Aspire PC Limited

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 1 May 2018 and was announced.

The service was last inspected on 13 March 2017. The overall rating after that inspection was requires improvement. A requirement notice was issued for regulation 17 good governance. The governance systems required embedding to ensure regulations were met. Following the last inspection, we asked the registered provider to complete an action plan to show what they would do and by when. The service had made improvements so that this regulation was now met.

Aspire PC Limited is a domiciliary care agency. It provides personal care for people living in their own homes. Not everyone using Aspire PC Limited receives the 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. At the time of the inspection, there was one younger adult who used the service for personal care.

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 leadership, management and staff were passionate about providing a person centred and caring culture. (Person centred means that care is tailored to meet the needs and aspirations of each person, as an individual.) The management team and staff shared the vision of the service. Staff were very committed to providing care that was centred on people's individual needs.

The relative of the person who used the service had confidence in the care delivered and told us their relative received good care and support. They told us their relative felt safe, the staff were caring, kind and respected their choices and decisions.

Care records for the person were detailed, reflected the needs of the person who used the service and had been reviewed. This included risks associated with the health, safety or wellbeing of the person.

The person who used the service was supported with their health and dietary needs, where this was part of their plan of care or in an emergency.

The person who used the service was supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The relative of the person who used the service told us when they or their relative raised any issues with staff

and managers, their concerns were listened to and acted upon.

Staff were familiar with the person's individual needs and were able to describe how they maintained people's privacy and dignity.

Staff told us they worked as part of a team. There was a regular team of care staff who knew the person they supported well. When staff were recruited, a system was in place so that the relevant information and documents were obtained. The service had systems and processes in place to provide training and supervision for staff so that they had the skills, knowledge and experience to deliver effective care and support.

Systems and processes were in place to protect people from abuse and avoidable harm, including the management of financial transactions.

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.

Systems and processes were in place to safeguard people from harm, including the recruitment of staff, assessing risks associated with the provision of care, including medicines and controlling the spread of infection.

The person who used the service received a regular team of care staff, which meant their needs were met.

Is the service effective?

Good

The service was effective.

Staff were trained to provide care and support to people who used the service and felt supported in their job role.

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.

The relative of the person who used the service spoke positively about staff and said they were kind, caring, respectful, and valued and empowered their relative in the provision of their care.

Staff were very passionate and enthusiastic about ensuring the care they provided was personalised and individualised.

Staff were respectful of people's privacy and dignity.

Is the service responsive?

Good

The service was responsive.

Care plans described how the person should be supported to

make choices about their care and support in line with their wishes.

There was a robust system in place to manage complaints and staff said they were confident complaints would be listened to and taken seriously.

Is the service well-led?

Good

The service was well-led.

The service had good leadership whose vision was to provide people with exceptional outcomes in regard to their care. Those visions and values were understood by staff and embedded in the way they delivered care.

Quality monitoring systems were used to ensure compliance with regulations and improve the service.

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 agency office took place on 1 May 2018. The registered manager was given three 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 registered 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 a relative, two staff, the registered manager and nominated individual, and a director of the company. At the office visit we also spent time looking at records, which included the person's care records, three staff records and other records relating to the management of the service, such as quality assurance.

Good

Is the service safe?

Our findings

At our last inspection on 13 March 2017, we found a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) 2014, Good governance, in regard to an effective governance system to ensure risk assessments were up to date. We issued a requirement notice requesting the registered provider comply with this regulation. During this inspection, we checked and found sufficient improvements had been made to meet the regulation.

The registered provider submitted an action plan detailing the improvements they would make to meet regulations. This included the auditing of risk assessments by the registered manager so any changes were reflected in a timely manner.

We found the action plan in practice when we checked the risk assessments in place for the person who used the service. The risk assessments had been regularly reviewed and kept up to date. The risk assessment included enabling the person to take risks to maximise their independence, in line with the service's philosophy and mission statement. 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.

