Aspire PC Limited

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Aspire PC Limited is a domiciliary care agency registered to provide personal care for people living in their own homes.

At the time of the inspection the agency was supporting 5 people who required personal care. We visited those people in their own homes. At the visits people were supported by staff from the agency at their request. We were able to speak with three of those staff during the visits. On one of the visits we also spoke with a relative of a person using the service.

At the time of this inspection the service employed 28 staff who supported people. Not all those staff provided personal care to people. We telephoned 23 of those staff and were able to speak with six of them to obtain their views and experience of working for this agency.

We told the provider two days before our inspection that we would be visiting the service. We did this because the registered manager is sometimes out of the office and we needed to be sure that they would be available.

There was a manager at the service who was registered with CQC. 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 and associated Regulations about how the service is run.

The service was last inspected on 16 May 2013 and was meeting the requirements of the regulations we checked at that time. This is the first rated inspection of the agency.

There was a strong person centred and caring culture in the home. (Person centred means that care is tailored to meet the needs and aspirations of each person, as an individual.) The vision of the service was shared by the management team and staff. Staff and people who used the service told us that they thought the service was well led.

Staff told us they worked as part of a team, that Aspire was a good place to work and staff were very committed to providing care that was centred on people's individual needs.

People had confidence in the service and felt safe and secure when receiving support. Staff had a good understanding of what to do if they saw or suspected abuse or if an allegation was made to them.

There was sufficient staff to provide a regular team of care staff for people, but improvements were required with the recruitment of those staff so that all the required information was available, to demonstrate they were suitable staff to be employed.

Safe systems were not in place to manage people's medicines.

Staff had received some training to carry out their role, so that people received effective care, but systems and processes were not established to demonstrate staff received all the required training and that this was updated on a regular basis to keep their knowledge and skills up to date. Staff received regular supervision and an appraisal system was in the process of being developed.

Care records had been reviewed but did not always reflect the care delivered to people. Risks to the health, safety or wellbeing of people who used the service were assessed and action was taken to minimise those risks, but we found not all risks with sufficient information to minimise those risks were identified on the risk assessment.

There were quality assurance systems in place to monitor the quality of the service provided, but these required improvement to ensure the service met all regulations.

People told us the service provided good care and support. They told us they felt safe, the staff were caring, kind and respected their choices and decisions. Staff were familiar with people's individual needs and were able to describe how they maintained people's privacy and dignity.

Staff sought people's consent to care and treatment.

People were supported with their health and dietary needs, where this was part of their plan of care or in an emergency.

People and relatives told us when they raised any issues with staff and managers, their concerns were listened to.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The service was not safe.

Risks to the health, safety or wellbeing of people who used the service were assessed and action taken to minimise those risks, but we found not all risks with sufficient information to minimise those risks were identified on the risk assessment.

There were sufficient staff employed to provide a regular team of care staff, but all the required recruitment information was not available for staff.

Safe systems were not in place to manage people's medicines.

People had confidence in the service and felt safe and secure when receiving support. Staff were also confident that any harm or abuse reported to managers would be acted on.

Is the service effective?

Requires Improvement

The service was not effective in all areas.

Staff were trained to provide care and support to people who used the service and felt supported in their job role, but systems and processes were not established to demonstrate staff received all the required training and that this was updated on a regular basis to keep their knowledge and skills up to date.

Staff sought people's consent to care and treatment.

People were supported with their health and dietary needs, where this was part of their plan of care or in an emergency.

Is the service caring?

Good

The service was caring.

People spoke positively about staff and said they were kind, caring and respectful and knew them well.

Staff spoke with pride about the service and about the focus on promoting people's wellbeing. Staff were very passionate and

enthusiastic about ensuring the care they provided was personalised and individualised. Staff were very respectful of people's privacy and dignity.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care records had been reviewed, but did not always reflect the care delivered to people and the care and support that they described to us.

