Voluntary and Community Services Peaks and Dales

Aspire Tameside

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 19 and 20 October 2016 and was announced. We gave the service notice of our inspection to enable them to organise suitable staff cover to assist with the inspection process. We followed up our site visit with telephone calls to some staff and parents of children who use the service.

The service had been registered with the Care Quality Commission (CQC) since October 2014 and this was the service's first inspection.

Aspire Tameside has offices in Ashton-under-Lyne, Tameside and provides care and support to disabled children and adults living in their own accommodation in the surrounding Tameside area. At the time of our inspection Aspire Tameside was providing a service to 29 children and one adult. The service provided support to people with cerebral palsy, autism and physical disability. Care was delivered in small packages, providing a number of hours support per week. The service was also commissioned to provide respite support, to enable carers to have a regular break from their caring duties.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We identified breaches of three regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches were in relation to the safe recruitment of staff, staff training and the management of the service. We are considering our options in relation to enforcement for some of these breaches of the regulations and will update the section at the back of this report once any action has been concluded.

Parents of children who use the service spoke highly of the service; one person told us, "They're brilliant."

We found management and staff spoke highly of the children and adults they provided a service to and told us how much they enjoyed their caring role. Parents of the children we spoke with told us their support workers were always kind and caring.

The staff files we looked at showed us that safe and appropriate recruitment and selection practices had not always been used to ensure that suitable staff were employed to care for children and adults who may be vulnerable. We found concerns around a lack of evidence of the suitability of some staff and we told the service to ensure these staff did not work with children until these checks had been verified.

Staff we spoke with were aware how to safeguard children and adults and were able to demonstrate their knowledge around safeguarding procedures and how to inform the relevant authorities if they suspected

anyone was at risk from harm.

Staff told us they supported the same children each week and this was confirmed when speaking to parents of children who used the service. This consistency in care staff visits meant that children and staff were able to develop relationships and staff knew the children they were supporting well.

Care files we looked at showed concise plans and risk assessments documenting children and adult's specific care and support needs. These were short plans outlining how children and adults needed to be cared for in an effective, safe and personalised way. The plans included information around people's preferences. We found these care files were not regularly reviewed in a comprehensive way; meaning that there was a risk that information in the files may not be current and up-to-date to ensure children and adults received the correct care and support.

There was no effective monitoring and auditing system in place to ensure the registered manager had a full oversight of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Safe recruitment practices had not been followed to ensure that suitable staff had been employed to care for vulnerable children and adults.

Individualised risk assessments were in place; however, they had not been regularly reviewed to ensure they reflected current care needs.

Staff spoken with demonstrated a good understanding of safeguarding procedures and the types of abuse that children and adults may be at risk from.

Is the service effective?

Requires Improvement

The service was not always effective.

Children and adults were involved in decisions made about their care and support.

Not all staff had received the training necessary to provide a safe and effective service.

Is the service caring?

Good

The service was caring.

Children and adults told us they were well cared for by staff.

Children and adults were involved in and made choices around their daily care and support needs.

Parents of children told us their child was treated with dignity and their privacy respected.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care plans were succinct, and reflected children and adult's choices, preferences and interests.

A complaints system was in place.

Care plans had not been regularly reviewed to ensure they contained accurate and up to date information.

The service manager conducted regular telephone surveys with parents to gather feedback around the service.

Is the service well-led?

Inadequate

The service was not well led.

Staff and parents of children and adults who used the service spoke highly of the management team.

Accidents and incidents were not managed.

The registered manager did not have full oversight of the service. Audits and competency checks were not in place.

Aspire Tameside

Detailed findings

Background to this inspection

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

This inspection took place on 19 and 20 October 2016 and was announced. We followed up our site visit with telephone calls to a sample of staff and parents of children who use the service. The inspection was carried out by one adult social care inspector.

Before we visited the service, we checked information we held about the service including contacting commissioners of the service at the local authority and a local community voluntary organisation. Neither organisation replied to our requests for information. We also checked statutory notifications sent through to us by the provider. Statutory notifications are information the provider is legally required to send us about significant events that happen within the service. No statutory notification had been sent in to us and the registered manager confirmed there had been no incidents at the service that required notification. Prior to this inspection, we had not received any complaints or concerns regarding the service.

