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Aspire Support

Inspection report

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Date of inspection visit:
14 November 2016
21 November 2016

Date of publication:
28 December 2016

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

Aspire support is a small domiciliary care agency that provides personal care and support for working age adults and older people with a range of disabilities. At the time of the inspection three people received support from the service.

We gave the provider short notice of this inspection to ensure the staff we needed to speak with would be available. The inspection took place on 14 and 21 November 2016.

People were happy with the service they received and were complimentary about the staff that supported them. One person said, "They're brilliant, they're really good". A member of staff told us, it's an amazing company, I love it. I like what we do with care". We asked the provider to describe their philosophy of care and they told us, "It's about the whole person; it's not just about tasks".

The services had systems in place to ensure people were safe. Staff had been trained in safeguarding and understood what to do if they were worried or concerned about someone. Risks were managed safely and in a way that enabled people to do the things they wanted to. Medicine systems were in place. We made a recommendation that staff competency to administer medicines safely was periodically checked.

People received personal care and support in an individualised way and their privacy was protected. Staff knew people well and demonstrated a good understanding of how they wished their care to be provided.

People's needs were thoroughly assessed and care was planned and delivered to meet their needs. People and their relatives were fully involved in assessing and planning the care and support they received.

Staff were knowledgeable about their role and spoke positively about the service and the support they received.

People knew how to make a complaint and felt confident they would be listened to if they needed to raise concerns or queries. The provider sought feedback from people and changes were made if required.

There were systems in place to ensure improvements were made in regard to the safety and quality of the service provided.

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.

People were safeguarded because staff understood what to do if they were worried or concerned about somebody.

Risks to people were assessed and plans were in place to ensure people were safely able to lead independent lives.

People received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

People told us they enjoyed the meal preparation support they received.

People told us staff had the right skills and knowledge to help them.

Staff told us they were well supported by the provider.

Is the service caring?

Good ●

The service was caring.

People told us that staff were kind, caring and helpful.

Staff knew people well. They were aware of people's preferences and took an interest in them to provide person centred care.

People were supported to remain as independent as possible and develop new skills.

Is the service responsive?

Good ●

The service was responsive.

Comprehensive assessments and detailed care plans ensured people's support preferences were understood and followed by staff.

People were supported to participate in the activities they wanted to do.

There was a complaints system in place.

Is the service well-led?

The service was well led.

People liked the provider and felt their service was managed well.

Staff felt well supported by the management team and felt comfortable to raise concerns if needed and felt confident they would be listened to.

There was a positive open culture with good staff morale and people who felt involved in their care and in charge of their lives.

Good ●

Aspire Support

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 was planned to check whether the provider was 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.

This inspection was announced to make sure the staff we needed to speak with were available and took place on 14 and 21 November 2016. One inspector undertook the inspection.

Before the inspection, we reviewed the information we held about the organisation including the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed feedback from CQC questionnaires that had been sent out to community professionals prior to the inspection.

We visited one person in their own home and spoke to another person on the telephone to learn about their viewpoint of the service they received from Aspire Support. We also spoke with three members of staff and the provider.

We looked at two people's care and support records in full as well as a sample of records kept in people's homes. We also looked at records relating to how the service was managed. These included three staff recruitment records, training records, audits and quality assurance records as well as a range of the provider's policies and procedures.

Is the service safe?

Our findings

People said they felt safe. One person told us about how staff checked their home to make sure it was safe for them. They were wearing a lifeline pendant. This meant they were able to summon assistance if they needed to when staff were not with them.

Both the questionnaire responses we received from community professionals stated the service protected people from the risk of harm or abuse. Records showed staff had received training in safeguarding people. We talked with staff and they understood what to do if they were worried or concerned about someone. We talked to the provider about a safeguarding concern they had been involved in. They had acted appropriately to make sure the individual was safe including working with involved health and social care professionals. People's records reflected a person-centred, rights-based approach to safety including guidance for staff on ensuring the person's home was secure at the start and end of each day.

