

# Aspire Affiliates Limited

# Aspire House

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

This inspection took place on 10 and 18 January 2017 and was announced. Aspire House provides domiciliary care services to people who live in their own home. The service works alongside Euroclydon (as part as Aspire Affiliates Limited) and provides a service in Gloucester and the surrounding area. A number of the management and staff records for Aspire House are held at Euroclydon. We inspected both Aspire House and Euroclydon at the same time as the two services have the same management structure and records. At the time of our inspection there were 14 people with a variety of care needs, including older people and people living with dementia using the service.

We last inspected in April 2014. At the April 2014 inspection we found that the provider was meeting all of the requirements of the regulations at that time.

There was a registered manager in post. The registered manager was also the provider of the service. 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.

People received safe and effective care which enabled them to live in their own homes. People and their relatives praised the care staff and spoke positively about the care they received. The care people received was personalised to their needs. People and their relatives felt involved in their care and spoke positively about the relationships they had with staff.

People told us they felt listened to and could not fault the care they received. People were cared for by care staff who were supported by the registered manager and provider. Staff had access to professional development. The registered manager and provider knew the needs of staff and had systems to ensure staff had access to the training and support they needed.

The registered manager and provider had systems to monitor the quality of service people received. The systems enabled the registered manager and provider to identify concerns and drive improvements.

## 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. People felt safe when receiving care from care staff. Staff had a clear understanding of their responsibilities to identify and report concerns or allegations of abuse.

People told us care staff spent time with them. Staff told us they had enough time to assist people in a safe way. The provider and registered manager ensured staff were of good character before they supported people.

Risks to people's care had been identified and there was clear guidance to staff on how to manage these risks. Where people needed assistance with medicines, this was done in a safe manner.

### Is the service effective?

Good ●

The service was effective. Care staff had access to effective professional development. They received one to one meetings with their line managers and felt supported.

Where necessary, people were supported with their dietary and healthcare needs. Staff followed the instructions provided by healthcare professionals.

Care staff had knowledge of the Mental Capacity Act, and people's rights were being protected.

### Is the service caring?

Good ●

The service was caring. People and their relatives spoke highly about the care staff and felt they were treated with dignity and respect.

There was a caring culture across the organisation. Staff spoke about people in a kind and a caring manner.

### Is the service responsive?

Good ●

The service was responsive. People's care plans were personalised to people or their needs.

People and their relatives were involved in the planning of their care.

People and their relatives were confident their comments and concerns were listened to and acted upon by the provider.

**Is the service well-led?**

**Good** ●

The service was well-led. People and relatives felt the registered manager was approachable

The provider had systems in place which enabled them to identify concerns and monitor the quality of service being provided.

The views of people and their relatives were regularly sought and acted upon.

# Aspire House

## **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 was 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 10 and 18 January 2017 and was announced. We gave the provider 48 hours' notice of our inspection. We did this because the provider or registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be in. The inspection was carried out by one inspector.

We reviewed the information we held about the service. Before the inspection, the provider completed a provider information return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service. We reviewed the notifications about important events which the service is required to send us by law and also spoke with a local authority commissioners and healthcare professionals about the service.

We spoke with two people who were using the service and four people's relatives following our inspection. We also spoke with five staff which included two care staff, the care co-ordinator, the provider and registered manager. We reviewed five people's care files, staff training and recruitment records and records relating to the general management of the service.

# Is the service safe?

## Our findings

People and their relatives told us they felt safe when receiving support from care staff. Comments included: "Quite safe thank you"; "I think they are looked after well" and "They (relative) are safe with staff."

People were protected from the risk of abuse. Care staff had knowledge of types of abuse, signs of possible abuse which included neglect, and understood their responsibility to report any concerns promptly. Staff told us they would document concerns and report them to the care coordinator, registered manager or the provider. One staff member said, "I would inform the office and the manager very quickly." Another staff member added that, if they were unhappy with the manager's or provider's response they would speak to the local authority safeguarding team or CQC. They said, "You can call safeguarding, the (local authority) adult helpdesk. We have to take it further if we're not happy, we know about whistle blowing." If staff felt someone was at immediate risk of harm or abuse, they told us they would take immediate action. For example, one staff member told us, "If someone was at immediate risk, I may need to call the police; I would need to remove the risk."