On this occasion, we had asked the service to complete a Provider Information Return (PIR) which was returned to us fully completed prior to the inspection. This is a document that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

The majority of this inspection was carried out at the service's premises in Ashton-under-Lyne, Tameside. We spoke over the telephone with staff and also with parents of children who use the service.

During the two days of inspection, we reviewed a variety of documents, policies and procedures relating to the delivery of care and the administration and management of the service and staff. We looked at four children's individual care records; including care plans and risk assessments.

We reviewed all personnel files relating to care support staff.

As part of the inspection process we spoke over the telephone or in person with the parents of four children who use the service. We also spoke with the service's registered manager, the service manager, the care co-ordinator and three care support staff.

Requires Improvement

Is the service safe?

Our findings

There was an adult safeguarding policy and procedure in place along with a child protection policy and procedure, and when asked, the staff we spoke with were aware of these procedures and demonstrated an understanding of the subject. They were able to tell us about the different types of potential abuse and what steps they would take to report any concerns they might have. All staff members we spoke with told us that if they ever saw or heard anything that could be potential abuse they would go straight to their manager to discuss. We saw evidence that some support staff had received training in safeguarding children and vulnerable adults. There was a whistleblowing policy and staff showed a good understanding of whistleblowing; this meant staff were knowledgeable around reporting concerns to the appropriate organisation if they felt that appropriate action was not being taken by management.

During the inspection we initially looked at five staff personnel files to check that safe recruitment practices had been undertaken; including evidence of interviews, photographic identification checks, application forms, health declarations and suitable references; one being from their previous employer. We also checked to see if all staff had the relevant disclosure and barring service (DBS) pre-employment check. All staff providing personal care to children are required to have the full, enhanced DBS check that makes extra checks of people working with children.
We found one of these staff members had started with the service and not all checks were in place; however, the service manager told us the staff member was not in contact with any children until these checks had been received.

In another staff file we found that there was no evidence that the person had the right to work in the United Kingdom, there was no photographic identification and there was no reference from a previous employer; only a character reference from a friend. In a third file, we found the staff member had not got a relevant DBS check. Additionally, this person's one work reference only stated they had worked at their previous employment and what tasks they had performed; this meant the service had not received satisfactory assurances from a previous employer that the person was of good character and were therefore unable to assess whether they had the required skills, experience and character to work with children. We told the service manager not to allow these two identified staff members to work in the service until all relevant checks were in place and evidenced, or to put an urgent risk assessment in place if this was not possible. We were subsequently informed by the service manager that the necessary information had been requested and received.

Our concerns around safe recruitment practice were such, that the next day the inspector returned for a second site visit to review all remaining staff personnel files. We found serious concerns in another staff member's file where we found there was a two year gap (2013 – 2015) in work history recorded in the person's application form. There was no current DBS check and the old DBS form that was in the file did not cover working with children. Although this person was currently having a break from working at the service, they had previously been working with children at Aspire Tameside since March 2016 and intended to return to recommence employment. We found this old DBS check had been applied for by a domiciliary care

agency this staff member had previously worked for in 2014. This staff member had not explained their two year gap in employment history and had not disclosed their involvement with a domiciliary care agency during this time period. This staff member's reference from their then current employer only stated they worked at the organisation and the position they held there. We asked the service manager to ensure this person did not work with children until they had evidence that the required safety checks were in place. Despite working with children these discrepancies in employment and safety checks had not been identified prior to our inspection.

In another staff personnel file, we found there was a gap in work history from 2013 to their start date with Aspire in 2016. The service's care co-ordinator provided an explanation for this gap; however, nothing was documented within the file to confirm this. In addition, we reviewed the date of issue of their DBS check and cross-referenced this with information on their electronic rota system. We found the staff member had started working as an unsupervised care support worker two weeks before the DBS check was issued. The service's care co-ordinator gave us assurances that family members were present during care delivery to the child; however, staff must have full DBS checks in place prior to commencing work.

We found in a sixth staff personnel file that they did not have an up-to-date DBS check in place prior to commencing work with the service. Again we requested this staff member did not work unsupervised with a child until these checks were in place.

