staff attitudes and of their kindness.

Staff respected people's privacy and their practice assured peoples dignity was upheld when personal care support was delivered. People felt comfortable with the support staff provided. They had built strong relationships with staff and looked on them with affection for all the tasks they did for them.

We found that the people and staff that we spoke to were very clear about the quality of the care. "Yes, they are very good and kind and I have never found fault with anything they did" said one person when asked whether they would recommend the service.

Staff were described by people as 'really lovely', 'really good' and 'just like friends really'. One family member told us "Can I also take the time to praise them for the outstanding care of my mum."

Care plans reflected personal choices – such as the colour of flannels and towels to use when supporting with personal care and people commented on the staff commitment: "They always come on time, in all weathers and they stay the full amount of the visit. They will let you know if they can't come, but it's rare."

People's communication needs were considered and staff had used flash cards, and currently used staff photographs as a memory prompt for one person at their house.

People confirmed that the staff always introduced new members of the team to them before that staff member worked with them.The registered provider/manager confirmed that continuity was an important part of the organisation's ethos.

People confirmed that they were consulted:- "when things change, I am asked," and staff discussion further confirmed that the team had seen policies on dignity and respect and followed a model of care that promoted independence using 'a lot of prompting and supporting rather than doing care'.

Staff had time to listen to people and people valued what staff did for them sometimes over and above what they were required to do "they were very good when my husband came out of hospital providing him with cups of tea."

The service had access to a registered pet therapy dog which was trained to provide affection and comfort and love to people who use a range of services. This could be introduced to a person if staff thought they would benefit from it and the person requested it. Staff supported another person to go for lunch at the registered provider/managers care home to help them socialise and reduce isolation.

The deputy manager told us that when one supported person moved from their home to residential care,

staff from the agency continued to pop in and see the person to maintain a level of continuity and socialisation during their settling in period, some staff still continued these occasional visits.

Staff had built up strong relationships with the people they supported and provided extra support in their own time when needed for example a carer called back to a person who had no further calls that day to change a light bulb in their lounge so they did not have to sit in the dark until their first call the next day. A relative said "Staff bring in milk to mum regularly and as I have said take her to appointments. When mum was discharged from hospital a carer went to pick her up and settle her in. When mum was in hospital the carers went to see her in their own time."

People told us that staff encouraged them to do as much for themselves as they could if they were able to and offered prompting, supervision and practical support if there were things they could no longer do. "I'll put the kettle on and she helps with breakfast" and "I get on the mobile if I need them."

Good

Is the service responsive?

Our findings

From the discussions with staff and people, we found the service responsive to the needs of the people currently supported.

Previously we had identified that some staff were performing tasks for one person that were not reflected in their care plan and had not been assessed as a need that staff had been asked to support. We asked the provider to tell us what action they were taking to address this, which they did and all care plans were reviewed to ensure this was not happening with anyone else. The provider took appropriate disciplinary action but also reviewed the care needs of people supported to assure themselves that no one else was receiving specific health care support.

People and relatives told us that they were fully involved in the initial assessment of need and the subsequent plan of care and any reviews of this. "I was involved in mum's care plan from the beginning and have liaised with individual carers about her ongoing care. "They don't always fill the comms book in because they do everything electronically; yes I can see the care plan and medicines administration on line."

Care planning was recorded both on the electronic PASS system and on paper, so whilst it was clear from our conversations, that people felt well supported by the service, it was also apparent, that certain care plans relating to nutrition/hydration reflected a pattern of recording that relied heavily on verbal communication to pass on detailed information, essential to each persons' care. We asked people the question, "do you have a copy of your care plan and is there enough information in it?" and they told us: "Yes, they know what's wrong with me and I am consulted when the care plan is changed" and "They ask me every time if I am happy" and in relation to being involved in important decisions, "definitely, they just do what I want". This was further supported during our conversations with people when we were told, "anything I want, I just need to ask and they'll do it". We found some evidence of more detailed written recording in the care plan of someone with more complex support needs; the registered provider/manager gave us further examples of written details from discussions at staff meetings where issues such as, equality and human rights, mental capacity and guidance relating to sepsis, had been discussed and advice given. This level of information was not reflected in daily logs which conveyed limited detail such as a person having 'No problems' or simply 'getting more confused' with no further explanation. Our overall judgement was that whilst the overall care planning was delivered in a positive way, some of the care plans lacked clear written guidance.