People and relatives told us when they raised any issues with staff and managers, their concerns were listened to.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

There were systems in place to assess and monitor the quality of service provided, but these had not been effective in achieving compliance with the all the regulations.

The service were in breach of three regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The vision and values of the agency were understood by staff and embedded in the way staff delivered care. The registered manager and staff had developed a strong and visible person centred culture in the service and all staff we spoke with were fully supportive of this. Staff told us the management team were very knowledgeable, inspired a caring approach and led by example.

Aspire PC Limited

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 checked 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.

The visit to the site took place on 16 August 2016. The registered manager was given two days notice of our visit. We did this because the registered manager is sometimes out of the office and we needed to be sure that they would be available.

An adult social care inspector carried out the inspection.

Before our inspection, we reviewed the information we held about the service. This included the service's inspection history and registration information. We also contacted commissioners of the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information was reviewed and used to assist with our inspection.

The provider completed a Provider Information Return (PIR). This 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.

During the inspection we reviewed the feedback received from people and/or their relatives and staff. At the office visit we also spent time looking at records, which included five people's care records, four staff records and other records relating to the management of the service, such as quality assurance.

Inadequate

Is the service safe?

Our findings

We checked systems in place for the recruitment of staff so that fit and proper persons were employed.

A recruitment and selection policy was in place, but it did not identify all the information as specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 must be available to demonstrate fit and proper persons have been employed. Schedule 3 is a list of information required about a person seeking to work in care to help employers make safer recruitment decisions.

We checked four staff recruitment records and found in all four records information that had not been obtained in accordance with Schedule 3.

A member of staff acknowledged the recruitment and selection policy did not include obtaining all the information and documents in Scehdule 3 and therefore there would be gaps in all the information required. The member of staff had begun to review the recruitment and selection policy against Schedule 3 during the inspection.

Our findings meant the recruitment of staff was not safe and was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

We checked and found sufficient numbers of staff were employed to meet people's needs.

The service had an electronic call monitoring system in place to monitor calls to people in a structured and measured way. We saw this in operation on the day of inspection.

People told us they received a consistent team of care staff, who came at the right time, stayed for the required time and completed all the tasks they were asked to do. One person said they had, had a couple of missed calls and were not contacted and another person said care staff had been late once for their tea call. People told us they received a rota telling them which staff would be supporting them and at what times the following week. We saw this in people's homes. One person said they did not always get sufficient notice of this. People told us there was an 'on-call' system for any out of hours concerns or emergencies and we saw details about this were in the client welcome pack. One person said they had not received this information and it was not available in the care file in their home.

Staff we spoke with told us they usually visited the same people, which helped ensure continuity of care to people. One comment was, "We try and work round people. It's all about them, we're here for our clients. I believe in consistency".

We checked systems were in place to see how risks to people were managed, so that people were protected, whilst at the same time respecting and supporting their freedom.

When we spoke with people and their relatives they were confident that care staff were competent and

aware of risks that may be presented and managed these well.

In our discussions with staff they confirmed risk assessments were always available in people's homes and that if there were any concerns they would be reported and acted on.

We found assessments were undertaken to assess and identify risks to people who used the service and to care staff who supported them. These included environmental risks and other risks due to the health and support needs of the person. Risk assessments included information about
action to be taken to minimise the risk of harm occurring. For example, one person had a pet and the risks presented were provided to care staff, including what action to take to minimise the risk.

However, we found there was insufficient information about risks associated with medicines, moving people and equipment and the action taken to minimise those risks for people and staff. For example, where staff used equipment when supporting people there was insufficient information about that equipment, for example, how staff knew it was fit for purpose and how the equipment was to be used by staff.