The above evidence found in staff personnel files meant that the registered manager had not received satisfactory assurances and that robust and safe recruitment practices had not been followed to ensure that suitable staff had been employed to care for vulnerable children and adults.

This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Fit and proper persons employed.

As part of our inspection, we looked at the way in which medicines were managed at Aspire Tameside to check that children and adults get their medicines in the right way at the right time. The service manager told us they do not manage any medicines and staff do not administer or prompt any medications. However, there were three members of staff who have been trained to administer a particular emergency medicine to one child with a specific medical condition. The training was provided by the local clinical commissioning group (CCG) and was delivered by a specialist National Health Service (NHS) nurse. Staff we spoke with told us they had never had to use this training, but it was in place as a safety measure.

Personal care plan records showed that individual risks had been identified, assessed and plans put in place to manage any risks to children and adults who used the service.

Individual risk assessments were short and concise, they were relevant and personal to each child and adult and reflected the short intervention nature of the service. Examples of these risk assessments included; behaviour that challenges, travelling, swimming/water, personal care, traffic and communication. This meant that specifically identified risks were pertinent to each person. We saw that one child had a separate risk assessment and care plan for their epilepsy along with a seizure record. We reviewed one child's care files that included specific, personal risk assessments for choking and manual handling. This child's care files also included an emergency seizure plan written by their community nurse. Risk assessments were completed at the start of a service being provided to a person, however, we did not see any evidence that these had been regularly reviewed.

We spoke with the service manager around the timescales in place for reviewing care plans and risk assessments and they told us this was done on an annual basis. None of the individual files we looked at had been reviewed more than annually. This practice of not regularly reviewing care plans, including identified risks meant that up-to-date information may not be available in care files, and therefore created a risk that out of date information may be being used by staff to provide care and treatment. We found in one child's care plan, the risk assessments had not been reviewed since December 2015 and there had been a serious incident that had required a report to be sent to their behaviour therapist in July 2016. This report had been completed with little information, no action taken had been recorded and risk assessments had not been revisited or updated subsequent to the incident or at any other time during previous 10 months.

Individual risks were mitigated by the short intervention nature of the service, the regular input from other support services and the service manager or co-ordinator regularly attended multi-agency reviews with other professionals. Staff knew the people they supported well. However, individual risk assessments need to be reviewed regularly and reflect the child or adult's current care and support needs to enable staff to safely manage risk.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

The service manager told us they had difficulty recruiting to the role of support worker; however, we found there was sufficient numbers of staff available to support the current identified needs of the children and adult were met. The service manager told us they matched children and support workers together based on preferences and needs of the person and the skills of the support worker. We spoke with staff who told us they felt there was enough staff to enable safe care delivery, one staff member told us, "I've never felt that there was not enough staff to keep the children safe." We checked the service's database system, known as 'tagtronics', to review rotas and staffing levels. We found there were sufficient numbers of staff to provide a safe level of staff cover for the people supported by the service..

We saw that the service had an up to date care continuity plan. This plan sets out what plans are in place if something significant occurs to affect the running of the service, for example, an outbreak of influenza or financial insolvency of the provider. This means that systems were in place to protect the service provided to children and adults in the event of an emergency situation.

Requires Improvement

Is the service effective?

Our findings

We reviewed 11 care support staff personnel files looking for evidence of a robust system of induction, regular supervisions, development and a comprehensive training schedule. We found evidence of induction to the service, a copy of the staff handbook and information around 'How to be a successful support worker'. Induction included a familiarisation with policies and procedures, the service's care plan system, information sharing, principles of care, aims and objectives, role of the support worker and 'What do parents expect' activity. The service manager told us new staff also went out with experienced care support workers to shadow them, however, the service manager told us there was no specified amount of time spent on shadowing before a new support worker would work alone. There was a probationary period of three months; however, there was no sign off to this period and no checks to ensure the new support worker was competent in their role after this time. This meant that management could not be certain that new staff were competent enough to carry out effective and safe care delivery unsupervised.

The service manager told us that new support workers were introduced to the people they would be supporting by a member of management, during an introductory visit. After this introduction, the new support worker would be working alone with the family. In addition, the service manager told us there was no formal competency check system in place for management to assess the performance of their staff during care delivery. However, the service manager told us they often went and provided care themselves and this gave them chance to oversee performance of staff. They told us they had plans to set up a regular competency check system; however, this was not yet in place.
No care support staff had been enrolled on the care certificate despite some staff being new to social care. The care certificate is an induction programme for health and social care staff and ensures that new staff are supported, skilled and assessed as competent to carry out the roles within a social care setting.

