Aspire Care Services Ltd

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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 well-led? | **Requires Improvement** |

# Summary of findings

## Overall summary

About the service
Aspire Care Service Limited is a domiciliary care agency providing personal care to people living in their own homes and flats. The service provides support to older people. At the time of our inspection there were 160 people using the service. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found
People's medicines were not managed in line with good practice. Risk assessments in place required improvement to ensure they accurately reflected identified risks and gave staff clear guidance to keep people safe. People did not always receive care and support at the agreed time in their care package. People did not always receive a service that was as well-led as it could be. Records were not always easily accessible and governance systems in place were not robust. Partnership working required some improvement.

People received care and support from staff that knew how to identify and escalate instances of suspected abuse. Recruitment procedures in place ensured only suitable people were employed. Systems and processes in place ensured staff had up to date guidance on infection prevention and control measures.

People, their relatives and staff spoke positively about the management of the service, describing the registered manager as supportive and available.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was requires improvement (published 19 June 2021).

Why we inspected
This inspection was prompted by a review of the information we held about this service.

We received concerns in relation to the overall management of the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Aspire Care Services Limited on our website at www.cqc.org.uk.

Enforcement and recommendations
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to medicines management and good governance at this inspection. We have also made a recommendation in relation to staff deployment.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### Is the service well-led?

**Requires Improvement**

The service was not always well-led.

Details are in our well-led findings below.

# Aspire Care Services Ltd

**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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team
The inspection was carried out by two inspectors.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection
We gave the service 23 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 8 November 2022 and ended on 16 November 2022. We visited the location's office on 8 November 2022.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

During the inspection we contacted 16 people and spoke with 6 people and 1 relative to gather their views of the service. We also spoke with 1 local authority professional and 9 staff members, including care workers, office staff and the registered manager. We reviewed 9 care plans and six staff recruitment files. We also looked at other records relating to the management of the service, including policies and procedures, the electronic call monitoring system and the training matrix. After the inspection we continued to validate the evidence found and the provider sent us audits, electronic call monitoring records and policies and procedures.

Inadequate

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to inadequate. This meant people were not safe and were at risk of avoidable harm.

Staffing and recruitment
At our last inspection we recommended the provider consider current guidance in relation to staff receiving adequate rest breaks. The provider had made improvements.

- People did not always receive their scheduled visits as agreed in their care package.
- At the last inspection we also identified the provider was failing to effectively use their Electronic Call Monitoring (EMS) system. At this inspection we found the provider continued to fail to effectively use their EMS and take appropriate action when issues were identified.
- We reviewed the EMS for the service in the month of October 2022 and identified, staff did not always arrive on time for their agreed visits. For example, we found of the 274 calls carried out, 78 were outside of the 15-minute leeway set by the funding authority. 30 of these calls showed staff were over an hour late.
- We also identified staff did not always log out of their visits. This meant the provider could not be certain at what time they left the call and how long they remained at the visit.
- Notwithstanding the above, people we spoke with confirmed, staff were generally on time and their lateness had not negatively impacted them in any way. Comments included, "The staff always turn up on time. They [staff members] stay the right amount of time."
- We shared our concerns with the registered manager who told us, "The system is quite new to us and we have recruited two people who are monitoring the ECM." After the inspection the registered manager submitted an action plan detailing how they would address our concerns, including further guidance for staff on the use of the ECM system. We will review their progress with this stated aim at the next inspection.

We recommend the service review their electronic call monitoring systems and update their practices accordingly.

- Records relating to staff employment were not always clear. One staff member had professional references, but they repeatedly referred to the wrong gender, so we were not assured they were contemporaneous.
- Notwithstanding the above, the provider had undertaken other pre-employment checks to ensure staff's suitability for the role. For example, staff recruitment files contained photographic identification, proof of address and a Disclosure and Barring Services check. A DBS provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Assessing risk, safety monitoring and management

- People were not always protected against the risk of avoidable harm.

● Potential risks to people were not suitably assessed or recorded with a lack of guidance for staff as to how to manage potential risks. Areas of identified risk were not always translated into risk management plans and there was a lack of guidance for staff.
● One person's care record stated that they had been referred to the service following hospital admission for frequent falls. Their person-centred risk assessment then stated they were at low risk of falls. This was contrary to the information within their care plan. In addition to this, there was no moving and handling guidance for this person who required support from two care workers. We were not assured that there was suitable information for staff to ensure they were able to support the person to mobilise safely.
● After the inspection we shared our concerns with the registered manager who told us, "I do apologise, everything has been very busy. I know some of [the risk assessments] weren't acceptable."
● Immediately after the inspection the provider submitted an updated risk assessment, which had detailed guidance for staff to follow to support the person safely. The provider also submitted an action plan detailing how they will now undertake weekly risk assessment audits to address our concerns. We will review their progress with this stated aim at the next inspection.