At present with continuity in staffing, new staff shadowing of care calls and introductions of staff to people using the service the overall impact of shortfalls in the content of care plans was low. "X (staff member) is smashing, she does everything I ask for." With the advent of an expanding client base and larger staff team it would inevitably become more essential that new staff were guided by more detailed plans of care; this would help to provide consistent support in how care was delivered in accordance with people's needs and wishes. Staff recorded their activities whilst on calls in daily logs, the content of these were somewhat inconsistent and would benefit from more detail and explanation of their comments. Staff said that changes

in people's needs were discussed within the team at meetings or with the deputy manager. Whilst there was no evidence that people's needs were not being met this could potentially have a negative impact, should clear instructions about personal care, individual wishes, correct procedure and consent fail to be communicated through care planning information and throughout the support team. This is an area for improvement.

On a practical day to day level these shortfalls in recording did not impact on the quality of support people received and the care they needed and wanted. This view was echoed universally by people and relatives we spoke with and supported from the findings from a survey conducted by CQC of people receiving the service which scored 100% in nearly every question.

People and their relatives had access to care records and MAR through an app which could be used with smart phones and tablets this was password protected but enabled them to look at their specific records at any time, so they could comment on changes if they needed to. Introductions were facilitated between care staff and people to be supported prior to service delivery to ascertain if people and staff were compatible and aid familiarisation with each other. The service was flexible about supporting people to go to events in the community if that was what they wanted and provided a companionship service to people other than those provided with personal care.

A complaints policy and procedure was in place, people received a copy of the complaints procedure in their information pack when they commenced using the service, this was in a format suited to the needs of the current group of people but consideration should be given to providing this in large print versions if the need arises. People told us they would personally raise concerns with the management team or via a relative if they were unhappy with their service. A relative told us that they had expressed concerns previously and these had been acted upon quickly, everyone said they found the management team and staff very approachable and would feel confident about raising any concerns with them "You won't have any concerns from me" and "I haven't used the complaints process. "I have been surveyed for my comments and completed this with my mum, who also highly rates the service" and "There have been a few things that I have not been happy with but they have sorted those out." We reviewed the complaints logs this confirmed that complaints were infrequent, but where they had been made – such as the use of a call centre out of hours - there has been an effort made to respond proactively. For example, the Provider had implemented a policy that ensured where a call was missed, two subsequent calls were offered free of charge.

Previously the agency had provided a number of people with support around their personal care needs during their end of life care and staff received training around this. Currently they were not providing this type of support to anyone. The files of people with current resuscitation preferences in place were marked to ensure staff were aware of this should they experience a person having a cardiac arrest during a call.

Good

Is the service well-led?

Our findings

The service was run by the provider who is also the registered manager and had registered with the Commission in January 2015. They were also registered manager for a separate residential care home service at the same location. In the last 12 months there had been changes to the makeup of the staff team which was currently smaller than previous but there was a clear management structure and lines of responsibilities and accountability.

Although a visible presence to staff, people and relatives, the provider/registered manager had plans to reduce their direct involvement in the running of the service to concentrate on a more strategic role for growing the business and having oversight of quality issues. The plan was for the deputy manager to take on the mantle of registered manager and apply for registration to the Care Quality Commission. The deputy manager undertook most of the day to day operations and interactions with staff, relatives and people using the service; they had undertaken calls to each person to familiarise their self with their needs and the tasks required. Relatives told us "The deputy manager is always in touch" I have had to call at weekends sometimes" "It's not a huge company they do what's been asked of them".

The deputy manager undertook an initial assessment of prospective service users, completed quality visits to the people supported and undertook spot checks and competency assessments of staff. In conjunction with the registered provider/manager the deputy manager carried out recruitment of new staff and helped in the delivery of some training. People said communication with staff at the office was good quality although one relative thought it was an area where further improvement could be made "I am not always informed as to absent staff or staff being late so when (relative) contacts me I am in the dark," but went on to say "Overall I am quite happy with service, impressed with punctuality aware of X's needs, they look professional, punctual, they're good I would recommend."

From discussions with the staff team and a survey of aspirational and business documentation during the inspection, we found that overall, the service was well led. The provider "Is willing to take on new ideas". "A lot of discussion goes on and they are quite innovative and dynamic," commented one of the staff team. From our discussions, we were able to identify a positive, open and transparent culture. The registered provider/manager has introduced a simplified pricing structure that makes clearer to people how much their care costs. The development of an incentive bonus package requiring staff to meet 10 criteria is also in the planning stage. We looked at the business plan with its vision for expansion and the business continuity plan. We also looked at samples of internal audit and quality improvement documents and reviewed two 'mock CQC audits' and their action plans from January 2017. We also reviewed the organisational risk register.

