

Aspire Community Care & Support Ltd

Aspire Community Care & Support Ltd

Inspection report

St. Marks Church & Community Centre
Tollgate Road
London
E6 5YA

Tel: 02070553880

Date of inspection visit:
27 May 2022

Date of publication:
15 July 2022

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 Community Care & Support Ltd provides personal care to people living in their own houses and flats. Not everyone who used the service received personal care. 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 our inspection 29 people were using the service.

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

People were safe at the service as there were procedures and systems in place that promoted their safety. Staff had been trained on safeguarding and knew actions to take if they suspected abuse. People's care needs, and risks were assessed; and care plans detailed how people's needs would be met and actions to minimise identified risks.

People received their medicines safely. Incidents and accidents were reported, and the registered manager reviewed them and took actions to reduce a repeat of such incidents. Staff followed infection control procedures. Staff were recruited safely and there were enough staff to meet people's needs.

Staff received training and regular support to be effective in their roles. Staff supported people to access the healthcare services they needed to maintain good health.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. People consented to their care before it was delivered. Staff and the provider understood their responsibilities to act within the Mental Capacity Act 2005.

Staff were kind and caring; and respected people's dignity, privacy and independence. People were involved in their care. Staff understood equality and diversity issues and promoted these.

There was a complaints procedure in place. People knew how to complain if they needed to. Staff told us they had the leadership and direction they needed to do their jobs effectively. The quality of the service was regularly assessed and monitored. The registered manager and staff demonstrated a commitment to their roles. The registered manager complied with the requirements of their registration.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was good (published 22 March 2019).

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

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 Community Care & Support Ltd

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 team consisted of two inspectors and an Expert by Experience (ExE) who made phone calls to people. An ExE is a person who has personal experience of using or caring for someone who uses this type of care service.

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 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 announced.

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

We visited the location on 27 May 2022.

What we did before the inspection

We reviewed the information we held about the service including notifications we had received. We used the information the provider sent us in the provider information return (PIR). 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 seven people using service, 12 relatives, four care staff, the care manager and registered. We looked at four care files, six people's medication administration records, three staff files, quality assurance reports and other records relating to the management of the service including incidents and accidents records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at records related to the management of the service and we received feedback from two members of the local commissioning team.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People continued to be safe because the service had ensured all staff had been trained in safeguarding adults from abuse. One person told us, "I`m safe. They [Care staff] always ask if I'm okay. They are very careful and caring."
- Staff knew how to identify alleged abuse and how to respond in line with the provider's safeguarding procedures. Staff told us they would report any concerns to the registered manager who would then investigate the concerns.
- The registered manager was aware of the actions to take to address any safeguarding concerns. They had followed their procedure and cooperated with the local authority safeguarding team to investigate allegations of abuse. They notified CQC of this when required.

Assessing risk, safety monitoring and management

- People were protected from risks of avoidable harm. Risk assessments were completed covering risks to people's physical and mental health conditions, behaviour, eating and drinking, environment and moving and handling.
- Risk management plans were developed to reduce risks identified. For example, one person had plan in place to support and manage their risk of choking. The plan detailed what food texture was safe for the person and how to position them while eating. Moving and handling plans detailed procedures to follow to support people transfer from one place to another. Two staff members carried out moving and handling tasks where it has been assessed to reduce risk and appropriate equipment were used to ensure safe transfers.
- The service involved appropriate professionals in assessing risks and devising action plan. For example, we saw moving and handling risk assessment and plan from an occupational therapist involved in one person's care. Risks management plans were updated following changes in people's situations.

Staffing and recruitment

- People continued to receive support from staff who were recruited in a robust and safe way. The registered manager ensured appropriate checks were completed before potential new staff started working with people. Checks carried out included references, right to work in the UK, and criminal records. Gaps in employment histories were also explored.
- People told us they received care from staff when they needed it. One person said, "The carers come every day for 45 minutes. They turn up on time and do what they are there for." A relative commented, "We have 3-4 regular carers and we are happy with them now. They are on time and friendly."
- We reviewed the electronic monitoring system used to manage visits to people. It showed people received

their care visits as planned. There had not been any missed visits in the six months period we looked at.

- Care staff told us the time allocated to them to complete care visits was enough. One care staff said, "The time is enough for us to finish our tasks. If it's not enough constantly, I let the manager know and they reassess the need and increase the duration of the visit."

- They registered manager and care managers were hands-on and were available to cover emergency staff short falls if required. This meant the risk of missed visit was reduced and people received care from staff to meet their needs.

Using medicines safely

- People received their medicines as prescribed. The service supported people with their medicine in line with their assessed needs. People's care records detailed the level of support they required.

- There were clear guidelines in place for staff to follow to support people safely with their medicines. Staff had received training in medicine management.