The registered manager and provider had raised and responded to any safeguarding concerns in accordance with local authority safeguarding procedures. Since our last inspection the service had ensured all concerns were reported to local authority safeguarding and CQC and acted on.

People's care plans contained assessments of all aspects of their support needs. Assessments included moving and handling, nutrition and hydration and medicines. People's risks had been identified, assessed and documented. Care staff had clear guidance on how to protect people from their individual risks. For example, one person needed the support from care staff to maintain their skin integrity and protect them from the risks of pressure ulcers. Care staff had clear guidance on how to assist this person including the use of topical creams and the risks to the person and their own health if this guidance wasn't followed.

Before people received care and support, the registered manager, care co-ordinator or care supervisor carried out an environmental risk assessment of the person's home and where their care was to be provided. These assessments identified if there was enough room to assist with moving and handling and any noticeable hazards which could cause harm to people or staff. Appropriate actions were taken when risks were identified by care staff or the registered manager. For example, concerns around the environment or regarding pets were discussed with people's relatives and clear outcomes documented.

People and their relatives told us when staff arrived they spent the time they expected with them. Comments included: "By and large the carers are very prompt"; "Mainly always on time" and "They are generally not late and arrive on time."

People and their relatives told us they were often informed if staff were running late. Comments included: "The staff are usually punctual, they will let us know" and "They give us a call if they're going to be later than expected."

Staff told us they were given enough time to travel and were not rushed when providing people's care. Comments included: "I always get enough time to travel. I never feel rushed and I have the time to meet people's needs" and "I tend to cover a small area, so I don't have any issue with travelling".

The registered manager and care co-ordinator arranged people's visits to ensure people had a consistent team of care staff. The office administrator showed us how they organised people's care visits. They informed us that no visits had been missed in 2016 and that people were informed if the care staff were running late, due to an emergency or unforeseen circumstance. The care co-ordinator ensured where possible care staff covered small local areas which reduced the time they spent travelling and ensured they had the necessary time to travel between people's visits.

Records relating to the recruitment of new care staff showed relevant checks had been completed before staff worked unsupervised working in people's homes. These included employment references and disclosure and barring checks (criminal record checks) to ensure staff were of good character. Where necessary the provider had made relevant checks to ensure people were legally entitled to work. All staff had to complete a health questionnaire to check if they were mentally and physically well to meet people's needs.

People and their relatives told us staff assisted them with their prescribed medicines. One person's relative told us, "There doesn't seem to be a problem, the carers know what to do." People's medicine administration records were completely consistently and no concerns were raised regarding the administration of medicines. Care staff informed us they had the training they required to assist people with their prescribed medicines. One member of care staff said, "We have clear guidance on assisting people with their medicines."

## Is the service effective?

### Our findings

People and their relatives were positive about care staff and felt they were skilled to meet their needs. Comments included: "The girls are excellent and they have been throughout our time with them. They are efficient and reliable"; "The carers are very nice, they chat with me" and "The staff what to do and do the job well".

People's needs were met by care staff who had access to the training they required. Care staff told us about the training they received. Comments included: "Yes, I have the skills I need. I had my mandatory training and they've observed me to see the training in practice" and "I am confident I have the skills I need." Staff were supported to undertake additional training as required, for example when people's needs changed. One staff member said, "I've asked for specific training before and I got it. The manager linked with other healthcare professionals for me to have the support."

Care staff felt supported to develop professionally. One staff member spoke positively about the support and access they had to additional training and qualifications in health and social care. They told us, "They supported me to access a (health and social care) qualification. It is important for me and my personal development. I am always improving." The registered manager and provider told us that care staff were being supported to complete the care certificate as part of their training. The care certificate training allowed the registered manager to monitor staff competences against expected standards of care.

People received care from care staff who were supported and had access to frequent one to one meetings with the registered manager (one to one meetings allows care staff to discuss their personal development needs, such as training and support as well as any concerns). Care staff spoke positively about their one to one meetings and felt they were supported. Comments included: "The management are very supportive. We get feedback which helps give me clear ideas for improvement" and "I feel very supportive. I can always contact the manager."

Staff we spoke with had undertaken training on the Mental Capacity Act (MCA) 2005. 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 Act 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. Care staff showed a good understanding of this legislation and were able to explain specific points about it. Comments included: "We always give and provide choice." and "We have to promote choice. One person has their favourites, however we always offer choice."