When we spoke with staff, they were able to describe the risks presented by the person and their knowledge about how they minimised those risks. For example, using transport to access events in the community.

The service had procedures in place to minimise the potential risk of abuse or unsafe care.

The relative of the person who used the service told us they were confident their relative was safe with staff. They said, "I'm confident they're safe. They ring me many times during the day and I would be able to hear it in their voice. I wouldn't find out what it was, but I'd tell staff and perhaps weeks later we'll find out what was bothering them."

Records seen and staff spoken with confirmed they had received safeguarding vulnerable adults training. Staff spoken with understood their responsibility to report any concerns they may observe and keep people safe and were confident any concerns reported would be acted on. Comments included, "If there's anything I'd ring a manager and I'm 100% confident they'd deal with it."

People were protected against the risks of financial abuse. A financial protection policy was in place for staff to follow when they dealt with financial transactions on behalf of the person who used the service. Risk assessments clearly detailed the level of support each person needed to manage their finances and how their money was kept safe. Staff described how the relative of the person left money for the person each week. They said, "Finances are 'spot on'. It has to be that way. Money is kept in a locked box, in a locked safe that two staff have the code to. [Staff member] is so honest they'd rather give than take. I'd trust them with my own bank account." We found the system could be improved for the agency by describing what the money had been spent on for future reference as receipts were given to the relative. We discussed this with

the service. The relative of the person who used the service confirmed this process was in place.

The service had effective arrangements to respond to incidents, accidents, concerns and safeguarding events. The managers at the service described how they would analyse where these occurred, so that if necessary lessons were learnt and improvements were made to keep people safe. The relative of the person who used the service confirmed this. They said, "Mistakes do happen, but we learn as a team from them."

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

The relative of the person who used the service told us they received a consistent team of care staff who were reliable, turned up on time, stayed for the required time and completed all the tasks they were asked to do. We discussed with them that the small team of staff in place may impact on the care their relative required if those staff were unable to work. The relative explained they were aware of the risk, but it was more important to them and their relative that the staff member knew them well to reduce anxieties because of the introduction of new staff. We spoke with the managers at the service who were aware of the risk. They explained how they managed this, by introducing new and different staff at the times when the person did not require personal care to work alongside experienced staff members so that they have got to know the person and understand their role in providing the person's care. They said, "The office are very co-operative. For example, [relative] goes to football on a Saturday, but times for this varies and they're always accommodating. A rota gets sent and we forward plan for eventualities such as hospital appointments if I'm unable to go to."

In our discussions with staff it confirmed what the relative and the managers told us. They described how they worked very well as a staff team, communicating and working holidays and time off between them.

The service had an electronic call monitoring system in place to monitor calls to people in a structured and measured way. Staff described this as an improvement in the previous system and that the office do check if you forget to log in.

We checked systems in place for the recruitment of staff to ensure that fit and proper persons were employed. There was a recruitment and selection policy in place. No new staff had commenced employment since the last inspection; therefore, this aspect of the overall key question was not reviewed.

There was a safe handling, management and administration of medication policy in place, which identified how medicines were to be managed safely. Since the last inspection, the person who used the service had been encouraged to administer their own oral medicines. Discussions with the person's relative, managers and the person's support plan confirmed creams were applied. Records confirmed the name of the cream to be administered, where to apply, the date it was applied and the staff member's signature. The record confirmed the cream was applied as prescribed.

Staff completed training in infection control and food hygiene. This meant they were provided with information of the procedures in place for minimising the risk of infections. Staff's understanding was confirmed in discussions with them including the provision by the service of appropriate personal protective clothing such as disposable gloves and aprons. The relative of the person who used the service confirmed staff had gloves and aprons and were clean and well dressed and made sure their relative was. This meant the person who used the service and staff were protected from potential risks associated with food and infection when staff delivered personal care.

Good

Is the service effective?

Our findings

There was a holistic approach to assessing, planning and delivering care and support.

