

## City & County Care Services Limited

# Aspire UK

### Inspection report

Peepul Centre  
Orchardson Avenue  
Leicester  
Leicestershire  
LE4 6DP

Tel: 01162621999  
Website: [www.Aspireuk.co.uk](http://www.Aspireuk.co.uk)

Date of inspection visit:  
27 February 2019  
28 February 2019

Date of publication:  
04 April 2019

### Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Good** ●

Is the service caring?

**Good** ●

Is the service responsive?

**Good** ●

Is the service well-led?

**Good** ●

# Summary of findings

## Overall summary

About the service:

Aspire UK is a domiciliary care agency. It provides personal care to people living in their own houses or flats. At the time of the inspection there were 475 people using the service.

Not everyone using Aspire UK receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

People's experience of using this service:

- People told us they felt safe and confident with the staff who provided their care.
  - People told us they were happy with the care and support they received from the service. They were keen to tell us they felt involved in how their care was planned.
  - People and family members commented on the positive impact of staff being able to communicate in people's preferred language and how this influenced the effective delivery of care.
  - The majority of people told us they were supported by a regular core staff team. People were keen to stress the positive impact this had on the development of relationships with staff and continuity of care.
  - Some people told us they experienced inconsistent care when they were not supported by staff who they were familiar with.
  - Care plans in some instances provided contradictory information, which had the potential for people not to receive consistent care.
  - Risk assessments were in place to indicate when people had been identified as being at risk. However, measures to reduce the potential risk were not directly referred to in people's care plans, which guided staff as to how they were to provide a person's care. The provider and registered manager said they would act to improve records detailing people's care.
  - There were sufficient staff to care for people and no one reported having experienced any missed visits to provide their care.
  - Staff liaised with health and social care professionals to maintain and promote people's health and welfare.
  - People's care preferences and needs and the views of their relatives were considered when their care was assessed, planned and reviewed.
  - The provider had a range of systems in place to seek the views of people and their family members.
  - The provider worked with key stakeholders to influence and develop the service and to share good practice.
- We found Aspire UK met the characteristics of a 'Good' service.

Rating at last inspection:

Good. The last report for Aspire UK was published on 20 June 2016.

Why we inspected:

This was a planned comprehensive inspection based on the rating from the previous inspection. The service remained rated Good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

**Good** ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

**Good** ●

### Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

**Good** ●

# Aspire UK

## Detailed findings

### Background to this inspection

**The inspection:** We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

**Inspection team:** The inspection was carried out by two inspectors and three experts 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.

**Service and service type:** Aspire UK is a domiciliary care service providing support and personal care to people in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.'

**Notice of inspection:** We gave the service three working days' notice of the inspection site visit. We asked the provider to contact people who use the service to gain their consent for us to contact them by telephone. This was to enable us to seek their views about the service they receive.

Inspection site visit activity started on 27 February 2019 and ended on 28 February 2019. We visited the office location to see the manager and office staff; and to review care records and policies and procedures.

**What we did:** We asked the provider to complete a Provider Information Return (PIR.) This is key information providers are required to send about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

Our planning took into account information we held about the service. This included information about incidents the provider must notify us about, such as abuse; and we looked at issues raised in complaints and how the service responded to them. We obtained information from the local authority commissioners. We used all this information to plan our inspection.

The experts by experience spoke with 18 people who used the service and 32 family members by telephone on 27 and 28 February 2019.

We spoke with the registered person, registered manager, senior co-ordinator, a team leader, three care staff and the training officer.

We looked at the care plans and records of seven people. We looked at five staff records, which included their recruitment, induction, on-going monitoring and training. We looked at the minutes of staff meetings and records related to the quality monitoring of the service, which included complaint investigations carried out by the provider.

# Is the service safe?

## Our findings

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

RI:  Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Potential risks associated with people's care had been assessed, however the measures to reduce the risk were not recorded within the person's care plan. For example, a risk assessment identified a person was at risk of falls and to promote their safety a walking frame was to be used. The person's care plan which informed staff they were to support the person with their walking made no reference to the equipment to be used. The provider and registered manager told us immediate action would be taken by reviewing the format of people's records to ensure information between different sections of people's records were linked and provided the necessary information to enable staff to provide safe care.
- Information recorded within people's records was sometimes contradictory, having the potential to put people at risk. For example, one person's records stated the person used oxygen, however the person's risk assessment made no reference to the potential risk. We spoke with the registered manager and other staff who stated the person was not using oxygen. The provider and registered manager told us immediate action would be taken by reviewing the format of people's records to ensure information was accurately and consistently recorded.
- A family member told us how risk was managed. They said, "The staff are reliable. There's the same three or four girls [staff] and I can trust them. Risks and dangers are assessed like the hoisting. It's always done skilfully."
- Staff we spoke with were aware of potential risks to people who they regularly supported and ensured people were safe. A member of staff told us how they needed to continually assess for potential changes to risk. "We are always doing a risk assessment, from the minute you arrive; things can change."
- People told us they felt safe and this was confirmed by people's family members. One person told us, "I really trust my carer to keep me safe, she always locks the door after she has left."
- A family member told us, "They keep [relative] safe. They [staff] make sure they are using her frame correctly and walk with her. We work together and I am happy knowing she is safe with them [staff]".