The commitment to regulatory compliance was in part reflected in a summary of the CQC inspection key lines of enquiry that was visible on a poster on the wall and in the responses of the registered provider/manager and their team; they were open to Inspection feedback and engaged with the Inspection process as a means for improvement. Organisational risk assessments were in place to protect office based staff and included documentation for health and safety, trips and hazards, workstation assessments, fire

safety and infection control.

Staff said they liked working for Aspire Home Carers Limited. Relatives and people said they found the staff displayed the right attitudes and the management team were very approachable. A staff member told us "I feel able to challenge and make changes, everything is open I like it here and would recommend the service for employment and support wise". Another said "I find them quite a dynamic team". CQC survey feedback from staff was overwhelmingly positive with staff commenting on the approachability of the deputy manager and that support provided both in relation to work and in their personal lives was good " X has helped me through some trying times, very considerate" another said "There is always someone to talk to and staff are all friendly. Another said I find the deputy approachable I feel safe with her, I feel if I had a problem I could talk to her about it feel I can trust her, she is very nice and on the ball."

At inspection it was clear that the office team worked well together and all shared the registered provider/manager's enthusiasm and values for providing a quality service to people in their homes. To help ensure the right staff were recruited that displayed these values the registered provider/ manager had implemented a values based recruitment process; applicants were also scored on whether they demonstrated kindness, compassion, respect empathy, dignity, imagination and responsibility.

The registered provider/manager was interested in the use of new technology to support staff delivery of care and had invested in software for staff mobiles. This enabled staff to log in when they entered someone's home, record the care and support given at that call and log off when they left; thereby reducing the amount of paperwork staff were required to complete on site. The electronic records could be viewed by the registered provider/manager and deputy and people and their relatives to check that care has been delivered and medicines given, some relatives liked to have a paper communication record too, although these were not always completed consistently.

Staff showed innovation and were proactive in overcoming practical challenges to improve outcomes for the people they supported, for example for a person who was not using their Zimmer and was therefore at risk of falling, staff gave the Zimmer frame a makeover because they had read that people with dementia may have trouble identifying a particular colour; this had helped the person with picking out their Zimmer frame and making better use of it and reducing their risk of falls. A staff member said "if something doesn't work my attitude is right let's look at how we can improve this". Staff said they felt supported and listened to, they understood their role and its responsibilities. They felt able to bring ideas to the deputy manager and supervision or staff meetings discuss ways of helping to make improvements either to individuals or to practice generally. The registered provider/manager valued and made use of staffs' previous work experience/knowledge in other areas to develop the service further. For example using a staff member's previous role as a counsellor to develop a grief counselling session for staff.

The provider has been keen to develop the service in the right way that reflects the values and ethos of the service and has invited independent consultants at various times to come and review the service. The registered provider/manager had taken into consideration the findings of these reviews and taken action to implement their recommendations. Other audit checks by the deputy manager included care plans, daily records, medication records; these checks helped ensure the smooth running of the service and were effective in proving and maintaining a quality service. Our inspection found there were other systems that ensured people had reviews and that staff received appropriate supervision, appraisal and assessment of their competency. When they occurred, which was rare, accidents and incidents were analysed for any learning points used to inform practice and reduce future risk.

The registered provider/manager having invested in the recruitment of staff with the right skills and values

was keen to retain them. They had introduced travel time for staff between visits, and contributed towards staff car MOT's and provided them with breakdown cover. Checks were undertaken on the fitness of staff cars and that staff were correctly insured.

The registered provider/manager and team were registered dementia friends and the registered provider/manager was a member of the UKHCA, they and the deputy manager attend relevant conferences and subscribe to industry publications such as Care Quality Matters to keep updated with changes in regulation, practice and innovation in the home care sector. They are registered with Quality Compliance Systems, a software and paper based Care Management System they use. The registered provider/manager is a member of a local Skills for Care Managers Network and the National Skills Academy. The service is a member of the Federation of Small Businesses. The deputy manager and staff make use of the internet to research specific issues that help with providing knowledge and personalised support for specific needs. They are proud of the service they are developing and have entered several awards programmes in Kent hoping for recognition of the service they provide.

People reflected the organisations commitment to responsive care in the annual service questionnaires where the service was described as 'excellent'. One feedback survey commented that: 'Since using the service, things have been made easier under difficult circumstances' whilst another said: "I very much appreciated the service, I maintain that all the staff are simply wonderful people" .The office administrator was able to show detailed reports from surveys sent to people and their families, and to staff. The reports clearly demonstrated a graphical representation of the feedback received with an explanation about how the organisation will feed the information back into the care planning and person centred service development during 2018.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the reception and on their website.