In the PIR, the registered provider explained that during the assessment process they ensured all the information was accessible to the person by asking how they would like to receive information, including using software applications. In addition, that when staff supported people with health appointments those services were also aware of the best ways to communicate with the person so that they remained as independent as possible.

The PIR described how the service believed the person was the expert on their own care needs and encouraged them to be valued and involved as much as possible in their own support package.

The PIR added that during the assessment process information was gathered, including supporting people to eat and drink enough and maintain a balanced diet.

In addition, that the service worked alongside other professionals, such as, doctors to ensure people remained healthy.

When we checked the care file of the person who used the service it confirmed information we had been told in the PIR. Assessments and other relevant documentation contained evidence that the person who used the service and their relatives had been asked for their opinions and been involved in the support planning process to make sure they could share what was important to them. This ensured staff had information about the needs of people and the service were able to confirm these could be met.

The care plan of the person who used the service confirmed their dietary needs had been assessed and any support they required with their meals documented. Discussions with the person's relative and staff confirmed whilst there was no specific dietary needs, but because of their medical condition they had soft food, cooked in a slow cooker so that it was tender, meaning they could eat their meals more easily.

When we reviewed the person's care file, we saw there was information about their medical conditions as well as their support needs. These were confirmed when we spoke with the relative of the person who used the service. They told us everything was monitored and recorded so that when they attended medical appointments they had information about their relative's conditions to hand. The relative confirmed assessments and care plans were in place and that everything was organised with any changes discussed.

In our discussions with staff, we were able to confirm how they supported people with their healthcare needs. For example, they described how a health professional attended the person to attend to a specific healthcare need and how they co-ordinated a visit to the doctor for the person because they had noticed the person was not as well as they usually were.

We checked and found staff had the skills, knowledge and experience to deliver effective care and support

to people.

The PIR explained the service believed that to ensure people can overcome barriers a committed support service is needed and to provide this they relied on the staff who worked for Aspire. To enable this staff had to complete the Care Certificate during their probation period allowing them to identify any gaps in knowledge and identify training and development needs. Through ongoing supervision and service checks, they described how they continually assessed staff to identify knowledge gaps and appropriate training.

The PIR described how the staff training matrix was updated by the service's human relations manager and monitored by the management team.

The relative of the person who used the service felt staff were well trained and competent. They said, "I'm confident they're well trained. All staff have training in autism, but it's the individual needs they need to know because everyone's different."

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

Records confirmed information in the PIR and what staff had told us.

We confirmed through discussions with staff and records that staff received regular supervision as described in the PIR. Supervisions are individual meetings staff have with a manager or senior member of staff to discuss their role, responsibilities and learning needs. Records confirmed policies, procedures and legislation were discussed during supervision, for example, reporting concerns/complaints. Also discussed was confidentiality, sickness/annual leave, standards of work, health and safety/risk issues and discussion of the importance of risk assessments and scenarios. In one supervision a staff member was asked what they would do if they were asked to dispose of a hazardous substance. Comments by staff included, "They are very open to listening to ideas and improvements."

We confirmed staff were observed whilst carrying out care for people. This included that the staff member arrived on time, were suitably dressed and had identification. In addition their work was reviewed using the Care Certificate induction standards: following the care plan and good understanding of the person's backgrounds, needs and preferences, promoting good person centred values, promoting independence and the person's self-esteem, and treating the person with respect and dignity, supporting person to make choices about their support.

The service did not carry out appraisals of staff. This 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. Discussions with managers identified this was because of feedback from staff. The registered manager told us staff had said they felt because of the managers open door policy and regular supervision they did not need an appraisal.

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 how this might impact them in their role. They showed a passion for upholding people's rights and told us they supported people to make their own decisions.

When we spoke with the relative of the person who used the service they were knowledgeable about protecting the rights of their relative and had obtained legal authority to act on their behalf should they lack capacity to make a particular decision. They were confident staff upheld their relative's rights.

Good

Is the service caring?

Our findings

We checked and found positive caring relationships were developed between both the person who used the service and their relative, with staff and managers supporting the person who used the service 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 staff working for the agency.

