

Aspire Care Support Services Ltd

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Inspection report

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Ratings

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

Summary of findings

Overall summary

We visited the service on 20 June 2016. We gave short notice to the manager to ensure that she would be available for the inspection. Aspire Care Support Services provides care and support to people living in their own homes across the Wirral. This included support for 11 people with disabilities who had their own flats within a supported living service, and end of life care for people being discharged from hospital. At the time of our visit, the agency was providing support for 80 people, and 47 support staff were employed.

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

The response from people who spoke with the expert by experience was very positive and one person told the expert by experience that Aspire was a "five star service".

The care records we looked at showed that people were involved in decisions about their care and support. The care records contained good information about the support people required and were written in a person-centred style.

The provider had systems in place to ensure that people were protected from the risk of harm or abuse. We saw there were policies and procedures in place to guide staff in relation to safeguarding adults. We found that good recruitment practices were in place which included the completion of pre-employment checks prior to a new member of staff working at the service. Staff received regular training to enable them to work safely and effectively.

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.

Safeguarding policies and procedures were in place and staff received training about safeguarding vulnerable people.

Recruitment processes were safe and thorough.

Procedures were in place for the safe management of people's medication when required and staff received medication training.

Is the service effective?

Good ●

The service was effective.

Staff had undertaken relevant and appropriate training and were provided with regular supervision.

The service had policies and procedures in place in relation to the Mental Capacity Act 2005 and staff had received training about consent.

Is the service caring?

Good ●

The service was caring.

All the people we spoke with praised the staff. They said staff were kind, caring and helpful.

People told us that their dignity and privacy were respected when staff supported them.

Is the service responsive?

Good ●

The service was responsive.

People who used the service were involved in their plans of care and in decisions about how their support was provided.

Suitable processes were in place to deal with complaints.

Is the service well-led?

Good 

The service was well led.

The service had a manager who was registered with the Care Quality Commission.

The quality of the service was monitored continuously by visits to people who used the service and giving them opportunities to express their views.

There was a good standard of record keeping.

Aspire Care Support Services

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.

An Adult Social Care inspector visited the office on 20 June 2016 and looked at records, which included three people's care records, four staff files, and other records relating to the management of the service. We spoke with the manager and three other members of staff and visited people who lived in a supported living service. Following the visit, we received feedback from four members of staff and a commissioner.

The visit was followed up with telephone calls to people who used the service and their relatives, carried out by an expert by experience. An expert by experience is a person who has personal experience of using, or caring for someone who uses this type of care service.

Before our inspection, we looked at information the Care Quality Commission (CQC) had received about the service including notifications received from the registered manager. We checked that we had received these in a timely manner. We also looked at safeguarding referrals, complaints and any other information from members of the public.

Is the service safe?

Our findings

People who used the service and their relatives said they felt very safe, or that their family member was safe, knowing that someone was visiting and that support was provided in a safe manner. All of the people who spoke to the expert by experience felt they were 'in good hands'.

People confirmed that staff arrived at allocated times and if they were going to be late they always communicated this.

Records showed that all staff had completed training about safeguarding adults. The provider had a policy on safeguarding as well as a copy of Wirral Council's policies and procedures with reference to safeguarding adults. A safeguarding flow chart was in place. There was also a whistleblowing procedure. No safeguarding referrals had been recorded but the manager told us about situations that had been discussed with social services but had not been accepted as safeguarding issues. We saw a record of this on an incident form.

A member of staff told us 'I can recognise abuse of vulnerable people/adults at risk and also how to report it.' Another member of staff told us they had reported a safeguarding issue at a previous employment and would be "confident to speak up". A third member of staff wrote 'I have done safeguarding training. I am aware of the different types of abuse and the things to look out for. I would always report any concerns to a manager and would always check that it had been dealt with.'

We looked at accident and incident forms and found that they had been well completed and signed off by the manager, with her comments recorded on the form. An analysis of accidents and incidents was carried out.

We saw that risks to people's safety and well-being had been identified and plans put in place to minimise risk. The risk assessments had been updated annually or sooner if there was any change in the person's needs. Risk assessments had been completed with regard to moving and handling, the environment, and people's physical health.

The service had a registered manager, who was a partner in the business. She was supported by a business partner. Both of these providers had considerable experience in domiciliary care and continued to provide hands-on care for people who used the service. Working in the office were two administration staff and a coordinator. There was a team leader for the supported living service that was staffed by the agency.

Eleven members of staff worked in the supported living service; ten staff worked in the team that provided end of life care; and others worked across all parts of the service. Two senior support workers with considerable experience were able to carry out assessments of new service users. The agency had a contract with the clinical commissioning group to provide end of life care for up to seven people, and this was funded for two care staff working between 8am and 2pm and 4pm to 10pm.

Staff were provided with a mobile phone that showed their duty rotas, phone numbers for the staff team and managers, and key pad numbers for people's homes. The phones were also used to log in and out of

calls to people's homes so that the management team was aware of where staff were, and could check whether calls were on time. The phones were also used to give staff updates on any changes.

