

Voluntary and Community Services Peaks and Dales

Aspire Tameside

Inspection report

Age UK Tameside
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Tel: 01613085000

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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

The inspection took place on 16 August 2017 and was announced. The last inspection took place on 19 to 24 October 2016 and the service was rated as Requires Improvement. There were three breaches of the regulations in relation to good governance, for which a warning notice had been issued, fit and proper persons employed and staffing. The service had produced an action plan and at this inspection we found significant improvements in all areas.

Aspire Tameside has offices in Ashton-under-Lyne, Tameside and provides care and support to disabled children and adults living in their own accommodation in the surrounding Tameside area. At the time of the inspection there were 12 children and no adults receiving care from the service.

There was a registered manager 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 2008 and associated Regulations about how the service is run.

The recruitment process was robust, helping ensure staff were suitable to work with vulnerable adults and children. There was an appropriate safeguarding policy and procedure in place for both adults and children and staff demonstrated a good knowledge of safeguarding.

Staff had undertaken infection control training and were supplied with appropriate equipment to help prevent the spread of infection. Medicines systems were safe.

Appropriate risk assessments were in place. Accidents and incidents were recorded and appropriate actions were taken.

There was an appropriate induction programme in place and further training and refresher courses were undertaken by all staff.

Staff we spoke with demonstrated the skills and values required to do the job required of them. Care files included relevant information to assist staff to meet identified needs.

The service ensured they considered people's best interests when delivering support.

Relatives we spoke with were positive about the care received by their loved ones. People we spoke with particularly appreciated the consistency of carers

Independence was promoted and people who used the service were encouraged to do what they could for themselves. There was a service users' information booklet given to potential users of the service.

Staff we spoke with were aware of the importance of confidentiality and respected people's dignity.

Care plans evidenced person-centred care and included relevant information about people's likes, dislikes, preferences and background. The care plans were reviewed and updated regularly.

People who used the service were supported to undertake activities and events that they enjoyed and had expressed a wish to do. The service were able to respond promptly to requests for a change in care delivery.

There was an appropriate complaints policy and procedure. Concerns were addressed appropriately and the service had received a number of compliments.

Relatives told us the management were approachable. Staff said they were well supported. Staff supervisions and appraisals were undertaken regularly. Staff meetings took place but attendance was low.

The service carried out regular checks on staff competence to help ensure staff skills and knowledge remained current and relevant. Any shortfalls were addressed via training and/or supervision.

There were systems in place to audit the quality of service delivery. An action plan was produced following the quality monitoring to address any concerns raised.

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.

The recruitment process was robust, helping ensure staff were suitable to work with vulnerable adults and children. There was an appropriate safeguarding policy and procedure in place for both adults and children and staff demonstrated a good knowledge of safeguarding.

Staff had undertaken infection control training and were supplied with appropriate equipment to help prevent the spread of infection. Medicines systems were safe.

Appropriate risk assessments were in place. Accidents and incidents were recorded and appropriate actions were taken.

Is the service effective?

Good ●

The service was effective.

There was an appropriate induction programme in place and further training and refresher courses were undertaken by all staff.

Staff we spoke with demonstrated the skills and values required to do the job required of them. Care files included relevant information.

The service was meeting the requirements of the Mental Capacity Act (2005) (MCA).

Is the service caring?

Good ●

The service was caring.

Relatives we spoke with were positive about the care received by their loved ones. People we spoke with particularly appreciated the consistency of carers

Independence was promoted and people who used the service were encouraged to do what they could for themselves. There was a service users' information booklet given to potential users

of the service.

Staff we spoke with were aware of the importance of confidentiality and respected people's dignity.

Is the service responsive?

Good ●

The service was responsive.

Care plans evidenced person-centred. The care plans were reviewed and updated regularly.

People who used the service were supported to undertake activities and events that they enjoyed and had expressed a wish to do. The service were able to respond promptly to requests for a change in care delivery.

There was an appropriate complaints policy and procedure. Concerns were addressed appropriately and the service had received a number of compliments.

Is the service well-led?

Good ●

The service was well-led.