We found during our discussions with a relative of a person who used the service and staff, staff were familiar and knowledgeable about people's individual needs, their life history, their likes and dislikes and particular routines. Discussions with staff told us they were matched with people's interests and personalities.

The person and their relatives social needs were understood. The person who used the service was supported to maintain and develop relationships, their social networks and community. They had regular contact with their family, friends and community.

Discussions with managers and staff at the service and the relative of the person who used the service were passionate that they person who used the service was assisted to express their views so that everyone, including other stakeholders involved in their care understand their views, preferences, wishes and choices. Comments included, "The staff that go to [relative] are angels sent from above. [Relative] sees them as their friends. If I upset them, they'll ring them and tell them. It's a team and I mean it. I trust the staff. I couldn't have more trust if it was my own family. They spoil [relative] daft man, it's good care. I have so much trust I used them myself when I needed them. Trust has built up over the years. We had teething problems in the beginning, but they got worked out. I don't know what I'd do without them, they're [relative's] friends. I'm extremely pleased, but I understand they're human – we learn together."

All staff showed concern for the person's wellbeing in a caring and meaningful way when we spoke with them and they were passionate about their role of enabling the person to live a fulfilled life.

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

The relative gave examples of how staff treated their relative with dignity and respect and maintained their privacy. They told us staff involved their relative and themselves, if necessary, in making decisions about their care and support.

A human rights approach to supporting people's privacy and dignity was well embedded in the service, allowing people to have as much control as possible in their lives. For example, staff told us the person they supported did not follow what was identified as good practice in maintaining their privacy when providing personal care and support. They explained how they enabled the person to make those decisions in their

own home, but how that compromised their privacy and dignity when in public. They told us they reminded the person of this on a regular basis to enable them to maintain their privacy and dignity when out in the community. Our discussions with the person's relative confirmed this, but it was their home and their rights should be protected.

Good

Is the service responsive?

Our findings

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

The PIR described the philosophy of the agency in ensuring all its services are fully accessible to those who need them, whatever their individual circumstances. They describe how they valued diversity and strove to provide an environment in which those with whom the agency works and members of staff feel confident and secure in expressing their individuality and uniqueness, and understanding that they are valued.

For the person who used the service this meant living independently in their own flat, whilst maintaining strong links with family. The person made their own day to day decisions and choices, for example, going on outings twice weekly and choosing where they go. The PIR described how this included buses, coastal trips, football, countryside, brass bands, going out for tea, attending the pantomime, encouraging and enabling access to a day centre and work with another agency.

This was confirmed in our discussions with the relative of the person who used the service. They described how staff were knowledgeable about their relative's needs, preferences and interests, as well as their health and support needs, which enabled them to receive a personalised and responsive service.

The service's newsletter roundup for 2017/18 highlighted some events and social meetings that had taken place that were open to everyone using Aspire PC Limited such as Clifton Park socials, bowling events, Thrybergh country park social and walk, Beamish museum, seaside trips, Yorkshire Wildlife Park and Bakewell Market. Social Events of 2018 were also provided including dates, times, venues, the activity and the cost.

When we spoke with staff, they spoke with enthusiasm about supporting people to develop their confidence to try new things. The registered provider and staff were creative in enabling people to overcome any perceived limitations and live a rewarding and fulfilling life.

A personalised care plan had been developed from the knowledge gained during the assessment process prior to the person using the service and other information provided from health and social care professionals. The relative told us they and their relative were involved in monitoring, reviewing these, so they reflected their relative's current routines, likes, and dislikes, and aspirations. Some of these nuances were apparent when we looked at the care plan. The care plan covered areas such as; safety, personality, physical health, eating and drinking, environment, family, friends and community, biography, sensory impairment and spirituality. The person's preferred routine was also recorded to show how people liked things to be done, for example, how they would like to be supported with their personal care. How they were supported was described during conversations with staff. Changes to people's needs were identified promptly and were reviewed with the involvement of other health and social care professionals where required. Staff completed daily records of the care and support provided.