There was a safe handling, management and administration of medication policy in place, which identified how medicines were to be managed safely, but this was not being carried out in practice. On visits we found various situations where staff were involved with the medicines prescribed for people, such as applying topical medicines, removing medicines from a container, that was not the original container and giving them to the person, and handing the medicines pack to the person advising them the day and time from where they should remove their medicines. This information was not clearly recorded in the plan of care, a risk assessment completed with clear instructions to staff of the action they must take when carrying out the task to minimise the risk of any errors, so that people are kept safe.

Our findings meant safe systems were not in place in regard to people's safe care and treatment and was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

We checked and found systems were in place to protect people from harm and abuse.

People said they felt safe in their homes when care staff were there.

We found safeguarding and whistleblowing policies and procedures in place. Whistleblowing is one way a worker can report suspected wrong doing at work by telling a trusted person in confidence.

Staff told us and records confirmed staff received safeguarding and whistleblowing training. Discussions with staff identified staff had a good knowledge relating to the safeguarding and whistleblowing procedure and were confident any concerns reported would be acted on.

When we spoke with people they told us staff did not carry out any financial transactions on their behalf. A financial protection policy was in place if staff were to complete financial transactions on behalf of people.

Requires Improvement

Is the service effective?

Our findings

We checked staff had the right knowledge and skills to carry out their roles and responsibilities, meaning that people received effective care.

When we spoke with people they felt staff were well trained and competent.

When we spoke with staff they told us they received training relevant to their role and that they felt competent in their role. They told us they had regular supervisions and felt supported in their role.

Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Staff records showed us staff received supervision.

An appraisal is a process for individual employees where the employee and their manager discuss the employee's performance and development, as well as the support they need in their role. It is used to both assess performance in the last twelve months and focus on future objectives, opportunities and resources needed. No one we spoke with had an appraisal. We were told this was to be part of the personal development plans, something the registered provider planned to introduce.

A training and development policy was in place. It was not specific about the training staff must attend, when, and how often or how their competency would be assessed on relevant topic areas to ensure they were competent in the role they were to perform.

We asked the service for their training matrix. This is one way the service can monitor the training staff have received, when that training is due for renewal and identify where staff need further training dependant on the history of the person they are providing care to, for example, diabetes. Likewise for supervision and appraisal. A member of staff told us they did not have such a system to do this and that certificates to verify the training staff had received were not always provided. They acknowledged the current system was not sufficiently robust to evidence training staff had received.

They were able to retrieve a training and qualifications report from the Skills for Care data set for the training some staff had received. We checked the training of four staff against the training needs of people they supported. We found staff had received a variety of training relevant to their role including basic health and safety, National Vocational Qualifications in dementia care, autism awareness, moving and handling priniciples, emergency first aid at work and first aid awareness, medication awareness and administration, mental health certificate including Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and positive behaviour support. However, there was no system to identify when staff may require their knowledge and competency reassessing and some of this training had taken place in some cases up to six years previously.

The agency ensured staff completed the Care Certificate. These are the current standards that new care staff must complete on their induction.

Our findings meant good governance systems were not in place in regard to staff training, supervision and appraisal and was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

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.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA.

Staff told us they received training and were clear in how this might impact them in their role. They showed a passion for upholding people's rights and that people made their own decisions, even unwise decisions, unless appropriate authorisations were in place to restrict this. One member of staff said, "For me it's about making sure people make their own decisions, by providing information in the right way. Always assume people can make their own decisions and have capacity, unless you're told otherwise. If I thought people lacked capacity and the decisions they were making placed them in danger or that they would get hurt, I would explain that, but then report to the office. It's not about being concerned because they have made a different decision than what you might have done". Another said, "It's about protecting people who have mental health needs to make sure they continue to make their own decisions. If they have capacity it's about letting people take positive risks".

Equally, when we spoke with people they told us they consented to the care they received. They told us that staff checked with them to ensure they were happy with support being provided.

We checked and found people were supported to have sufficient to eat, drink and maintain a balanced diet where this was part of their care plan.