Relatives told us the management were approachable. Staff said they were well supported. Staff supervisions and appraisals were undertaken regularly. Staff meetings took place but attendance was low.

The service carried out regular checks on staff competence to help ensure staff skills and knowledge remained current and relevant. Any shortfalls were addressed via training and/or supervision.

There were systems in place to audit the quality of service delivery. An action plan was produced following the quality monitoring to address any concerns raised.

Aspire Tameside

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 inspection was carried out to look at whether the service had completed their action plan and made improvements to the service as required following the last inspection.

The inspection took place on 16 August 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service for younger adults who are often out during the day; we needed to be sure that someone would be in.

The inspection was undertaken by one adult social care inspector from the Care Quality Commission (CQC).

Prior to the inspection we reviewed information we held about the service and notifications we had received from the service. We contacted four health and social care professionals to obtain their views of the service. We did not obtain any negative comments.

Prior to our inspection of the service, we were provided with a copy of a completed provider information return (PIR); this is a document that asks the provider to give us some key information about the service and any improvements they are planning to make.

During the inspection we spoke with the registered manager, the service manager and five members of support staff. We spent time at the office and looked at three care plans, six staff files, training records, supervision records, service user satisfaction surveys, meeting minutes and audits. Children who used the service were unable to speak with us, but we contacted six parents by telephone to obtain their views of the service.

Is the service safe?

Our findings

Relatives we spoke with told us staff did not miss visits and staff confirmed they were able to complete all the work required of them. They told us all the staff team were willing to cover when someone was sick or on leave. There were enough staff to meet the needs of the people who currently used the service. The registered manager told us they continued to recruit more staff to equip the service to take on more clients.

At the last inspection the recruitment process was found not to be robust due to missing information from staff files. At this inspection we checked six of the twelve staff files. Each file included an application form, full employment history, interview questions, right to work information, proof of identity, two references and Disclosure and Barring Service (DBS) checks. A DBS check helps ensure people are suitable to work with vulnerable people. There was a signed contract of employment in each file.

There was an appropriate safeguarding policy and procedure in place for both adults and children. Staff we spoke with were able to explain what may constitute a concern and were confident to report anything they felt may be safeguarding. We saw evidence via the training matrix that safeguarding training and yearly refresher courses were undertaken by all staff. The matrix helped ensure the service manager was aware of when each refresher course was due. There was a whistle blowing policy in place and staff were aware of this and told us they would report any poor practice they may witness, without hesitation.

Staff told us they had undertaken infection control training, which was confirmed via the training matrix. They said they had ample supplies of personal protective equipment (PPE), such as plastic gloves and aprons and they were able to explain why and when this equipment was used. These helped prevent the spread of infection when delivering personal care.

We looked at the medicines policy and procedure, which included all relevant information and references to appropriate legislation. The policy covered ordering, storing, prompting, administering, recording medicines. There was guidance around covert medicines, that is medicines given in food or drink, medicines given as and when required and homely medicines. There was also guidance around medicines errors. Staff we spoke with were aware of the guidance and the policy and were confident in the administration of medicines. Records within the care plans showed that medicines information had been recorded appropriately.

Individual risk assessments were kept within people's care files. These related to areas such as epilepsy, environment and activities and we saw that they were regularly reviewed and updated.

Accidents and incidents were recorded fully and we saw that appropriate actions were taken. These were audited regularly to help ensure causes were monitored and addressed.

Is the service effective?

Our findings

We asked staff about the induction programme. They told us there was a comprehensive programme of orientation to the service, mandatory training and reading policies and procedures. Any employee taken on after April 2015 was required to undertake the Care Certificate. The certificate has been developed by a recognised workforce development body for adult social care in England. The certificate is a set of standards that health and social care workers are expected to adhere to in their daily working life. New employees were also required to shadow an experienced staff member for a minimum of ten hours to help ensure they were competent and confident to work alone. There was a probationary period of 12 weeks, which could be extended if required.

New employees were given a staff handbook, which included a welcome to the service, information about what the service did, policies and procedures, support and supervisions, health and safety, documentation and expectations of an employee.