Using medicines safely
● People's medicines were not always recorded correctly and in line with good practice.
● Medicines were not effectively administered, and we could not be assured that people received their medicines when they needed them as intended by the prescribing GP. We were not assured the provider understood the levels of medicines administration.
● MARs were not clear on when people needed their medicines. For example, for two people who both had morning medicines and the signed MAR showed they were given by the same staff member. However, the time of the medicine's administration was not recorded so it was unclear whether the person had received them on time.
● After the inspection we spoke with the provider who told us, "The information [contained in the original MAR] is correct but the handwriting doesn't make sense, we then rewrite [the MAR] so its readable."
● After the inspection the provider confirmed a new electronic system will be used to record the administration and management of medicines. We continue to review this stated aim at the next inspection.

The provider failed to deliver a safe service. These issues are a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Learning lessons when things go wrong
● The provider had failed to identify some of the issues identified during this inspection.
● Despite this, the provider was keen to learn lessons when things went wrong. After the inspection the provider sent us an action plan detailing how they would address our concerns, who would be responsible for the work being carried out and by when.
● We will continue to monitor their progress at the next inspection.

Systems and processes to safeguard people from the risk of abuse
● People were protected against the risk of abuse as staff received safeguarding training and knew how to identify, respond to and escalate suspected abuse.
● One person told us, "I can't complain, the staff make me feel safe." A staff member told us, "It's protecting them from abuse. We have a duty to report any abuse, report it to the office and if no action is taken, we report it to you (CQC) or the local authority."
● Records showed staff received training in safeguarding which was regularly refreshed to ensure staff were up to date with current 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 MCA 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 to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Records showed staff received MCA training to ensure they were up to date with current guidance.

Preventing and controlling infection
- The registered manager had arrangements in place for preventing and controlling infection.
- Staff confirmed they had access to personal protective equipment (PPE), namely masks, gloves and aprons.
- We were assured that the provider was preventing visitors from catching and spreading infections.

Requires Improvement

# 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.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People did not always receive care and support from a service that was as well-led as it could be.
- At the last inspection we identified improvements were required in relation to the oversight and monitoring of the service. At this inspection we found insufficient improvements had been made to address our concerns.
- We also identified audits failed to highlight the services Electronic Call Monitoring (ECM) systems had recorded numerous late visits, with no evidence of action being taken in response to these late visits.
- Records were not easily accessible. During the inspection we requested access to a wide range of records, however, office staff had limited access to these records. For example, original medicines administration records, some care plans and areas of the ECM system. This meant should staff require additional information; office staff would not always be able to provide them with this information unless the registered manager was present, or office staff had access to the registered managers office.
- Following the inspection, we also provided another opportunity for further information to be submitted.
- We shared our concerns with the registered manager who immediately after the inspection sent us copies of a medicines audit, and evidence of spot checks. However, further improvement is required to ensure the medicines audits are robust. The provider also informed us they were increasing their quality monitoring calls and electronic call monitoring audits from monthly to fortnightly. We will monitor this stated aim at the next inspection.

The provider failed to deliver a well-led service. These issues are a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- The registered manager had a clear understanding of their role and responsibilities under the duty of candour.
- The registered manager was aware of their responsibility in notifying the Commission of reportable incidents.

Continuous learning and improving care

- At this inspection we identified there was insufficient evidence to ensure continuous learning and improvement was embedded throughout the service.

● After the inspection we spoke with the provider who told us they were keen to develop the service and submitted an action plan to address our findings. The provider also told us they were in the process of recruiting senior management staff to aid with the development of the service and staff were due to commence their employment by April 2023.
● We will continue to monitor their progress with this stated aim at the next inspection.

Working in partnership with others
● Although people received support from a service that worked with other professional services to drive improvements, improvements were required.
● A local authority professional told us, "When service concerns are raised there have been some minor delays in receiving responses [from the provider]."
● The provider told us, "[Partnership working] gives us a lot of support when we work in partnership with others. This could be the job centre, community centres, local authority and GPs."
● Notwithstanding the above, records showed the provider was keen to ensure partnership working was embedded within the organisation to ensure positive outcomes for those using the service. We will continue to monitor their progress at the next inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People did not always have their views consistently sought. Four people we spoke with told us the service did not contact them to seek their views or request they complete a survey. However, one person told us, "The office will call me and ask how things are going and they always want to know what is going well.". This meant, further improvements needed to be made to ensure everyone using the service had their views captured.'
● We reviewed the September 2022 completed questionnaires and identified 34 people had completed the survey. The survey covered all aspects of the care and support people received, for example, being involved in decision making, staff time keeping, staff knowledge and the providers complaints procedure.
● Records showed 61% of people stated they were informed when staff were unable to attend calls on time. 95% of people stated they were involved in decisions about their care and 91% of people felt their needs were met.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● People, their relatives and staff spoke positively about the service provision and management at Aspire Care Services Limited.
● Comments received included, "The management are good people and I have no problem with them. I can talk to the [registered] manager whenever I need to" "I can contact and speak to anyone in the office" And "The [registered] manager us a very nice lady and is helpful. She will always answer my questions."
● Notwithstanding the issues found during the inspection, people and staff told us the registered manager was keen to ensure positive outcomes were sought for people and staff were kind, caring and supportive.

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<br><br>The provider failed to deliver a safe service.<br><br>Regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) 2014. |

| Regulated activity | Regulation |
|---|---|
| Personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>The provider failed to deliver a service that was well-led.<br><br>Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) 2014. |