We found that supervision records in these individual staff files were sporadic and few; there was evidence of supervision taking place in only three of the 11 files reviewed. This meant there was little evidence of regular and effective supervisions held to discuss staff development or any issues that staff may like to bring to the attention of the management team. Staff told us that they felt supported in their role and management were always on hand to help or provide assistance when required. One staff member told us, "I feel I can always call if I need anything." A third staff member told us they felt supported in their role and they know they can contact their manager at any time because they have 24 hour phone support. They told us they can give suggestions and question practice. This meant that although staff had not received regular supervision, staff felt they were regularly supported to discuss any concerns regarding children and adults who used the service, and their own development needs.

Staff we spoke with told us they had received adequate training for their role and one staff member told us they had been trained to work with a child with epilepsy. Another staff member told us they were always training and it was available to them.

We spoke with the parents of children who received a service from Aspire Tameside and three of the four

parents told us they felt staff were adequately trained to support their child. One parent told us, "They definitely know what they are doing." Another parent told us, "They are trained specifically." However, one parent was concerned around the level of training received by staff with regards to keeping their child safe whilst outdoors, they told us, "Sometimes I think they (staff) may need additional training. I'm not sure how much training they've had when intervention is needed."

There was no training matrix in place to provide oversight and management of staff training to ensure all staff had received up to date training. On our request, the service manager produced an up to date matrix of training required and emailed this to us after the inspection visit. This matrix showed us what training staff had undergone, but did not identify when refresher training was due. We saw that some staff had undergone the required training for support care staff, for example, safeguarding children and adults and first aid awareness. The matrix identified large gaps in training. The service provides care, support and respite on a one-to-one or two-to-one basis to children and adults with disabilities such as autism and epilepsy. Therefore, we would expect the service to ensure staff have skills and training that are specific to the care needs of the children and adults they support. However, we found that only 67% of staff had received autism awareness training, 58% had attended children and young people first aid awareness training and only half of staff had received training around managing behaviour that challenges. This meant that staff may not have a full understanding of the specific needs of the children and adults they support.

The service provides personal care to children and adults, which includes assistance with washing and continence. However, we found no staff had received training around infection control and the service manager confirmed that no training was delivered regarding safe practice around the prevention and control of infections. This meant there was risk of unsafe practice by staff in relation to the spread of infection.

The above examples demonstrate a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of children and adults who may lack the mental capacity to do so for themselves. The Act requires that as far as possible children and adults 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 made in their best interests and as least restrictive as possible.

We looked at whether Aspire Tameside was working within the requirements of the MCA and whether children were involved in making decisions around their own care and support needs. All staff we spoke with, told us they always asked consent before providing care and support and always explained what they were going to do during care delivery. One staff member told us they provide step by step instructions each time they provide certain elements of their care to ensure the child knows what is happening at all times. Another staff member told us they always give the child choices of where they would like to go during that care support session. Comments from staff included, "The support is for them… We do what they want to do or don't want to do." The parents of the children we spoke with also confirmed that consent was sought by care support workers during care delivery and choices were offered. One parent told us, "He always has a say in what he does."

Children were supported to maintain their health and well-being. We found children had access to health and social care professionals. The service had engaged the help of the local authority manual handling team and had made a referral to child psychology. We found the service worked regularly in partnership with

other organisations and was often involved in contributing to meetings within schools, social care and health disability services. We found evidence that information from other organisations was held in individual care records, such as, school positive management strategies, minutes from multi-agency meetings and social care reviews. This information gave staff valuable background and on-going information around the care needs of the children and adults supported by the service.

Good

Is the service caring?

Our findings

We received very positive feedback from parents during our telephone conversations with them. All parents of the children, we spoke with, who were supported by the service told us they felt their child was respected and cared for at Aspire Tameside. They felt their child was treated with dignity and respect and staff were kind and caring. One parent we spoke with told us that they felt the care support workers looked after their child better than they did themselves.

