

Aspire Home Carers Limited

# Aspire Home Carers Thanet

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

### About the service

Aspire Home Carers Thanet is a domiciliary care agency providing personal care to people in their own homes.

Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection 13 people were receiving this support. Most of the people supported were older people or people with a physical disability. Some people received domestic support or companionship. We did not look at the support those people received.

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

People told us they felt safe when receiving support from Aspire Home Carers Thanet. People and their relatives spoke highly of the care and support they received.

Risks to people's health, safety and welfare were assessed, monitored and regularly reviewed. There was guidance for staff about how to reduce risks to people. People were protected from the risks of abuse, harm and discrimination by staff who understood how to help people stay safe.

People were supported by regular staff who had been recruited safely. People and their relatives told us staff arrived on time, stayed for the length of time required and completed all the support they needed.

Staff wore face masks, gloves and aprons when supporting people with their personal care to help prevent the spread of infection. Staff had access to personal protective equipment when they needed it.

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

People and their relatives told us staff were kind, compassionate and caring. They had forged trusting relationships.

People knew how to complain, however there had not been any complaints in the last 12 months. Compliments were shared with staff to celebrate areas of good practice.

People spoke highly of the assistant manager who led the service on a day to day basis and told us the communication was very good.

Regular checks and audits were completed to monitor the quality and safety of the service people received.

People were regularly asked to provide feedback, and this had been positive.

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

Rating at last inspection

This service was registered with us on 12 July 2021 and this is the first inspection.

Why we inspected

This was a planned inspection based on our inspection programme.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Aspire Home Carers Thanet

## **Detailed findings**

## Background to this inspection

### The inspection

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

### Inspection team

The inspection was carried out by one inspector.

### Service and service type

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

### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

### Notice of inspection

This inspection was unannounced. Inspection activity started on 27 September 2022 and ended on 30 September 2022. We visited the location's office on 27 September 2022.

### What we did before the inspection

We reviewed information we had received about the service since it registered with CQC. We used the information the provider sent us in the provider information return. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with two people and two relatives about their experience of the care provided. We spoke with four staff, the care co-ordinator, the assistant manager and the registered manager. We reviewed a range of records. This included three people's care plans and associated risk assessments and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits, policies and procedures were also reviewed.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of abuse, avoidable harm and discrimination by staff who were trained to recognise potential signs of abuse.
- Staff said, "Any safeguarding issues I would record immediately and report a detailed account to [the manager]" and, "If someone had an unexplained bruise, I would not make any assumptions. I would talk to the person and reassure them. Then I would explain that I needed to report it. I know the manager would take the right steps to make sure the person was safe."
- People told us, "I always feel safe" and "I feel absolutely safe, without a doubt". A relative commented, "[My loved one] is definitely safe with Aspire staff coming in".
- The registered manager and staff knew how and when to raise concerns to the local authority safeguarding team and Care Quality Commission.

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

- Risks to people's health, safety and welfare were assessed, monitored, reviewed and managed.
- When a person was at risk of choking, there was guidance for staff about how the person should sit whilst eating, information about how their food should be presented, such as cut up small, and details for staff to follow should the person begin to choke.
- When a person had an indwelling catheter, a tube inserted in the body which drains urine into a bag, there were risk assessments in place. Information for staff included what possible signs of infection to be aware of, and signs that may indicate the catheter was not working properly. There was guidance for staff about what action to take and when.
- People's home environments were risk assessed. This included checking equipment, such as shower chairs and mobility aids, was in good working condition before use. When a person had a cluttered home, staff had provided additional support to help make it safe for the person and for staff. Staff worked with the person, health care professionals and property maintenance staff to arrange for work to be completed with the least disruption and anxiety caused to the person. Staff recorded the person's confidence and self-esteem had 'vastly improved'.
- When people used walking frames, staff were reminded to ensure these were left within reach when they finished the care call.
- Accidents and incidents were recorded. These were reviewed and analysed by the assistant manager to identify any patterns. For example, a log of falls was used to make sure people could be referred to health care professionals for advice if needed.

Staffing and recruitment

- People were supported by staff who had been safely recruited. Gaps in employment were explained. References from previous employers had been obtained.
- We reviewed staff recruitment files and identified one application form which noted only years and not months. The assistant manager addressed this during the inspection to ensure a full employment history was captured.
- Checks were completed with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People told us staff arrived on time and stayed for the required time. People said, "They are always on time. They will call if they are going to be delayed" and, "I have regular carers. There is utter consistency. It is important."
- Travel time was factored in between each call. This was completed using an electronic map application.
- Staff said, "People are never rushed. How can you expect someone to trust you and build a relationship if you are constantly rushing them? There is plenty of time for each call. Time to spend quality time with people" and "I am never rushed. There is always enough travel time. I always have time to chat and do any other bits people need to make them comfortable before I leave."

#### Using medicines safely

- People were supported to have their medicines as prescribed. An electronic system was used to record administered medicines.
- Staff completed regular medicines management training and their competency was assessed to ensure they followed best practice.
- When staff administered medicines, this was recorded on an electronic system. These were checked by the assistant manager to ensure people had received their medicines as prescribed.
- When people needed medicines on an 'as and when' basis, such as pain relief, there was information for staff about how often the medicines may be administered in a 24-hour period.
- When people were prescribed creams to help keep their skin healthy, there was information for staff about where to apply the creams and how often.