People's care plans contained mental capacity assessments which clearly detailed where people could or could not consent to their care. Records showed other healthcare professionals involved in carrying out these assessments. For example one person did not have the capacity to consent to their care; however their power of attorney (a power of attorney has been authorised to make decisions on the person's behalf around their finances and affairs and/or health and wellbeing) had provided their consent on the person's



behalf. For another person, their care had been arranged by the local authority commissioners. A best interest assessment had been carried out in relation to this decision. The provider was aware of the outcome of the assessment and ensured the decision making process was documented. The registered manager had ensure that people's mental capacity assessments were reviewed when they started to provide the person with care.

People told us they were in control of their care and that they never felt forced to do something they did not want to do. Comments included: "The service know how we like to run our day and we have now settled into an understandable routine" and "I'm always asked what I want, they always offer me choice."

People spoke positively about the food and drink care staff provided them. One person who was assisted with their dietary needs told us, "I am happy with the support they provide me, never had a problem with the food." One person's relative told us, "I can't complain, they know what (relative) likes and needs."

People's care records documented the support they needed with their nutritional requirements. For example, one person required support, prompting and encouragement to protect them from their risks of malnutrition and dehydration. Care staff were aware of these needs and spoke confidently about how they assisted them. One member of staff told us, "One person requires specific diet; we work with them and other healthcare professionals to provide this."

People were supported to maintain good health through access to a range of health professionals. These professionals were involved in assessing, planning, implementing and evaluating people's care and treatment. These included GPs, social workers, community nurses and occupational therapists. Where guidance had been received regarding people's care, this was documented as part of the person's care plans. People and their relatives spoke positively about how care staff engaged with other healthcare professionals. For example, one person's relative told us, "They (staff) really helped me with equipment. They got involved with professionals and really helped improve the situation."

## Is the service caring?

### Our findings

People and their relatives spoke positively about the care they received and the care staff supporting them. Comments included: "The carers are very caring people, they all have their own slight different ways but all very nice", "I think they are very caring" and "Excellent, they are so attentive."

Care staff spoke with kindness and respect when speaking about people. Care staff clearly knew people well, including people's personal histories and what was important to them. They enjoyed their job and were enthusiastic about providing good quality care. Comments included: "We have time to get to know people and their needs. We know how to support people and what's important to them and how best to engage with them" and "Sometime we have a bit of extra time, we use this to talk and make sure they have the support they need. It's important to build a good relationship."

People and their relatives told us they were treated with dignity and respect by care staff. Comments included: "I think they're very good at communication. We feel we're in control and that is respected", "Definitely feel we're treated with dignity and respect, they do their utmost to put us at ease" and "Very dignified, they make sure my care is private and comfortable."

People told us they felt comfortable with care staff and were supported to build positive relationships. People and their relatives told us that care staff were introduced to them before they were allowed to provide care. One person said, "I receive and keep a constant log of which staff are coming as it's important to my wife and me to know who is coming." They explained how this helped to build familiarity with the care staff and made them feel more comfortable.

Care staff told us the importance of respecting people's dignity. One care worker told us, "Communication is vital and important. I always ensure I am talking with them and respecting their preferences." Another care worker said, "I feel we are always anticipating their needs and I always treat them with dignity and respect"

People spoke positively about the caring relationships they had made with staff. Comments included: "The job needs a lot of trust. The girls are brilliant. We have the same carer five day a week, which really helps, we've got a good friendship with them"; "We have a small consistent team of care staff to us, it's good and makes a difference. The communication is great and my (relative) is familiar with all staff" and "The staff know (relative) and (relative) knows them well and is comfortable with them." Staff spoke positively about providing continuity of care, particularly for people living with dementia. One member of staff said, "We get to know the little things which are important to them, I feel in ways we develop and learn together. By providing care to people over time, it helps improve the communication. I think we have a positive impact on people's wellbeing."

## Is the service responsive?

### Our findings

People were involved in all decisions about their care. Thorough assessments were carried out with people before they started using the service. Assessments included areas such as; communication, mobility, social care needs and medicines. For example, one person's assessment provided guidance of how they should be supported with their personal hygiene and mobility to ensure their health needs were maintained. One relative spoke positively about the assessment process and said, "Very happy with how they made sure the care was focused on (relative)".