The provider had systems in place to identify and manage risks so that people and staff were protected from harm as far as possible. Risk assessments were undertaken before a package of care was put in place. One person had a falls risk assessment that described potential hazards such as a wet floor and items left on the floor, and provided staff with guidance on how to support the person safely. Another person had a risk assessment around using the gym. This was a very detailed, person-centred assessment that included staff guidance on each piece of equipment and how to support the person safely.

Records showed that where staff identified a risk, or where an accident or incident may have occurred, they took appropriate action including immediately reporting the concern. The provider maintained records of accidents and incidents, which were reviewed regularly to look for patterns or trends whereby action could be taken to reduce the likelihood of recurrence.

The service had a small staff team and the provider confirmed there were enough staff deployed to ensure people had continuity of staff and had their needs met in a person-centred way. People told us staff were unhurried, arrived on time and stayed for the full length of their visit. Staff confirmed this commenting, "There is no need to feel rushed and that means service users don't feel rushed".

Recruitment procedures had been followed and all the required checks had been carried out. Records contained a photograph of the staff member concerned, references, and an employment history, although some records detailed years of employment rather than month and year as required. We drew this to the provider's attention during the inspection. A check had also been made with the Disclosure and Barring Service to make sure staff were suitable to work with people in their own homes.

Systems were in place to make sure people received their medicines as prescribed. Care workers had been trained in the administration of medicines and there were care plans in place to provide staff with guidance on people's individual medicine support needs. For example, one person's medicines care plan described what medicines the person needed, how they were administered and how to support the person to remain in control of their prescribed medicines so far as possible.

People told us they received their medicines as they required. We checked a sample of medicine administration records (MAR) and found that they had been completed in full showing people had received the medicines they required.

There were pain assessment tools in place. For example, one person experienced pain and their daily records prompted staff to check for pain or discomfort at every visit. The records we reviewed showed this was being done with staff reporting how the person was feeling in general and specifically what level of pain they were experiencing. We asked this person and they confirmed staff checked how they were feeling at every visit.

Whilst staff had received training in the safe administration of medicines they had not had regular checks of their competency.

We recommend the provider develops a system to check staff on-going competence to administer medicines.

Is the service effective?

Our findings

People told us they were confident staff had the right skills to support them. One person said, "They all know what they are doing".

The provider told us they tried to think about which carers might be best matched with people and one person told us this was a good thing because, "They get to know you and all your quirky bits".

Staff told us they felt well trained to undertake their role. Staff records confirmed this showing a range of training that had been undertaken including, health and safety, first aid, safeguarding adults, food hygiene and moving and handling. The provider had a system in place to make sure they knew when staff would require refresher training. Staff were supported to get to know and understand people's needs through shadowing shifts. Staff completed records after these shifts that showed how they had understood how the person wanted or needed to be supported including where specific guidance in care plans could be located.

Staff told us they felt supported by the manager and could seek advice or guidance whenever they needed to. One said, "If I ever have a problem I go straight to [the provider]. They are always on the phone and gets back to me straight away. We are quite lucky, they are always there". Another staff member told us, "[The provider] comes out to help you if you are struggling. They are there for the clients and for the staff as well". Records showed that staff had supervision meetings with the provider, but for some staff this had not occurred regularly. The provider put a plan in place during the inspection to make sure staff received regular formal guidance and support, as well as the daily informal support they told us they received.

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 told us they made their own decisions and staff respected and acted upon them. We asked one person who was in charge of their life and they said, "Me, I make my own decisions". Staff confirmed they asked people what help or support they wanted and acted upon their decisions. One said, "We stick to what the client wants as much as we can" and another told us, "The person comes first. I ask them what they want and don't want".

Records such as care plans promoted people's rights to make choices. One person's plan said '[Person] is very independent and knows what they want to achieve'. Their plan guided staff to 'Ask [person] what they would like to wear' and, 'Ask [person] if there is any laundry to put on'.

People can only be deprived of their liberty (DoLS) to 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 and found that the provider understood when people might be at risk of being deprived of their liberty and knew what they would need to do in terms of alerting the local authority to this risk.