We checked and found people were supported to maintain good health, have access to healthcare services and receive ongoing healthcare support where this was part of their care plan or if an emergency occurred whilst staff were at a call.

Good

Is the service caring?

Our findings

We checked and found positive caring relationships were developed with people who used the service, with staff supporting people to express their views and be actively involved in making decisions about their care, treatment and support.

People were provided with a welcome client pack to explain the standards they could expect from care staff working for the agency.

We found during our visits and discussions with people and their relatives, staff were familiar and knowledgeable about people's individual needs, their life history, their likes and dislikes and particular routines. They gave examples of how staff treated them with dignity and respect and maintained their privacy. The examples they gave included making sure curtains and doors were closed and making sure they were afforded dignity when staff were providing personal care. They told us staff involved them in making decisions about their care and support.

There were positive comments about staff. People said, "I've no problems with staff, the staff are fine, we get on. I can talk to them. We enjoy ourselves", "Aspire staff have worked with us a long time and we've had no problems. We've been very happy. We have a laugh, mess about, tell jokes and things. It's a good relationship. Communication and people are good. They respect us. We like having deaf staff. We had hearing staff before and didn't have confidence in them [a different agency], but we do now. Staff sign all the time and we like that. We use Glide Video Chat Messenger to communicate when sending messages" and "They're good lasses. They talk about their families and they're kind. They're really good at what they do. They've built up relationships with us and support the family".

All staff showed concern for people's wellbeing in a caring and meaningful way when we spoke with staff and they were passionate about their role.

Staff knew the people they supported well and were able to talk about people in terms of their relationships with them, their preference and the care and support tasks they undertook.

Staff were able to explain how they maintained people's privacy, for example, by giving them their privacy whilst they went to the toilet. Staff also told us it was important to promote people's independence.

Comments by staff included, "I look at it like you're visiting someone else's home". Another member of staff explained a new member of staff never goes unannounced to people. They shadow to build up a rapport. We work for people, so it has to be a personal touch and to be successful you have to talk with people, be polite and respectful.

Requires Improvement

Is the service responsive?

Our findings

We checked people received personalised care that was responsive to their needs.

In our discussions with people we found they received personalised care that was responsive to their individual needs and preferences. They expressed staff were knowledgeable about their needs, preferences and interests, as well as their health and support needs, which enabled them to receive a personalised and responsive service.

Staff told us care plans and risk assessments were always in place and provided them with information to be able to care for people.

When we looked at people's care plans we found they had been reviewed. However, we found for two people the care plan did not reflect the care delivered that people and their relatives had explained to us and for one person staff were completing tasks that were not in the care plan, that potentially made the task unsafe.

Care plans were available in people's homes and there was an application on people's telephones whereby they could scan a code on the plan of care to see a copy of their plan on You Tube.

Our findings meant good governance systems were not in place in regard to records and was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

We checked and found the service listened and learnt from people's experiences, concerns and complaints.

We found the service carried out observations of staff in people's home to ensure they had responded to people's needs as identified. In addition, people were sent surveys to provide them with an opportunity to provide feedback about the service, so that the service could assess any improvements that might be identified.

On our visits to people homes we saw in people's care files there was a client welcome pack that provided information to people and their relatives about the service. This included the complaints policy and procedure.

When we spoke with people and their relatives they told us they would know how to complain but did not have any complaints about the service.

Discussion with members of the management team demonstrated that complaints were taken very seriously.

It was evident from the comments people, relatives and staff that they knew how to complain and felt confident that they would be listened to.

We saw evidence of a working complaints procedure, where complaints were recorded, investigated and responded to.

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager in post at 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 and associated Regulations about how the service is run.

The registered manager had understood their responsibilities for sharing information with the Commission in regard to statutory notifications. A notification is the action that a registered provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them. However, when we viewed the service's incident database, it identified notifications that had been submitted which the Commission had no record of. We discussed with the service about how they would be able to assure us of this in the future.