- Medicines administration records [MAR] sheets we checked were legibly signed. The care managers and registered manager regularly audited MAR sheets to ensure they were accurate.

Preventing and controlling infection

- There were systems to reduce the risk of infection. The provider had infection control procedure in place. Staff had completed training in infection control and understood the steps to follow to prevent and reduce the risk of infection.

- Staff told us they were provided personal protective equipment and they used these as needed.

Learning lessons when things go wrong

- There were systems in place for managing incidents and accidents. Staff knew to report and record any incidents and the registered manager investigated and addressed each incident and took actions to prevent a repeat. Lessons were shared with staff to improve their knowledge.

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.

At our last inspection we rated this key question good. At this inspection the rating has remained 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 needs were assessed and planned following recommended guidance. The registered manager or care managers completed assessments of people's before they were accepted to use the service.
- Assessments looked at people's physical and mental health conditions, behaviours, the environment, personal care, nutrition and mobility. People and their relatives, where possible, took part in the assessment process and their views considered. The registered manager explained that assessments enabled them establish if the service could meet the person's needs.

Staff support: induction, training, skills and experience

- People were supported by staff who had the experience, skills and knowledge to deliver care effectively. One person told us, "I have regular carers, two have been caring for about 30 years and are very experienced and good. To be honest, even the `newbies` are good too, I can't fault." A relative told us, "They know what to do and are well trained."
- Staff told us, and records confirmed that staff had received appropriate training to do their jobs. We saw that new staff received an induction and training when they started. One staff member stated, "I have done a lot of the training I need for the job. If I need more training, they give it to me."
- Records showed that all staff were trained in areas specific to the needs of people they supported such as dementia, catheter, and diabetes. Staff completed refresher courses to keep their knowledge and skills relevant.
- Staff remained supported through one-to-one supervision sessions, appraisals and direct observation while carrying out their work. Staff told us and notes of these meetings showed that issues about people were discussed. Staff told us they felt supported in their roles to remain motivated and improve their performance.

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

- People received the support they required to meet their nutritional needs. People's care records detailed their dietary needs. Staff supported people to do their food shopping, prepare their food and to cut up food into smaller bites where required.
- Staff told us if they had concerns about people eating or drinking, they informed the person's relatives, the registered manager and their GP for advice.

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

- People were supported to maintain their health. Where required staff supported people to make appointments with healthcare professionals and recorded outcomes as required. We saw a range of professionals were involved in people's care and staff followed instructions they provided.
- Staff worked effectively with other agencies to improve people's care. We saw that they liaised with the occupational therapist team to provide equipment for people. Staff told us they shared information appropriately with other agencies to ensure people received timely support and care.

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.

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.

- Staff had received the MCA training and understood people's rights under this legislation. Staff were aware of the importance of people consenting to their care before it was delivered.
- The registered manager understood their responsibility under MCA.

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.

At our last inspection we rated this key question good. At this inspection the rating has remained 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 treated and supported in a respectful manner. One person told us, "I have a good relationship with the staff. They are kind and they make me laugh!" A relative expressed, "They [staff] are very nice, very good and very understanding."
- Care plans stated people's likes and dislikes and their preferences. One person stated, "They call us by our names. Everyone is friendly."
- Staff knew people well and how to support them appropriately. The provider, where possible allocated regular care staff to people. They told us it helped ensure consistency. People confirmed they had regular set of care staff who supported them. One person said, "Yes, I have the same carers. I've known them for a long time, they are very caring." One care staff commented, "Having regular clients you go to help build relationships and they can trust you to care for them. It also enables you to identify changes or when something is not right with them."
- Care plans included information about people's protected characteristics and support they required from staff to promote these. Staff had completed trained in equality and diversity. One care staff told us, "I treat everyone as individuals because no two people are the same. I respect their culture and religion."

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

- People were involved in planning their care. One person told us, "I was involved in planning my care. My loved one and I and the social worker did the care plan."
- Staff explained how they involved people in their day to day care. One care staff told us, "I ask them what they want to do, and I explain to them everything I'm doing. It shows you respect them." Another staff mentioned, "I give them options and let them decide what they want."
- One person confirmed what care staff had told us. They commented, "I like and have the same carer. They know what to do but they ask me as well in case I need anything else." And a relative stated, "Yes, they always involve my loved one. There is no `attitude` with them, they even ask them what clothes they want to wear."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected. One person told us, "When washing me, they keep my dignity by closing the curtains and closing the door." One relative stated, "They do everything for loved one and always respect their dignity. They never rush them." People told us where they had expressed a preference for the gender of staff as a way of promoting their dignity, this was respected. One relative

commented, "We only have a female carer, it's our choice."