People received support from staff to plan and prepare snacks and meals. One person told us, "I enjoy making cakes". Staff had received training in food hygiene to ensure they understood how to safely support people to prepare snacks and meals and the provider told us, "Nutrition is an important part of what we do". One person required support to prepare their meals. Their care plan provided staff with detailed guidance about how the person liked to be supported and included their meal preferences. They were supported to plan their meals, including going shopping. The provider told us, "[The person] has full control over what they eat. They enjoy cooking. There is quite a lot of details that goes into the shopping list".

A community professional provided us with positive information about how they worked with the service. They said, 'I only work with Aspire in relation to one lady, but for that lady they consistently go above and beyond their call of duty to meet her needs and ensure she is happy with every aspect of her life. They are great at working with us in our team, and we are always kept up to date with how this lady is getting on at home'.

People mainly received support from other professionals to maintain their health. However, staff supported one person if they were unwell in the evening or at weekends. The provider also told us about another person they had recently worked with, where they had needed to work alongside healthcare professionals to ensure the person remained as well as possible. One person needed support to make sure they stayed physically strong. The provider told us, "We support [the person] to the gym to build up their core muscles".

Is the service caring?

Our findings

People told us staff were caring. One commented a staff member was, "Nice and kind" and another said, "It's more friendly and more personal".

The provider told us, "Everybody matters" and we received a range of comments from staff that evidenced the care and concern they had for people. These included: "I ask what their preferences is, everybody is different" and, "It's nice to see the difference you have made" and, "It's about the client, we want them to happy and independent".

The written feedback we received from community professionals confirmed people using the service were treated with dignity and respect. The provider told us, "You treat them how you would treat your family. It's hard to have someone come into your home and invade your privacy and your space". They also said, "They're not numbers and they're not a file. You need to know them and have an appreciation of that person". A member staff told us about how they checked with people what they wanted to happen such as closing curtains or doors and said, "I always respect their privacy and dignity".

Staff knew people well and understood how people wanted or needed to be supported. People's care plans reflected this. For example, one person told us about how they liked going to do their weekly shop. They explained how they sometimes became tired and used a wheelchair. Their care plan provided guidance for staff in checking how the person was feeling and making sure they were able to use the supermarket wheelchair when they felt they needed to.

People's records provided staff with guidance on how to promote people's independence and support them in a caring and meaningful way. For example, one person's care plan described making the bed and said, 'Please do not tuck in the covers as [person] is unable to get these untucked'. When we visited one person they told us that staff always made sure they were alright. The care worker was leaving when we arrived and they asked the person, "Is there anything else you need" before they finished their support visit.

People and their relatives were given support when making decisions about their preferences for end of life care. Staff had recently supported one person who was very unwell. Our discussions evidenced a very compassionate approach. Staff told us about how they had worked with this person. They said, "We will do whatever they need, you have to adapt on a daily basis". The provider commented on their person-centred approach saying, "You are making memories for them". They told us that working with one person who was receiving end of life care had, "Inspired me to want to do better, it's the little things, if we can help them we will". People's relatives had felt extremely supported during one person's end of life care. They wrote to the provider and said, 'Not once did they make us feel anything other than important and valued' and commented that staff, 'Offered support and friendship at a difficult time'.

Is the service responsive?

Our findings

People told us that staff responded appropriately to what they wanted or needed to happen.

Both community professionals who responded to our questionnaire felt that agency staff followed their instructions and guidance and a member of staff commented, "It's personalised care".

Before people started to receive a service the provider carried out a thorough assessment of what help and support the person wanted or needed. This enabled them to be sure their service had the right knowledge and skills to provide people with safe, effective and responsive care and support. The assessments incorporated information about the physical and practical support people needed, but also identified people's care preferences and their spiritual, cultural and social needs. The provider told us they worked with the person for the first few visits to make observations on how the individual liked things done including learning about their hobbies, goals and aspirations. The provider commented on the importance of the assessments saying, "I talk to the service user as much as possible. We like to be flexible and tailor it to what people want". One person confirmed this approach telling us, "I think it's good because [the provider] came in and did it and then wrote it all down". Staff confirmed that the detail of people's care plans supported them to understand fully how the person wanted or needed to be supported.