Systems and processes to safeguard people from the risk of abuse;

- There were systems and processes in place to safeguard people from abuse, which were implemented by staff. Where potential abuse was identified staff alerted the registered manager who informed the appropriate authorities of their concerns.
- Staff shared with us examples of where people they cared for had spoken with them about issues they were concerned about. Staff had reported the alleged abuse and told us that once the appropriate authorities had become involved and steps taken to prevent further abuse the person's well-being had improved.

Staffing and recruitment

- Staff underwent a recruitment process. Staff records included information to evidence their suitability to work with people, which included a completed application form. References were in place, however these were not always sought from the most relevant employee. The registered manager said they would take action to bring about the necessary improvement.
- Prior to commencing in post staff had a Disclosure and Barring Service check (DBS). The DBS assists employers to make safe recruitment decisions by ensuring the suitability of individuals to care for people.
- There were enough staff to meet the needs of people.
- A majority of people told us staff were punctual and stayed for the agreed length of time. One person said, "They [staff] are usually very good time keepers and more often than not they will let me know if they are running late." A second person told us, "We get the same carer each day and they are usually on time."
- People we spoke with expressed confidence in the knowledge and training staff received. One person said, "They [staff] are very well trained, they have regular training sessions."
- The provider used an electronic call monitoring system. This meant staff arrival and departure times at people's homes were recorded. The monitoring system alerted staff based in the office if a member of staff had not 'logged' in, in a timely manner. This meant staff based in the office could contact staff to ensure they were safe and to determine the reason for the delay in arriving at a person's home and enabled them to make alternative arrangements to ensure people received the care they required.
- People told us they had never experienced a missed call.

#### Using medicines safely

- People and their family members told us they were supported to take their medicine by staff where help was needed. One person said, "The carer drops my tablets from the box into an egg cup so I can see to take them, they make sure I have plenty of water. She [staff] wears gloves and I have never seen her touch my tablets. Afterwards she [staff] signs the book to say she's given them."
- Care plans provided information about the medicines people were prescribed and whether the person required support from staff.
- Staff completed training on the management of people's medicine. Staff's competency in the management of medicine was regularly assessed.

#### Preventing and controlling infection

- Staff followed good infection control practices and used personal protective equipment (PPE) to help prevent the spread of healthcare related infections.
- People we spoke with told us staff wore protective gloves and aprons when they delivered personal care and managed their medicines.
- Staff had received training in infection control.

#### Learning lessons when things go wrong

- Staff were aware of the reporting procedures for accidents and incidents.
- The registered provider and registered manager had acted as a result of concerns being reported to them. For example, following policies and procedures with regards to staff conduct. The outcome of these concerns had resulted in changes to practices in how technology was used to monitor staff's arrival and departure times at people's homes.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good:  People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to their service starting to ensure their specific needs could be met.
- People were involved in the assessment process, making decisions about their care and how they wanted their care to be provided. This included taking into account people's cultural and diverse needs, including communication needs and their preferred spoken language. This was confirmed by people we spoke with. A family member said, "All the care details and the times etc. were agreed and we had a full review early on, and they came out and assessed it all."

Staff support: induction, training, skills and experience

- Staff induction, included four days based in the office where initial training in key areas was provided. A recently recruited member of staff told us the training had been detailed and effective. Staff as part of their induction work alongside experienced staff to gain confidence and to meet people.
- The provider had in place a systematic programme of supervision for staff, which included staff being observed in the delivery of care. However, we found the monitoring of staff was not consistently effective. For example, it had been recommended that additional observational checks were carried out on a member of staff. There was no evidence that these had been carried out. We spoke with the registered manager, sharing the staff records we had read. They told us they would act to ensure improvements were made.
- Supervisions focused on key areas to ensure staff were working consistent with the vision and values of the service and that staff practices were reflective of their training.
- Staff were supported to complete the Care Certificate. The Care Certificate is awarded to staff who have been assessed against a set of standards evidencing they have the necessary skills, knowledge and behaviours to provide good quality care and support.
- The registered manager had enrolled staff to undertake distance learning courses in a range of health care related topics, which included diabetes awareness.

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

- Staff supported people to eat and drink consistent with their care plans. Care plans provided information as to the role of staff in supporting people, which included meal preparation. Information as to people's meal preferences reflective of their preferences, cultural beliefs and values were included.