#### Preventing and controlling infection

- People were supported by staff who understood the importance of infection prevention and control measures. Staff completed regular training and had competency checks to make sure personal protective equipment (PPE) was put on, taken off and disposed of safely. People told us staff wore face masks when providing their support.
- Staff told us they were able to collect PPE whenever they needed to, and this was readily available.
- Staff said, "I have plenty of PPE with me all the time. I wear face masks and gloves and aprons when delivering personal care. I also have shoe protectors because some people like us to wear them."
- The office was clean and spacious which allowed social distancing should it be needed.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

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

- People's physical, mental health, emotional and social care needs were assessed with people and their relatives before they began using the service. This helped to make sure people were supported in the way that suited them best. The pre-assessment was the beginning of the care plan which was developed over time as staff got to know people better.
- Staff had guidance about what support people needed during each care call and how to provide this support in the way a person preferred. Information detailed how much people could do for themselves and staff told us they encouraged people to remain as independent as possible.
- People were able to discuss their religious beliefs and cultural preferences, along with other specific needs around protected characteristics. Information was provided about people's life history, previous careers, family and friends and hobbies. This helped staff talk to people about things that were important to them.
- Care was planned and delivered in line with current evidence-based guidance and best practice. For example, Waterlow scores were used to assess people's risk of developing pressure areas and the Malnutrition Universal Screening Tool was used to establish any nutritional risks.

Staff support: induction, training, skills and experience

- New staff completed an induction and shadowed experienced colleagues to ensure they were confident and competent before they began supporting people on their own. Staff who were new to social care completed the care certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- People were supported by staff who completed regular training. Additional training in topics such as catheter care were completed to make sure staff had the skills needed to support people. Staff said, "I have done lots of training. I have also done the care certificate. Since the basic training I have also done diabetes and autism. We get reminders when we need to refresh training. Medicines competency is assessed" and, "I keep my training up to date. We get reminded when something needs to be done. I did the care certificate when I started. I shadowed at first until I felt confident and until they thought I was ready to go out on my own."
- Staff told us, and records confirmed, they met with a member of the management team for regular one to one supervision. This was an opportunity to discuss their individual personal development. One member of staff said, "We have regular competency checks on different things, like medicines and infection control. I am currently doing my [national vocational qualification] level 3. Aspire are really supportive with personal development."

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

- When people needed support with meal preparation, this was recorded in their care plan. This included any preferences.
- Some people had been referred to speech and language therapist for advice. This was noted in people's care plans. For example, one person used a teaspoon rather than a fork to eat their meals.
- When staff prepared meals for people, there was guidance to make sure safe food hygiene practices were followed. For example, staff checked the dates on foods and labelled foods with the date they were opened. This reduced the risks of people being provided with unsafe foods.
- Staff told us, "We have a person living with dementia, we make sure we sit with them while they eat because they sometime forget to eat."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's physical, mental health, emotional and social needs were assessed, monitored and regularly reviewed to make sure their care and support needs were met.
- People were supported to contact health care professionals when needed. Referrals to professionals, such as speech and language therapists and community nurses, had been made as required. A relative said, "If the carers are concerned about [my loved one] in any way they let me know. We talk things through. They will do any referrals that are needed."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People told us staff gained their consent before supporting them with their care and support. One member of staff said, "It is important they make as many choices as they can, even if that is just their clothes or meals. Choice and consent are imperative."
- The management team and staff had a good understanding of their responsibilities which made sure people were supported in line with the MCA. When people were not able to make a decision about their care and support, meetings were held with the relevant people, such as relatives and health care professionals, to make sure decisions were made in the person's best interest.
- At the time of the inspection there was no-one supported by Aspire Home Carers Thanet who was subject to a Court of Protection order.

# Is the service caring?

## Our findings

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

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

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff who were kind and caring. Staff knew people and their preferences and how they liked to be supported.
- People said, "All of them are so very kind and caring", "They are fantastic. There are no faults with them. They have gone above and beyond" and, "They are so good. I love all the girls. I have the same girls most of the time. I have a really good rapport with everyone. They are truly amazing, each and every one of them." Relatives commented, "They genuinely care. They take their time. They are first class" and, "They are really lovely girls. Hugely kind and genuinely caring. [My loved one] seems to like them all and is very settled with them."
- Staff told us they knew people well. Staff said, "I have regular clients. It is nice for them to have the consistency. I build a rapport with people and notice when little things change."
- People's care plans and associated records detailed the level of support people required. Information about people's protected characteristics, such as disability, religious beliefs and sexuality was recorded. This helped staff to support people in the way they preferred.