At the previous inspection there had been some gaps in the training matrix, showing that not all required training was being undertaken. This had been addressed and there was new training officer now in post. The service's training matrix evidenced that staff had completed induction training and refresher training in mandatory subjects as required. All staff were attending refresher first aid training on the day of the inspection. There was a monthly staff news bulletin which included new staff information, dates for the diary and details of upcoming training.

Staff we spoke with told us training was plentiful. One staff member said, "It is good training. Anything that pops up in our work – training is found for us". Another told us, "We can access online training, e mails are sent to us to tell us about it. If you want to do some training it will be found for you". A third said, "The training is amazing". A relative we spoke with told us, "The training for the job is excellent. [Name of carer] comes with me to hospital appointments to help find out what is best for [child]. This saves repeating the information". Another relative said, "The carers are trained to a good standard".

We saw evidence of observations of practice which referenced the task or activity observed, risks identified, safety of the worker and service user, overall performance and actions required. We also saw evidence of regular staff supervision sessions, which provided an opportunity for staff to discuss any issues and look at training needs and personal development.

Staff we spoke with demonstrated the skills and values required to do the job required of them. One staff member told us, "I really enjoy working for Aspire. There is a lot of reward working with children and building relationships. We support the parents too and this gives us a better picture of how the child is".

Care files included relevant information about the person's needs, health and emergency information and nutritional guidelines if needed. Staff had undertaken training in food hygiene, nutrition and diet. Each care file included a permission sheet for the use of photographs, taking the person on outings, administration of medicines and taking to hospital when required. These were signed by the parent or guardian with regard to

children and we saw from the files that children were included in all discussions regarding their care and support.

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. We checked whether the service was working within the principles of the MCA. Staff had undertaken training in MCA and were able to demonstrate an understanding of the principles. We saw within the care files that the best interests of the person who used the service were always considered. Health and social care professionals were consulted as and when required to help ensure all relevant information was considered with regard to decision making.

Is the service caring?

Our findings

We contacted six parents to ask for their views on the service. Comments included; "They are really, really good. Amazing. I wish I could have them more"; "[Child] loves [carer] who is just fab"; "I am happy with the two carers we have. They are always on time and there are no missed visits. They treat [child] 'normally'; "I couldn't do without it. [Carer] is brilliant, patient and gives [child] the best care. [Child] calls her best friend. I struck gold finding [carer]; "Trust is brilliant. I can switch off when the worker comes".

The potential user of the service was visited prior to starting care and workers introduced to help ensure compatibility. People we spoke with particularly appreciated the consistency of carers, which helped build trust between the person who used the service and the worker.

We saw within care plans that independence was promoted and people who used the service encouraged to do what they could for themselves. The service also involved family and friends to speak on behalf of the individuals they supported within meetings and reviews. There was a service users' information booklet which included information about the service, what workers could do, helpful questions and answers and links to other help.

The service had accessed some funding from the local Clinical Commissioning Group. This had enabled them to offer respite to carers, which helped support them to continue caring for their loved one. The service hoped to secure more funding in the future to continue to offer this level of support.

Visit record sheets were completed for each visit and these helped with communication between workers and the family. People were contacted regularly by the service to help ensure the support was still appropriate.

Staff we spoke with were aware of the importance of confidentiality and had read the policy.

Employees were given training and information around equality and diversity and dignity and respect. One relative we spoke with told us, "The carers are 100% with regard to dignity". Another told us, "They definitely show respect and dignity to [child].

Is the service responsive?

Our findings

Care plans evidenced person-centred care. There was a section called 'All about Me' which included support needs, background information, behaviours, likes, dislikes and concerns. The care plans were written with the individual receiving care and there were sections on communication, things the person enjoyed doing, people who were important to the individual, medicines, fears and worries, strengths and talents, what the individual enjoyed eating or did not like (including allergies), sensory issues, bedtime routine, dreams for the future, challenging behaviour and techniques and strategies.