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

- Staff told us they liaised with health and social care professionals, such as district nurses and social workers to promote people's health and wellbeing.
- People we spoke with confirmed staff liaised with health care professionals if required. A family member

told us, "They [staff] let me know instantly if there are any problems so I can deal with them or they get straight on them. For example, they will phone the GP and let me know what is happening."

#### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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.

- People's records showed they had consented to their care. Our discussions with the registered manager and staff showed they understood the requirements of the MCA as all staff were aware of people's rights to make choices and decisions for themselves.
- People, where they were able to do so had signed their care plan to show their agreement with their planned care. Records indicated if people had Power of Attorney arrangements in place.

## Is the service caring?

### Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good:  People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- People's equality and diversity was respected. Staff worked in partnership with people and family members to ensure everyone was involved in decisions about their care, which included how people's independence could be maintained. One person told us, "They [staff] are all kind and caring. I tell them what I want, and we work together. I'm a very independent person and they respect that. I have been getting better since I came out of hospital and the staff are their if I need them. We all get on well together." A second person told us, "It's been so good for me, I've gone to the shops again with [staff], they are like a bridge to the outside world... [staff member] also has fun, it's like having a friend. I can trust her. If I'm down she will just listen and it's like a therapy, for years I've not had someone like this." A member of staff said, "I 100% enjoy the job and feel really proud that so many clients are so much better than when I started with them."
- People spoke of the importance of being supported and cared for by staff who could communicate with them. A family member told us, "They [staff] have set up a lovely rapport with my relative which is so important. They send staff who speak my relative's language which is great and has put my relative at ease. My relative really looks forward to them coming." A second family member told us, "My relative did have regularly people [staff] but every few days, she has a new person. If they speak Punjabi it's easier, but sometimes they don't. I live with her and have to explain to them [staff]."
- The majority of people told us they received information each week as to which staff would be providing their care. The registered manager informed us, those who had requested the information were sent it in paper format or electronically each week.
- People spoke positively of their care and the importance of having a consistent team of staff, who knew them well. One family member said, "It is really important that my relative has the same carers has they have [medical condition] and responds well to staff they know."
- A few people expressed concerns about the approach and knowledge of staff about their needs when they were supported by staff they were unfamiliar with. A family member told us, "We mostly get the same carers unless one of them is off then we get different ones. Some of them [staff] shall we say may need a bit more support as they don't appear as competent as the others. A second person told us, "I normally get the same carer. I tend to get different ones when they [regular staff] are off and some of them can rush me. They [staff] don't all understand that I get out of breath and that I need to take my time." The provider and registered manager told us they would review how staff were introduced to people to promote consistency of care.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected. This was confirmed by people we spoke with and their family members. A family member told us. "I am really really pleased with the consistency and the

care my relative gets. The carers are wonderful and support her with dignity and respect." A second family member said, "They [staff] always close the bathroom door and I can hear them [staff] talking. They treat my relative with respect. They don't rush him. They encourage him to do things for himself. I think they are very caring."

- People's needs were considered when staff were recruited to support and care for people, this was to promote the development of positive relationships. One person told us, "They've [Aspire UK] found the right person for me and I cannot praise my [staff] enough. It takes me a long time for me to trust people."
- Staff we spoke with were aware of the importance of maintaining confidentiality.
- The provider had attained a Certificate of Assurance confirming the safety and security of the providers electronics systems, including computer, e-mail and mobile phones.

## Is the service responsive?

### Our findings

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

Good:  People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care plans provided information about people's needs, their preferences and routines. This included information as to how people wish for example, items to be left close to them, such as a telephone, a television remote control or a drink. This was important to people so they could maintain their independence, without relying on others.
- Staff understood what person-centred care meant. A member of staff told us, "It's supporting people in the best way to help them do the things they want to do." However, additional information as to how people's physical and mental health affected them would support staff to better understand how their approach to people when delivering care impacts on people's response to care.
- Care plans were regularly reviewed with the involvement of the person and in some instances a family member. People's comments confirmed this. One person said, "My care plan gets checked and updated regularly." A second person told us, "My care plan is very comprehensive and was updated last week."
- Staff were skilled in communication with people. Staff were matched with people from similar cultures and backgrounds. This helped to ensure understanding and good communication between people, family members and staff.
- People's care plans included information about people's communication style, for example the impact of people's medical conditions on their ability to understand and share information. People's preferred form of communication or language was recorded. A person told us, "I'm partially deaf so I don't always hear and [staff] make it normal, they don't overly fuss or shout when we are out somewhere. Communication is always done calmly."
- The provider had made information available on their website about all aspects of the service. People wishing to read the information could choose from a range of languages, so that the information was translated into a language of their choice.
- The providers understanding of communication and its importance to those who used the service demonstrated that they understood and met their obligations to support people in line with the requirements of the Accessible Information Standard (AIS). The AIS makes it a legal requirement for all providers who support publicly funded care to ensure people's communication needs, including access to information are understood and met.
- Information about people's care needs was electronically stored on hand held devices. Staff used the hand-held devices to record the care and support provided.