We looked at the staff files for four members of staff who had been recruited during the last year. The records showed that full recruitment and checking processes had been carried out when these staff were recruited. This included a Disclosure and Barring Service disclosure and two written references.

We looked at how the service supported people with their medication. Some people were prompted to take their medication, whilst other people needed support with administration of their medication. Medication administration record sheets (MARs) were available in people's care files and we saw that these had been completed appropriately. Staff had received training about safe medication administration and the service had a detailed medication policy and procedures for staff to refer to.

All staff were provided with a box containing personal protective equipment such as gloves and disposable aprons to use when providing personal care.

Is the service effective?

Our findings

Records showed that a range of training was undertaken by the staff team and this was confirmed by the staff we spoke with. Subjects that all staff had covered included health and safety, food hygiene, load management, first aid, medication, infection control and safeguarding. Most staff had also completed training about pressure care, mental capacity, challenging behaviour, and equality and diversity. Some staff had also done training about fire safety, nutrition and well-being, dementia awareness, communication, and dignity in care. The manager provided training including use of DVDs, e-learning, and practical instruction. Staff were given a tablet computer to complete knowledge tests following training. We saw equipment in the office for moving and handling instruction.

Following our visit we received written feedback from members of the agency's staff. One member of staff told us 'I did receive the necessary training in order to carry out my duties. In addition I also had shadow shifts before I started providing care on my own. I have also had 'on the job' training with another experienced carer on double up calls, and although I have been with the company for one and half years, and class myself as experienced, I still ask questions in relation to training and learning both 'on the job' and from managers etc. I was also encouraged to continue with further education.'

Another member of staff told us 'I received induction training before I started also health and safety, food hygiene and first aid. I also undertook shadow shifts and only when I felt ready did I go in to calls. I have since had two lots of manual handling training, medication training and end of life training and completed online training and peg feed training.'

Staff who worked at the supported living service said they had attended autism awareness training in December 2015 and were hoping to do training about epilepsy in the near future.

Care staff had an individual supervision meeting four times a year and records showed that most of the supervision meetings took the form of supervised practice. Senior staff regularly worked as part of the team alongside the support staff and were able to monitor their practice. Staff had an annual appraisal of their performance.

Staff had completed a training course which gave them a basic awareness of the Mental Capacity Act and Deprivation of Liberty Safeguards. This gave staff guidance when providing care for people who may not have capacity to make some of the decisions needed in relation to their support. We saw information about consent displayed in the office.

Is the service caring?

Our findings

A person living at the supported living service said "Aspire is the best we've had. We get out more and we have a laugh." People told the expert by experience that they knew the staff well and there was good rapport and mutual respect. Some comments made by people who used the service were "The girls are brilliant."; "They are lovely people" and "They will do whatever you want." Family members told the expert by experience that all interactions they observed were respectful and people were treated with dignity. One relative stated "I cannot recommend them enough, I do recommend them, they are fantastic. I don't know what I would do without them, the standard is amazing."

We looked at a number of thank you cards and letters that had been received over recent months. Comments people had made included 'You should be very proud of the excellent service and sensitive care you offer.'; '[Staff name] tended to my relative with love, kindness and true affection.'

People particularly appreciated the rapid response service that was provided for people who wished to be discharged home from hospital for end of life care. A letter from the relative of a person who received end of life care stated 'The carers were all a credit to Aspire, totally dedicated and kind to us. They did their very best to keep my [relative] comfortable. They are very special ladies doing a difficult job.' Another letter read '[Name of care worker's] knowledge and understanding was invaluable. She really directed my [relative's] care in a very compassionate way that was a great relief to us all.'

Other letters reported '[Names of care staff] tended to my [relative] with love, kindness, and true affection, which we know helped him to be as comfortable as possible. They always went the extra mile, with little extras. I would recommend your carers to anyone, I hope your company goes from strength to strength.'; 'All the care you gave was outstanding.'; 'Thank you for the excellent care you gave to [name] and for your support both to him and us as his family. We are so grateful that his time at home was calm and he was treated with dignity.'" and 'You all have an amazingly difficult job and to do it all with a smile and with so much care and love is something we will never forget. You made a huge difference.'

A member of staff told us 'I currently work giving support to people who are at the end of their life. This is an area I feel drawn to. The nature of the work means that calls can often run over or occasionally under the scheduled times. It is a complete package of support to both the person being cared for and their families. I feel that I am able to deliver the care I feel is needed.'

Care staff who worked on the rapid response team had a box containing enough toiletries and equipment such as mouth care products that could be used until the person's family or friends could provide a supply.

Is the service responsive?

Our findings

People living at the supported living service told us that staff asked them what they liked and how they liked things done. One person said "I think Aspire does a good job, better than the other ones."

People who spoke with the expert by experience said that there were care plans and files in their homes and that they were recorded into. They were all reviewed regularly and no-one had any concerns. One person said "They always write in the communication book so we know whether [our relative] has eaten during the day". Another person reported "I've used 12 other agencies and never received care like Aspire from any of the others". A third person said "I have no complaints they are lovely girls. I'd be banging on their door if there were any problems."