Assessments were used to develop detailed care plans that identified people's needs and their personal support requirements. For example, one person's care plan documented how they liked a set routine of care, which included aspects of their care needs such as food and drink, personal hygiene and dressing. Clear guidance was provided to staff to ensure they had the information they needed to meet the persons' needs. A representative of the person passed on the compliments the person had regarding the care they received.

Care plans were personalised and included details of people's needs and what was important to them such as information relating to specific conditions and how their conditions should be supported. This included people living with dementia and people with diabetes. For example one person's care plan contained clear information about the support the person required to manage their skin integrity and the support they received from other healthcare professionals.

People and their representatives told us the registered manager and care staff were responsive to any changes in people's needs. For example one relative spoke positively about how the service responded to any concerns or changes. They told us, "They are very responsive. Any major concerns are seen as a major incident. I know they will do something about it."

The registered manager and care staff looked at ways to improve people's lives. People and their relatives spoke positively about care staffs ability to identify changes in their wellbeing and take action. One person's relative told us, "They've adapted as our needs change, which has been helpful." Care staff told us how they identified changes in people's needs and informed the registered manager or provider. One care staff told us, "We found it was taking longer to assist someone with their needs, we were managing, however it was starting to delay other calls. It was clear the person needed more time, so we informed the manager who contacted the funders." The registered manager and provider arranged with the funding authority for this call to be extended.

People and their relatives told us they knew how to make a complaint and had a copy of the service's complaints policy and information about how to make a complaint. Everyone spoke confidently about raising their concerns, and felt they were listened to. Comments included: "Nothing is wrong so I have not needed to ring the office. I'm happy with the service" and "I am confident they will act on my concerns."

The manager had a log of compliments and complaints they had received prior to the inspection. Where

complaints had been raised, the registered manager had used this information to improve the service. For example, one complaint was raised regarding their relatives personal care. This concern had been acted on, and the registered manager issued an apology and discussed the general areas of concern with staff to ensure a similar concern was reduced elsewhere.

## Is the service well-led?

### Our findings

People and their relatives spoke positively about the registered manager and provider. They also told us how their views were listened to and respected. Comments included: "I know I can talk to (registered manager). I often pop into their office; I feel we have a great working relationship"; "I'm impressed how they cope" and "(care co-ordinator) is first class and (registered manager) is more than willing to help out."

The registered manager sought people's feedback about the service. The most recent survey carried out by the registered manager showed people and their relatives were positive of the service they received. Where concerns or suggestions had been made, the registered manager and provider acted on them. For example, one person used the survey to raise concerns about their call times and the possibility of changing them. The registered manager and provider responded to this concern and had discussed the possibility of changing call times and the expectations of the person and their relatives. Care staff had also confirmed the person's needs had changed and they required more time to meet their care needs.

The registered manager and a senior member of care staff carried out regular spot checks and supervisions of care staff to ensure they were providing good quality care. People were informed by the management if they would be checking staff during their visit times and kept a clear record of the observations they had carried out. Any identified shortfalls in staff's delivery of care was immediately actioned by the registered manager and targets were discussed with care staff through supervision.

The registered manager and provider kept a track of people's complaints, safeguarding concerns and incidents and accidents to ensure lessons were learnt throughout the organisation. The registered manager and provider had a clear focus on the good quality person centred care they wanted to provide people, which was something care staff agreed with. The provider told us, "Our aim is to provide good person centred care. We want to get it right for people."

The registered manager and provider ensured the care staff had the information they needed to meet people's daily needs and keep people safe. They arranged monthly team meetings and also provided care staff with a weekly newsletter. These meetings and newsletters provided care staff with information on professional boundaries, the care certificate, pressure area care and medicine administration records. Staff told us these newsletters were useful in providing them with current information and enabled them to understand their responsibilities. One member of care staff said, "I think they are useful, and make us sure we've got current information."

The registered manager and provider operated a care staff nomination scheme. They encouraged care staff to nominate other staff who they thought had provided good quality of care or had provided assistance which was beyond their duties. The registered manager and provider also ensured that where compliments had been received from people or their relatives that these were passed to care staff and celebrated.

The provider asked the registered manager to provide a monthly overview of the service. For example, the registered manager carried out an audit of monthly events, such as people's care reviews, new staff and new

people receiving a service, compliments, complaints and training. The provider used this system to monitor the quality of the service and ensure people were happy with the service being provided.