We saw that the people who used the service were being given care according to their needs and wishes recorded within the care plans. Activities and events that the carers were supporting individuals with were things that they enjoyed and had expressed a wish to do. It was clear from speaking to parents that good relationships existed between carers and the children they cared for as well as carers and the parents.

We saw that the service were able to respond promptly to requests for a change in care delivery, such as a temporary increase, demonstrating the service's flexibility and responsiveness.

At the last inspection reviews of care plans had not been completed as required. This meant that care and support delivered did not always reflect the current needs of the person receiving it. At this inspection we found that full reviews of care were undertaken annually, or sooner if changes had occurred, to confirm the details of the support delivered. Any changes to care needs had been fully recorded and were reflected in the updated plans.

Views about the care delivery were sought via questionnaires on an annual basis. This offered another opportunity for people to raise any concerns or make suggestions for improvements.

There was an appropriate complaints policy and procedure. We saw the complaints and compliments file, which only included compliments at this time. The comments included; "Thank you Aspire for making things possible for us...your services are outstanding and they've made a big difference to our lives"; "The support has been brilliant [name] has really helped" "Just to say thank you or all the extra support over the past few weeks. We really appreciate it"; [Name] is much happier and I wanted you to know the impact you have had. Thank you".

However, there were some concerns. One concern had been raised by a relative about being unsatisfied with a particular carer. Although there were no issues with the skills and abilities of the carer, the relative felt another carer would get on better with their loved one. This had been addressed with the relative and person who used the service to their satisfaction. Another concern was around not being able to have the carer someone wanted. This had also been resolved promptly and satisfactorily.

Is the service well-led?

Our findings

There was a registered manager 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 2008 and associated Regulations about how the service is run.

We asked the relatives we spoke with if the management were approachable. One told us, "You can contact the officers or raise concerns through the carers. If you phone and they are not there they will call back". Another said, "You can get hold of them when you need to".

A health and social care professional we contacted told us, "From the input we have had they [the service] provide a high level of care for our young people. [Service manager] matches the families with good carers. Parents are very complimentary of the workers. They do some good targeted pieces of work".

We spoke with staff about how supportive the service was to them. Comments included; "Aspire has been brilliant with me"; "I have rung on call and they have always got back to me with an answer. They are supportive as a company"; "There is an open door policy, you don't have to make an appointment"; "They would not put you in a position that made you uncomfortable"; "It's a pleasure working for Aspire – they have people's interests at heart".

At the previous inspection staff supervisions were undertaken regularly. This had now been addressed and supervisions were being carried out, actions recorded and signed by the worker and the supervisor. We also saw evidence of annual appraisals where discussions included positive aspects of work, important achievements, communication, ability to plan, attitude to work and relationships with people who used the service and relatives. Training needs, difficulties, paperwork, staff issues, policies and procedures were also discussed. Objectives for the next 12 months were agreed.

We saw minutes of team meetings but noted that attendance was very low. We spoke with the service manager about this and they told us this was because they had few staff and getting them together was difficult. Relevant information was sent to each staff member to ensure they had up to date knowledge. However, it would be helpful to staff if they could get together at team meetings on a regular basis.

We saw that the service carried out regular checks on staff competence to undertake their work. These were undertaken three to six monthly to help ensure staff skills and knowledge remained current and relevant. Any shortfalls were addressed via training and/or supervision.

At the previous inspection there had been no system in place for auditing the quality of the service delivery. At this inspection we saw three monthly quality monitoring. Staff files were audited on a three monthly basis to ensure all information was complete. Compliments and complaints were audited, incidents and accidents were logged and analysed to ascertain the nature of the incident, records, patterns and repetition and any actions required. This helped drive improvement within the service delivery. Staff skills and training

were audited to help ensure skills and knowledge remained current and care plans were reviewed on a regular basis and updated as required. An action plan was produced following the quality monitoring to address any concerns raised.

Before our inspection we checked our records to see if any accidents or incidents that CQC needed to be informed about had been notified to us by the registered manager. This meant we were able to see if appropriate action had been taken by management to ensure people were receiving correct support. We saw that the registered manager was reporting incidents to us in a timely manner.