- Staff had been trained in dignity in care. Staff gave us examples of how they promoted people's dignity, privacy and independence. The examples they gave demonstrated they understood the principles and the importance of doing so.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good has remained 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 continued to receive support from staff that met their individual needs. Care plans covered people's needs, goals and preferences in relation to the way they wanted their care delivered. People's care visit times, duration of care visits and the tasks to be undertaken were stated in care plans.
- People were supported with their needs as stated in their care plans. One person told us, "They help me with my personal care and with domestic chores. They are very kind." Care notes showed people were supported with various aspects of care as highlighted in the care plans. We saw people were supported to take their medicines, care for their catheter and prepare their meals.
- Staff told us they supported people in a flexible manner to accommodate their needs and requirements. One staff member said, "I go out to get quick shopping for people sometimes if I notice they had run out of basic items like milk and bread. I wouldn't leave them without essentials." Staff also explained that they stayed with people if there was emergency until help came.
- People's care plans were regularly reviewed to ensure they were up to date and reflected people's current care needs.

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 care plans included their communication needs and how best to achieve effective communication.
- The registered manager told us they would make information available in other format if required to meet people's needs.

Improving care quality in response to complaints or concerns

- People told us they knew how to raise or make a complaint. Details about how to complain were included in the service user's handbook given to people when they started using the service. One person told us "Yes, I have an emergency number and the registered manager gave me a mobile number. He's lovely. I made a complaint once and it was resolved. The issue never happened again." A relative mentioned, "Yes, we know how to complain but we do not have any complaints. My loved one feels very safe with the staff as they are

caring and kind."

- Complaints records showed that the service had followed their procedure in responding to any complaints raised about the service. An investigation into the complaint was conducted in line with their procedure.

End of life care and support

- There was no one receiving end of life care at the time of our visit. The registered manager told us they would work in partnership with relatives and other healthcare professionals if anyone they supported required this service.
- Staff had completed training in end of life 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.

At our last inspection we rated this key question good has remained 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 received a service that met their individual needs. One person said, "I always get the help I need and it's really important to me. They are good, I'd recommend." A relative told us, "Yes, I'd recommend them as they do a good job, especially laughing and chatting to my loved one and making sure they are satisfied."
- The registered manager supported staff in a variety of ways to ensure they provided good standard of care to people. Staff were trained in their roles, so they had the skills to support people appropriately.
- There were effective systems in place to guide the effective management of the service. We saw the business continuity plan which sets out what the provider would do during unforeseeable emergencies.

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

- The registered manager was open; and understood and acted on the duty of candour as required. They investigated concerns or when things go wrong. They informed relevant agencies of significant concerns as required.
- The registered manager complied with the requirements of their CQC registration including submitting notifications of significant events at their service and displaying their last inspection rating.
- The registered manager understood their role and responsibilities in providing effective care to people. People told us the registered manager was committed in their roles. One person commented, "The registered manager is approachable. He always listens and help me sort out things I want." A relative mentioned, "Yes, the registered manager is a nice manager. He will do anything to make sure things are alright."
- Staff had the management guidance and leadership they needed to be effective in their roles. They told us the registered manager was available anytime to guide them when they needed it.
- Staff showed they understood their roles and were committed to their jobs. We noted some staff had worked with the provider for many years. A staff member said, "The company is really good. They are very supportive to you as a staff and help you do the job well. I'm happy with them." Another staff member said, "The management value their staff and they are always available to help you do your job properly. I like the way they care about the clients."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The views of people were sought about the service delivered. A customer satisfaction survey was conducted in January 2022 to enable people give their feedback about the service. The outcome was positive. An action plan was put in place to address the areas that needed improvement to be made.
- People told us they had regular monitoring spot checks through face-to-face visit or calls from the service to check if they were happy with the care they received. One person said, "The registered manager visits for a review and I tell him anything I'm not happy with and he sorts it out."
- Records showed regular monitoring checks were carried out to assess staff performance and practices at work and to engage with people about the service. People's feedback indicated they were satisfied about the service.
- Staff meetings were held regularly where they discussed various matters about the service and how to improve. Topics discussed included infection control procedures, rotas, teamwork and training needs. Staff told us they felt their views were listened to and they could make suggestions for improvement.
- The quality of the service was regularly checked and monitored. Regular audits were conducted to identify gaps in the service. These included MAR charts, call monitoring system, training records and care logs. Actions were taken as necessary where there were gaps. For example, staff were spoken to about the need to log in and log out after each visit.

Working in partnership with others

- The provider worked in partnership with a wide range of organisations and services to improve and develop the service. They worked with local authority service commissioners to improve the standard of the service. The registered manager liaised with healthcare and social care professionals such as district nurses and social workers to meet people's needs.