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

- People and their relatives were actively encouraged to express their views.
- People told us they felt in control of decisions about their care and support. People said, "I am totally involved in my care, absolutely 100%" and, "I would classify them as holistic carers."
- People and their relatives were involved in developing care plans. This helped make sure care and support were provided in a way that people preferred. One person told us, "They all read my care plan. They know exactly how to support me and let me do as much as I can or want to do."
- Staff told us they made sure people were involved with all elements of their care and support.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us they were treated with dignity and that their independence was promoted. One person commented, "They don't boss me about and do things for me. They know what I can do. They don't take away my independence, they encourage it."
- Staff spoke with us about the importance of respecting the people they supported. Comments included, "I make sure I give people a sense of purpose and promote their independence. It is about enabling them", "Privacy and dignity are very important. I always talk with people about what we are going to do and make sure I gain consent, every time. I always cover people, then we go to the bathroom. I close the door, even though there is no-one else there" and, "Often, I am there for reassurance. I wouldn't want to strip a person of an ounce of independence."

- People's care plans noted how much support was required and what people could do themselves.

# Is the service responsive?

## Our findings

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

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

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their relatives told us staff knew them well. One person said, "It is the whole package. I really couldn't wish for better. It is all so natural with the girls; they have all got to know me inside out. They are a super bunch of girls. I feel fortunate to have Aspire."
- Care plans were written with people and their relatives to ensure they were based on the person's individual needs and preferences.
- Care plans detailed each element of support a person needed and how they preferred it to be delivered. This included continence needs, oral care and any medicines or mealtime support.
- Staff told us, "We know all the clients so well and they know us. I know my clients likes and dislikes. I can tell if they are unwell, under the weather or if there are little changes in their behaviour" and, "The care plans are very good. The care we provide is very good."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs and preferences were discussed as part of the pre-assessment process. These were kept under review and care plans updated should a person's needs changes.
- People's care plans provided staff with guidance about communication needs. For example, when a person chose to write things down or used picture cards to aid their communication.
- Information was available in different formats if required, such as larger print or with pictures. For example, a white board was in place in a person's home with photos of which carer would be there each day and at what time. This helped reduce anxiety for the person. Staff told us this had reassured the person. They said, "This client looks out for me arriving and waves to me from the window with a big smile. I try and park right outside so they can see it is me."

Improving care quality in response to complaints or concerns

- People and their relatives knew how to complain and told us they had no complaints about the service they received. People were provided with a copy of the complaints process when they began using the service.
- The management team recorded complaints and compliments. There had been one complaint in the

previous 12 months, however this person only received domestic support so we did not review the complaint.

- Compliments, including emails, cards and phone calls were recorded. These were shared with staff.

#### End of life care and support

- People were given the opportunity to discuss end of life support to ensure their wishes could be respected. This included any cultural and spiritual needs.
- At the time of the inspection staff were not supporting anyone on palliative care.

# Is the service well-led?

## Our findings

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

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives told us they felt the service was well-led and they would recommend it to others. One person said, "They have gone above and beyond."
- People's needs and preferences were at the centre of their support. Care records were written with people and provided staff with details about what elements of care the person was able to do themselves to help them remain empowered.
- There was an open and transparent culture where people and staff felt valued. People and their relatives told us the communication with the office was very good. People and their relatives had access to an electronic application where they could view care records and leave messages for staff. Relatives told us, "We have got the App so I can see notes and everything. It is really good" and, "I use the App. It is excellent. It makes it quick and easy to communicate."
- Staff told us about the values and ethos of the service, and all said they were proud of the work they did. Staff said, "I take a genuine interest in the people I support. People get a good quality of care and are very safe. It is about keeping people in their own homes, as independent and safe as possible, for as long as possible" and, "I go home feeling good about myself and the work I have done and the difference I have made."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team understood their responsibilities under the duty of candour. This is a specific set of legal requirements that services must follow when things go wrong with care and treatment.
- Notifications of reportable incidents, such as a death, had been submitted to the Care Quality Commission in line with guidance.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service had a registered manager who had oversight of the service. On a day to day basis the service was managed by the assistant manager and field care supervisor. They worked cohesively to ensure the quality and safety of the service were closely monitored through regular audits.
- Regular checks were completed on staff practice through competency assessments.
- Care plans were kept up to date and regularly reviewed. The service used an electronic care planning system which enabled staff to access and update information immediately.

- Staff 'employee of the month' awards were given to congratulate staff on going 'over and above'.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their relatives were asked to provide feedback about the service they received through six-monthly surveys. The most recent survey had a high response rate and included many positive comments. These included, 'They all do a wonderful job, [staff member] is special & takes her time' and, 'They do exactly what I want, and I enjoy their visits.'
- Quality surveys were reviewed and analysed to identify any areas for improvement and to celebrate areas of strength.
- Staff told us they felt involved in the running of the service. Staff said, "Everyone at Aspire is open to suggestions and actually listen to what you have to say. They are genuinely interested in your views", "I am listened to and valued as a staff member. It is an inclusive team. I feel like I know my job and am good at it. I can always ask if I need to check something – there is never any judgement about asking things" and, "Aspire is run very differently. They listen. We can all speak up and our opinions are valued. I think we all feel appreciated and valued – that is priceless."
- Staff liaised and worked closely with people's health care professionals and made referrals when needed. This helped make sure people received additional support when they needed it. Staff followed any advice given.