

# Aspire East Support Service Care at Home Support Service

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Dalhousie Road  
Dalkeith  
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Telephone: 0131 663 7878

Type of inspection: Announced (short notice)  
Inspection completed on: 20 June 2017

**Service provided by:**

Aspire Housing & Personal  
Development Services Ltd

**Service provider number:**

SP2004004485

**Care service number:**

CS2004082137

## About the service

Aspire support a large number of people in Midlothian in its care at home service to maintain as independent a life as possible in their own home.

They were successful in getting the contract from the local authority in May 2015 to provide up to 1800 hours of care and support to people in the Dalkeith, Bonnyrigg, Rosewell and Danderhall areas of Midlothian

The service has had difficulties at different times in meeting its contract with the council for a variety of reason and the quality of service has varied throughout this period.

They work with many different health and social care professionals along with the individuals and their families to provide as flexible and responsive a service as is possible.

## What people told us

During the inspection we met with 12 people who get support and three relatives. We also spoke to three other people who use the service and four other relatives.

The following are some of their comments:

'There are lots of different carers, sometimes new carers don't shadow before visiting and I think the level of training is an issue'

'Things are terrible and getting worse ... visits supposed to be at 8 - 8.30 and sometimes 10.30/11 ... don't phone to say ..... need extra care, waited a long time .... I am in no way complaining about the carers as they are wonderful '

'Would like to know who is coming, little things not being done as support plan can make a big difference to mothers behaviour due to her dementia'

'Communication with the office at times is not good'

'The service is a bit better ... not happy with managers/office ..... don't know who is coming ... communication not good ... the office often don't phone back .... we have had a review and had the opportunity to share our concerns with Aspire'

'The care is not too bad ..... the care couldn't be better when they come ..... time should be 7.15 but sometimes come at 8.30/9 ..... very seldom phone to say running late'

'I really appreciate the care I get ... the carers are great .. I would like an earlier visit but this has not been possible'

'The support from Aspire is much better .... I have regular carers that do all that is required and are on time'

'My husband has mainly male carers and a small team which is fine for us and they are very good'

'I cant fault the carers, they become part of your life .... tend to get regular people who know what they are doing'

'The carers are very nice and I like them all'

'The girls are very good and look after me well'

and

'I wouldn't be able to be at home if it wasn't for the care I receive from Aspire'

## Self assessment

There was no Self Assessment requested for the 2017 / 2018 inspection.

## From this inspection we graded this service as:

Quality of care and support	3 - Adequate
Quality of staffing	3 - Adequate
Quality of management and leadership	3 - Adequate

## Quality of care and support

### Findings from the inspection

The majority of reviews are now up-to-date with the quality assurance officers now having time to catch-up with them. They are due to be carried out every six months. However this wasn't always clear in individual support plans and required to be.

Risk assessments varied in respect of how up-to-date the were. They are due to be reviewed annually or as changes occur/concerns are raised, but in many cases in was unclear whether a review had occurred, even if no changes were required.

Support Plans now have a new format which is being put in place in files in houses. These are being updated as reviews occur. There is still a lot of work to be done to ensure that this is fully completed but is a positive development.

Plans observed in Aspire office at the time of the inspection were inconsistent in their format,their content and how up-to-date they were.

The new format and the auditing of them on a regular basis should make a significant difference.

The number of missed visits although still occurring have shown a vast improvement from 56 in April to 13 in May of this year. The reason for this being successful recruitment and implementing new systems with the office. This should be monitored closely to ensure further improvement in this area of the service.

A new client contract is required (the previous one being outdated) and this has been identified by new managers. This should be moved forward as soon as practically possible in light of other priorities.

## Requirements

### Number of requirements: 2

1. The service provider must ensure that people using the service are receiving care that meets their assessed needs and this is provided in a consistent manner.

People should be informed of any changes to their care including timings of visits and which carers will be supporting them.

This is order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210),4 (1) (a) - a requirement to make proper provision for the health and welfare of people.

This also takes into account National Care Standards : Care at Home 4.6 - Management and staffing

Timescale : To be completed upon receipt of this report.