End of life care and support

- Staff had undertaken training in end of life care. People's views and that of their family members about end of life care were discussed and used to develop a care plan.
- The registered manager wrote to family members expressing sympathy when their relative had died. The letter included information about bereavement and counselling services from a number of organisations.

### Improving care quality in response to complaints or concerns

- People were aware of how to make a complaint. One person told us, "If I was unhappy about my care I would phone the office. I am sure they would sort things out." A family member told us, "I've never had to raise a complaint, but I would ring the office if I had to. I do feel they would deal with anything I was worried about."
- The provider had procedures which outlined a structure approach to dealing with complaints and concerns.
- Information as to how people could raise a complaint or concern and how the information would be handled was included within the information provided to people when they began using the service.
- Complaints and concerns had been received by the provider, which were recorded. The outcome of investigations into people's complaints had been documented, which included the response given to the complainant.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: □ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager, supported by other office based staff implemented an open door and inclusive culture. This encouraged staff to share ideas and concerns for the benefit of people who received care. This was achieved through regular telephone contact with staff, staff visiting the office and through staff meetings and the ongoing monitoring of staff through supervision.
- Staff were complimentary about the support provided by the registered manager and other members of the management team.
- All staff we spoke with demonstrated a commitment to providing high quality to care to people, consistent with the visions and values of the service. A member of staff told us, "I like the feeling of being appreciated and valued."
- The provider and registered manager responded to complaints and concerns. The Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that require registered persons to act in an open and transparent way with people in relation to the care and treatment they receive.

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

- The registered manager had oversight of a range of audits which reviewed and collated information to ensure the service was meeting their legal obligations. However, we found audits had not always identified shortfalls. For example, staff recruitment records showed references were not always sought from the most appropriate previous employer.
- The provider had attained two external accredited awards in quality management and environmental management.
- The provider had ensured contingency arrangements were in place to ensure the service delivery was not interrupted by unforeseen events.
- The providers website displayed the current rating awarded by the Care Quality Commission.
- The registered manager collated and shared with staff complimentary feedback from health and social care professionals, people using the service and their family members.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The majority of people we spoke with said the service was open to comment and feedback and that the managerial staff were very hands on, approachable and personable.

- A few people told us they sometimes had to contact the office on more than one occasion before they received a response. One family member said, "The office staff are easy to talk to but they don't get back quickly, so I have had to ring again."
- Aspire UK provides an out of hours service, which provides managerial support and guidance for staff and those using the service. This includes members of the management team being based in the office at the weekend.
- A newsletter was sent out to people who used the service, providing information about the service.
- The provider had a website, which included information about the service.
- People's views were regularly sought. An annual questionnaire was sent out to people, information from the questionnaire was analysed and use by the provider to identify areas for improvement.
- People's views were also sought by telephone or in person when their care plan was reviewed. One person told us, "It is really easy to get in touch with the company. They send out questionnaires sometimes and they ring to check everything is ok." A family member said, "They send out questionnaires and they have meetings. I try to attend and make sure I bring things up, otherwise there is no point in going."
- The provider had received complimentary letters about the service, with specific reference to the care provided by staff.
- Staff told us they had received positive feedback about their work. A member of staff said, "When I was nominated for the carer of the year, I was so proud to think people noticed my work and that it made a difference to people."
- The provider organised celebratory meals for staff, which included Christmas and Diwali.

#### Continuous learning and improving care

- The provider was registered with the UKHCA (United Kingdom Healthcare Association) and used this as an opportunity to share good practice ideas and to keep up to date with changes affecting the care industry.
- The provider has in place a developmental plan for the service. The plan focuses on the development of staff and the introduction of incentives for long term staff. The provider looks to continue its collaborative approach by working with key stake holders. And the ongoing development of software to support the day to day running of the business.

#### Working in partnership with others

- Aspire UK had attained a Bronze and Silver level accreditation awarded by a local hospice for training undertaken by staff in end of life care.
- Aspire UK had sponsored the 'Dementia Carer of the Year Award' run annually by a local newspaper, recognising the work and dedication shown by staff within the care sector.
- Staff of Aspire UK had supported local charities.
- The provider worked in partnership with other agencies to develop awareness and understanding of dementia within the local community.
- The registered manager told us they had attended meetings with local commissioners and other providers to identify areas for improvement and aims for social care provision in the future.