Children and adults and their families were supported by regular staff who knew their individual care needs well. This consistency of approach meant that relationships and friendships could be formed between staff, children and their families. Staff got to know the children and adults well and this meant they could provide an effective and caring service. One staff member told us, "You start to understand the little ways they have with them." Another staff member told us they always engage with families and ask them for tips on the best way to engage with the child or adult.

Staff we spoke with were passionate about their role and told us they felt the service was very caring. One staff member told us that the best thing about their job was just working with the children; they told us, "They're amazing." Another staff member told us they got real satisfaction from getting to see the children and giving the family a break. Another staff member told us the best thing about their role was giving the support to the children, ensuring the child has had fun and been happy during the session, they told us, "I enjoy it too."

We asked staff how they ensured children and adults maintained their privacy and were treated with dignity and respect while providing care and support. All staff we spoke with were able to describe how they ensured they treated children and adults with privacy, dignity and respect during care delivery. They told us they would always ensure privacy when providing personal care and ensure the child or adult understands everything that is happening; even if the person could not communicate verbally they would ensure they were okay and comfortable. One staff member spoke to us about ensuring they respect children's and adult's private life by maintaining confidentiality.

Staff and parents of children we spoke with also commented around how caring the managers of the service were. One parent described the service manager as kind, caring and easy to talk to. They told us they had listened and worked very hard to match up carers with their child, they told us, "(Name) is brilliant… I feel like they're my next door neighbour."

Requires Improvement

Is the service responsive?

Our findings

The service is mainly commissioned by three organisations, the local clinical commissioning group (CCG), the local authority (LA) and the area's integrated service for children with additional needs (ISCAN). Some part of the service is also commissioned through grant funding; brokered by a local voluntary organisation. Referrals are mainly made into the service via telephone and therefore the service did not use an initial referral form, but visited the families of children and adults prior to the service commencement to complete their own assessments.

Each child or adult supported by the service had a personalised care record which outlined to staff how they liked to be supported. We looked in a number of these care records and found that each file contained important information about the child or adult that covered all aspects of their care needs. These included health needs, support needs, risk assessments and personal preferences. We did not see evidence that these documents had been shared in a child friendly format with the children who were supported.

Specific information around children and adults' preferences and how they would like to be cared for was prominent throughout the files. We found sections entitled; All about me, How I communicate, Things I enjoy doing and People/things that are important to me; this showed us that care was provided in a way that was designed around the needs and preferences of the child or adult rather than the requirement of the service. Staff members would be able to read the care plan and know detailed information about each child or adult, such as, toy preferences and what type of food the child or adult liked to eat. Each care plan also had a records section which showed us what activities children and adults had done that week. We saw in one care plan that the child had liked to go shopping and we could see that they were regularly accompanied to the shops. We saw children and their parents were involved in drawing up their care plans and one parent told us they were involved in discussions about their child's care. One parent of a child we spoke with told us they were consistently kept informed of the service their child was receiving. They were consulted when a change to a staffing member had to be made and they were always contacted if a care support worker was going to be late for their session. However, one of the four parents we spoke with told us their care support worker was not always on time and this caused anxiety for the child.

At our request, the service manager produced a copy of the minutes from a meeting where two staff members had met with the service manager to discuss improving the support sessions for one child they supported. The meeting minutes illustrated that a full and comprehensive appraisal had been undertaken to ensure the child's support session was as effective, creative and enjoyable as possible.

During the inspection, we found clear evidence that the children and adults were supported and facilitated to follow their interests and choices during care delivery. For example, one child liked to climb and care support workers took them to the park where there was a climbing frame to enable them to enjoy this activity. Another child liked a particular fast food restaurant and cinema and their support sessions would involve these interests and preferences. We saw that staff had often taken their own activities, such as crafts and story books to support children where these were known to not be available to the child.

The service manager told us other services, such as local authority social care team, that also supported the children and adults Aspire Tameside supported did share information when they completed reviews. Where this information was shared it was then conveyed to staff who supported the child or adult and included in their care files. This meant that some care plans were updated with current information around certain aspects of the child or adult's support needs. However, this also meant that there was a risk that care and support was being provided that did not reflect the current care needs of each child or adult. All information held in care files should be up-to-date to enable staff to provide the correct level of support and in a personalised way. Staff told us they had good relationships with parents of the children they supported and they kept them up-to-date with their current care needs and one staff member told us they could instigate a review of a child's care plan if necessary. However, we were unable to confirm this as the care plans we reviewed did not reflect this.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance.