We told the registered manager the registered manager certificate required displaying as well as the registered provider certificate at the agency office, as this was not on display during this inspection.

The service had a Statement of Purpose, but it required updating to include all the information required by the regulations. The provider updated this and submitted it immediately after the inspection.

In the PIR the registered manager informed us they kept up to date by using an array of forums including Think Local Act Personal, Social Care Information and Learning Service, Education and Learning Service, Rotherham Borough Council's Learning and Development Services Directions, Love2MeetU, Reach4theStars, NHS Choices and Social Care Institute of Excellence, to facilitate improvement for people they provide a service to.

When we spoke with people, their relatives and staff we asked them their opinions of the management and leadership of the agency and if the service delivered high quality care. Comments included, "It's got better at letting you know information. Eventually they listened about a staff member I didn't get on with. The office don't visit me. I'd like to see office staff. I like to know who I'm talking to", "It's the best company I've worked for. I like the management. You phone up and something gets done. I'd recommend them to my family", "I think it's well led and that's important. They look after us very well", "I think it's well led. There's always someone to talk to and they listen and have got time for you", "It's the best job in the world. It's not a big company and we're an ambassador of them and I'd rate it 110%. Quality of staff are good. Any blemishes get ironed out", "I feel so happy working for the company. Everything they say, happens. They're very client orientated" and "I'd recommend them to other people, it's an excellent service".

What staff liked about the agency was that they shared any compliments they received with them, which staff told us made them feel valued and confirmed that they were doing a good job, which motivated them to carry on.

The service also employed two client liaison officers. We spoke with both these staff and they both carried

out similar roles, but the focus of one of the officers was to organise 'get togethers' for people who used the service. Each month they used a community centre to do this and each month there was an outing that people were invited to. When we spoke with people, it was clear this was an additional service provided that enhanced the care they received, providing an opportunity to access the community, things they enjoyed to do and that it helped them combat isolation.

This job was introduced at the suggestion of a staff member as they'd been asked to shadow a new member of staff and felt there was a role missing. They discussed it with the chief executive and office staff, and they agreed.

The other client liaison officer explained their role was making sure people and staff are happy and that staff are following the care plan. They explained they carried out observations of staff to check how the member of staff related to the person, followed the care plan and that they were dressed appropriately for their role. In addition, every three months progress reports were submitted to the person's social worker. Any concerns highlighted were raised with the chief executive or manager's in the office via incident reports.

Staff received a staff handbook which included information about the agency and other information they need to access whilst working such as their roles and responsibilities and relevant policies and guidance.

Team meetings were held every three months. We looked at the records of the last three team meetings and found topics included presentations on data protection, a question and answer session on medicines, staff satisfaction, National Vocational Qualifications, new client pack, risk assessment, updates for staff and clients, feedback from evaluation notes, health and safety, updates for the staff handbook, client social meetings and compliments.

There was a quality assurance policy in place to identify how the service would assess and monitor the quality of the service provided. This included, on the job supervision, regular supervision with staff, regular team meetings, quarterly key worker reports, yearly surveys to people, commissioners and staff and addressing complaints and compliments. Throughout the inspection we checked and found these aspects of the service were carried out.

We looked at the customer satisfaction survey results for 2015. All customer comments were very positive and included, "Service provider of the year" and "I want to thank everyone at Aspire, it helps my daughter as well as me. Excellent and outstanding". Suggestions were also recorded and included group meetings for people who used the service. We found this had been acted on by speaking with people and staff, but there was no action plan with the survey to identify how this had been achieved and when.

The outcome of the inspection is that the service is in breach of three regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment, good governance and fit and proper persons employed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care and treatment was not being provided in a safe way for service users.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems or processes had not been established and operated effectively to ensure compliance with regulations.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Information specified in Schedule 3 in respect of persons employed or appointed for the purposes of the regulated activity must be available in relation to each person employed.