The detailed assessments enabled staff to develop extremely individualised plans of care in conjunction with the person and where appropriate their families. For example, one person required support with personal care. Their plan provided staff with detailed guidance on how the person wanted to be supported. The plan identified the person's strengths to ensure they remained as independent as possible. The individual confirmed this telling us, "I wash myself and they wash my hair". This person also required support to mobilise safely. Their mobility care plan was clear and provided staff with guidance such as, 'Encourage [the person] to use the rollator every time they move from one room to another, and always when out in the community'. Another person required a specific routine to maximise their independence. They gave us an example of how they needed their shoes placed so that they could reach them, and confirmed staff always did this. They said, "Little details like that make a big difference".

Where people needed additional checks to maintain their wellbeing these were in place. Staff had guidance on what they needed to be mindful of, how to record any accidents or incidents and the importance of immediately sharing information about any concerns they had. Records showed staff followed this guidance.

Staff completed detailed daily records of the support people had received. These were written in a highly individualised way and included how the person was feeling, what they had done that day and whether they had enjoyed it, and what they had eaten and drunk.

People were supported to do the activities they wanted to do. One person went to gym and on the day we visited another person, they had just returned from the bank with a member of staff. They told us how much they were looking forward to going shopping with staff the following day. They said, "I go out shopping a

lot". Records showed people were supported to investigate other activities they were interested in such as going to the library or finding out about social groups. A staff member told us how they had supported one person to visit the theatre and commented, "It's nice to be able to do activities". The provider commented on one person saying, "[The person] is getting out a lot more".

Staff understood what to do if something was unhappy or raised a concern about the service. The provider told us they had not received any complaints in 2016. A complaints procedure, which was clear and detailed, was in place and each person received a copy within the information pack provided at the beginning of the contract. Responses to surveys showed that people knew who to go to if they had a complaint. We asked if people felt confident they would be listened to if they were unhappy about something and one person said, "I am sure they would".

Is the service well-led?

Our findings

People told us they knew and liked the provider. One person said, "[The provider] is nice, helps you. Often she pops in to see how I am doing". The provider told us they got to know people at the beginning of the service to build up a rapport and put people at ease should they need to contact the office. Both people we spoke with said the service was flexible and tailored to their needs. One said the support they received was, "Very flexible, that's another thing I like". They talked about other agencies that had provided them with support in the past and said Aspire support was, "The best one for me".

People's feedback was also gathered through annual surveys. We reviewed three and found they all provided positive feedback about the service people had received. The provider also sought feedback from relatives, which was positive and included, 'Mum adores her' and, 'Exceptionally professional, honest, helpful, encouraging and friendly'.

Staff told us they felt listened to and that the provider acted upon any concerns or suggestions they made. They said they had daily contact with the provider to make sure they understood any changes to people's support needs. Staff were extremely positive about the provider and made a range of comments including, "We have got the support from [the provider], they are brilliant" and, "[The provider] is amazing. They run a well led service" and, "[The provider] is absolutely the best. I can't praise them enough".

We reviewed a recent staff meeting that showed staff were involved in the development of the service. Staff had reviewed some changes to people's documentation. The provider confirmed they had agreed with the staff suggestions and were implementing the changes.

At the time of the inspection the provider was developing a staff handbook. This contained information on staff roles and responsibilities, and key areas of practice such as the Mental Capacity Act 2005 and what dignity means for people. This was a positive reflection of the provider's values because it showed the impact of treating people with dignity and supported staff to understand what dignity looked like in practice.

Both the community professional who responded to our service stated they felt the service was well managed and continuously tried to improve the service people received. A member of staff also commented, "We are a really small company. I have never heard a bad word from people about what we do".

People's records were stored securely to protect their confidentiality. The records we looked at were up to date and provided a detailed record of the support people had received.

Daily checks of health and safety, medicines and the support people had received with their finances were completed by staff. This helped ensure people were protected from avoidable harm. The provider completed other regular checks for example, auditing people's finances and checking people's records had been accurately completed.