We spoke with the service manager about complaints at the service and they told us no complaints had been received. Parents we spoke with told us they had never had cause to complain about the service. However, they told us they would feel confident to make a complaint as the management were "very approachable" and they would resolve any concerns.

The service manager told us that they regularly asked the parents and carers of children and adults for feedback about their care. They told us these surveys were conducted over the telephone every 3 months and looked at the quality of the service provided at Aspire Tameside. The service manager gave us an example where one parent felt they could no longer continue with the service because they could not afford transport costs associated with accessing activities. The service manager liaised with the support worker and an agreement was reached with all parties to reduce the activity related transport costs so the child could continue to benefit from the service.

The service manager told us they were very responsive to implementing any changes required to individual child's service, whether this is instigated by the family, support worker recommendation or as a result of a review by another practitioner involved in their care. However, we found during the inspection that care plans were not regularly reviewed and updated.

Inadequate

Is the service well-led?

Our findings

The service had a manager in post who had just been registered with the Care Quality Commission (CQC) in October 2016 at this location.

A registered manager has responsibility under their registration with the Care Quality Commission to have regard, read, and consider guidance in relation to the regulated activities they provide, as it will assist them to understand what they need to do to meet the regulations. The registered manager covered two sites; one in Tameside and one in Buxton, Derbyshire. They were on site for part of the first day of our inspection visit. The registered manager's office was in Buxton and therefore could not evidence this documentation around the fundamental standards of care that governs this service. However, they told us they were fully up-to-date and meeting their responsibilities around the regulated activities.

Parents of children and staff were complimentary about the service manager and care co-ordinator. Staff felt supported in their role and felt that any ideas or suggestion were acknowledged and implemented. We received comments from staff such as, "They're absolutely brilliant." Another staff member told us, "I feel I can always call if I need anything." Parents we spoke with were very happy with management of the service, one parent told us, "They're amazing." Another parent told us, "They're very approachable; there are not many people you can trust when you have a child with special needs."

It was clear that there was a strong and supportive staff network throughout the service that was led by the service manager and care co-ordinator who were well thought of by their staff team and the parents of the children they supported.

We found that contact between staff and management at an operational level was regular; however, we found there was a lack of regular systems in place for overall information sharing. Supervision was held inconsistently or not given and there were no team meeting sessions held; the service manager told us these were planned, but not yet in place. This meant there was no effective system in place for higher level information exchange around the service and for staff to have meaningful and personal one to one interaction with the management.

Personal information around children and adults who used the service was kept confidential and systems adhered to the Data Protection Act 1998. Personal information, such as care plans, were secured away and kept in a locked room for which the management held the key. This meant that this private information was kept secure and not accessible to anyone sharing the office building or visiting the Aspire Tameside office.

We examined records of accidents and incidents and saw that there was an accident and incident procedure in place. Accidents and incidents were recorded on specific documentation and placed in individual people's care record files. There was no central log kept of accidents or incidents to enable review and any necessary investigations to identify trends. This meant there was no overview of accidents and incidents to enable the management to identify any possible trends and take action to prevent further occurrences.

Policies and procedures were in place. However, there was no quality assurance system, no formal competency checks, no systematic analysis of information and no auditing systems in place for the service. This meant the registered manager did not have an overview of how the service was performing at a number of levels. There was no formal system to check staff had the correct skills and knowledge to meet the children and adult's needs. Training was not monitored and the requisite recruitment checks had not been implemented. A robust system of audits would have identified these concerns regarding training, recruitment and quality assurance found during the inspection.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance.

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 19 HSCA RA Regulations 2014 Fit and proper persons employed Safe recruitment practices had not been followed to ensure only suitable people had been employed to support children and vulnerable adults.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Training was not specific, effective and consistent. Some training was not delivered by suitably qualified trainers.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Care plans had not been reviewed in a timely way to ensure accurate and up to date information. The registered manager did not have an overview of the performance of the service and no monitoring/auditing procedures were in place.

The enforcement action we took:

Warning Notice