The daily notes we looked at were detailed and contained information such as, what activities the person

had engaged in.

Staff described how the service had changed to an electronic monitoring system, but until it was embedded they were still using a paper system alongside. They told us you accessed the information via Yammer, but only Aspire staff could access it and staff could only access personal information for the people they visited. Staff told us daily records were still paper, although the plan was also for these to move to an electronic system.

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

The PIR stated no complaints had been received about the service since the last inspection. It described how when social events are held people are encouraged to discuss various aspects of the service.

The relative of the person who used the service were confident that if they complained, they would be taken seriously, and their complaint or concern explored thoroughly and responded to in good time. They told us they felt when they had raised concerns they were dealt with in an open and transparent way, with no repercussions.

Good

Is the service well-led?

Our findings

At our last inspection on 13 March 2017, we found a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) 2014, Good governance. We issued a requirement notice requesting the registered provider comply with this regulation. During this inspection, we checked and found sufficient improvements had been made to meet the regulation.

The registered provider submitted an action plan detailing the improvements they would make to meet regulations. These included a wide range of actions including an auditable timetable, covering all aspects of regulation, including on the job supervision, regular supervision with staff, regular team meetings, yearly surveys to people, commissioners and staff and addressing complaints and compliments.

The PIR reiterated those aspects and added the monitoring of the number of visits and hours attended per week, care plans, risk assessments, social forums, and activities where people are encouraged to discuss various aspects of the service.

We were able to confirm those systems to assess and monitor the quality of the service took place. This had led to improvements throughout the key questions.

Our discussions with the relative of the person who used the service told us they were confident in the way the management team operated the service.

There was a management structure throughout the organisation and staff knew their responsibilities and lines of management. The registered manager and her staff team were experienced, knowledgeable and familiar with the needs of the people they supported. Discussion with the registered manager and staff confirmed they were clear about their role and between them provided a good service.

The most recent rating of the registered provider was displayed in accordance with guidance provided by the Commission to comply with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 on the website and in the agency office.

There was a registered manager in post at the service meaning that the registered provider had met this condition of their registration. The registered manager understood and met 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.

Discussions with staff told us managers at the service recognised and valued the work they carried out. The staff we spoke with told us they felt valued by managers at the service, where their voices were heard. Comments included, "I'm so comfortable with them because of their approach, but at the same time respect them. They're great people to work for. I've never heard one negative comment. They will always work with you, if they can."

The managers at the service were driven to improve their knowledge and practice and to ensure their learning transferred to good outcomes for people. They attended various meetings and forums to keep up to date with service developments and best practice.

The service had a Statement of Purpose, which included information required by the regulations.

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

The PIR told us how since the last inspection the Aspire Independent Support Community Interest Company had been formed: an idea from the feedback of people who used Aspire PC Limited. They described how they enjoyed social activities organised between themselves and support staff and have asked for more community activities. A conversation with officers of Rotherham Borough Council, the area where the service is provided identified there was a lack of services like this in the area. Hence, the service decided to establish two community hubs initially to meet this need focusing on people with mental health needs, learning disabilities (including Asperger's and autism), physical disabilities and those with dual diagnosis and complex needs. The aim is to create a real community hub open to everyone in that community, tackling social isolation and
engendering community spirit.

The PIR also described how the service had become a member of the Adult Voluntary Sector Consortium supported by Voluntary Action Rotherham. This meant they were part of 30+ voluntary and community sector groups and organisations with an interest in adult health and social care services. The aim of the group is to improve the quality of life of adults in Rotherham, especially disadvantaged groups. This includes, but is not exclusive to developing a unified strategic voice to influence delivery of adult health and social care services in Rotherham, act as a mechanism for two way consultation, channelling information, ideas and perspectives to and from policy makers/funders/regulatory bodies and front line health providers, exploit networking opportunities to share good practice, intelligence, knowledge and skills and identify opportunities for collaborative/partnership work.