A commissioner of the service told us 'I have been working as a continuing care practitioner for the past 7 years and we have been commissioning Aspire services for well over 12 months. I have had numerous complex clients in the community that they have provided competent and compassionate care for. Feedback from clients is always positive I can honestly say if issues have arisen then the manager has always dealt with these promptly and in a professional manner and advised both our team and the community nursing teams of their concerns. Staff always seem happy in their jobs and trained to high standards, offering support to both clients and their families. Aspire is an agency that I would recommend if I required care for my own family.'

The manager told us that new referrals for domiciliary care came from social workers, or directly from clients or their families. When an enquiry was received, one of the senior staff went to visit the person to discuss their needs and the service they required. However, when people were leaving hospital for end of life care then this was sometimes requested at very short notice and with minimal information available. In order to accommodate this, the agency had developed a team of experienced staff who worked in pairs. The managers also supported calls to these people and the agency staff worked closely with district nurses.

We saw records of assessments in people's care files. The assessment forms had been completed in detail and recorded agreement for the service to be provided. The forms were signed by the person requiring a service or a family member where appropriate. Plans were in place for the care people required. The documentation was clear and simple and had been completed in full. Care staff completed a visit log after each visit and we saw that entries were detailed and described the care that had been given and how the person was feeling.

Care files were kept in people's homes with another copy in the office. Additional documentation available for use as needed included a 'skin integrity and bowel management' booklet, and diet and fluid charts. Each person had a 'daily report and communication' booklet.

We looked at care notes for four people. These were written in the first person using a person-centred style. They contained information about the person's life history, and sections about 'what is important'; 'people in my life'; 'what my normal day looks like' and 'qualities I would like in my support workers'. Detailed

moving and handling instructions had been written for a person who had mobility difficulties. In one of the files we looked at, the daily notes recorded the application of creams to a person's hands and legs, however this had not been being mentioned in the plans for the person's care.

The file for a person who had a learning disability included consent forms signed by a relative who had power of attorney. The person's 'outcomes and goals' were identified, along with their usual weekly routine and detailed daily routine. Some of the forms were presented in pictorial form to aid communication with the person. This person's care and support was shared with another agency, and the two agencies used the same care plan documentation which meant that information was always shared.

The agency had complaints policies and procedures and people were given details about who they could contact if they wished to make a complaint or raise a concern. We saw that one complaint had been recorded and detailed records of communication with the person who had made the complaint was maintained.

Is the service well-led?

Our findings

People who spoke with the expert by experience said that, if they phoned the office, the staff there were always helpful and sorted out any issues. Everyone considered that the management responded well to phone calls and that they regularly reviewed the service with them.

The service had a registered manager who was also one of the providers and had founded the company in 2013. She was supported by a business partner. Both of the providers had considerable experience in domiciliary care and continued to provide hands on care for people who used the service.

Staff told us they would feel confident to go to the manager with any concerns. During our visit we observed that staff phoned the manager for advice regarding a person they supported who required hospital admission.

One member of staff wrote 'When I have wanted to raise my own issues/ report work based issues/ inform managers of any bad practice that I feel needs to be addressed due to my responsibility to the customers, my managers have listened and I have had some lengthy discussions with them. However, I do understand that some issues need to be looked into and that some issues cannot be addressed immediately, it is fair to say that my managers have responded very quickly as it is important to customers and staff.'

Another member of staff told us 'I think it is fair to say that I thoroughly enjoy working for Aspire and love the work that I do. I know that my managers are always there for me, and have been during the loss of [a relative], personally and professionally, and they do care for their customers and staff.' A third staff member reported 'I have always found [the managers] to be approachable. I feel my views and opinions are valued and feel I am listened to. Sometimes I think it appears that things aren't acted upon straight away but there is always an explanation for this.'

The manager told us that they always tried to involve staff in important decisions. Staff meetings were held every three or four months. The most recent was in February 2016 and there had also been a meeting in January 2016 when staff and service users were transferred to Aspire from another service that was closing down. A staff survey had been sent out just before our inspection. The manager told us that the staff team had grown quickly and she wanted to find out how the staff were feeling. Staff working at the supported living service told us that the manager visited the service at least once a week and regular staff team meetings were held.

People who received a short-term service from the agency were asked to complete an 'end of service questionnaire'. We saw that the feedback people had provided was very positive and their responses frequently mentioned 'care, compassion and respect'. A satisfaction survey for people receiving domiciliary care had been carried out in March 2015 and the responses analysed. The manager was aware that another survey was due.

The care files we looked at recorded regular reviews of people's care, involving family members where

appropriate. A computer programme was used to check that care reviews and risk assessments were all up to date. The management team may wish to introduce more quality assurance systems as the service grows.

All of the documents we asked for were readily available in the office and had been written and maintained to a good standard and kept up to date.