2. In order that service users and their carers can be confident that they receive support that properly meets their identified needs, the service requires to review all of its support plans to ensure that:

- They are in a consistent format.
- They are up-to-date in content.
- Any changes made should be made promptly in support plans and carers informed of the change at all times.
- They are clearly dated and signed as approved.
- Existing carers and new carers are aware of and have read support plans.
- Reviews on a six monthly basis are occurring.
- Support Plan audits should be carried out on a regular basis.

Clear evidence of the above points should be readily available for inspection.

This is to comply with: SSI 2011/210 Regulation 4 (1) (a) - a requirement to make proper provision for the health and welfare of people.

Timescale : To be completed upon receipt of this report.

## Recommendations

### Number of recommendations: 0

**Grade:** 3 - adequate

## Quality of staffing

### Findings from the inspection

It was apparent that there has been a high number of staff members leaving this year and retention had been an issue and induction is being reviewed along with support to new staff members.

Aspire are looking to employ someone with the focus on recruitment and selection for the organisation, with an initial focus on Midlothian. They are looking at being involved in the Health and Social Care Academy, a Job Fair, offering different types of contract, and free taster sessions on what the support role involves.

New staff members have started and others recruited which has had a positive impact on consistency for individuals. They have also had staff applying to return having left previously when service was experiencing great difficulties.

Aspire's Induction is being reviewed with the trainer to ensure it is fit for purpose and all required inputs are included and some other parts removed.

There is now a Training Matrix in place which gives a clearer view of what has been completed, when and what is outstanding.

All gaps in Moving and Handling training have been addressed and medication competency training is being updated. One of the quality assurance officers is to use her skills to provide the medication training, having completed the Train the Trainer course

Stoma Care training has now been accessed from Western General Stoma Care Nurse.- six staff having completed theory & will have practical competencies done in clients house in near future. A further three staff members have been identified as back up to the core support team and will also receive the training.

Continence Care course has also being provided but still a lot of people requiring to receive this and this requires to be an ongoing programme. It will be part of new staff induction. Aspire trainer and possibly District Nurse will hopefully be able to progress this.

Call monitoring training to be rolled out over June/ July to all office staff and carers in area being piloted by the service.

Scheduler's have now completed Medication training to give them a better awareness of the issues around this aspect of support.

New staff files have been created and they have a good format. However there are still lots of gaps within these, not all training certificates are in place and supervision contracts were seen to be out-of-date. Improvements already made should be continued and will be reviewed at the next inspection.

A lot of staff told us that things had improved in the last few months - both people within the office and carers, they really hoped that this could be sustained.

There were some concerns still about communication with office /on-call and the ongoing use of agency staff which is an aim of the service to reduce and ultimately not have to use.

## Requirements

### Number of requirements: 2

1. The provider should ensure that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of the service users.

This is order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210),15 (a) - Staffing

This also takes into account National Care Standards : Care at Home - Standard 4.2 - Management and staffing.

Timescale : To be completed upon receipt of this report.

2. The provider should ensure that persons employed in the provision of the care service receive training appropriate to the work they are to perform.

This is order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210),15 (b) (i) - Staffing

Timescale : To be completed upon receipt of this report.

## Recommendations

### Number of recommendations: 0

**Grade:** 3 - adequate

## Quality of management and leadership

### Findings from the inspection

There is a proposal for management/office restructuring. This includes Senior Scheduler and Senior Quality Assurance Officer reporting to the Manager with three schedulers and three quality assurance officers in the team. This would have a positive effect on the service and maintain support and consistency in the future.

The templating of runs has improved in many areas still an ongoing issue which is continually being worked on and will be greatly assisted by the introduction of call monitoring,

There is now better management of absences and disciplinary issues, with support from Human Resources staff member.

Call monitoring is to be put in place with a commitment from Aspire to progress with this in the near future. This is seen as crucial to ensure the ongoing stability in this service. Midlothian Council have recently produced a new framework for services and this will be a requirement of all care-at-home services.

Midlothian Council have seconded an experienced manager to Aspire plus given regular Quality Assurance input from the local authority, this is assisting in many aspects of the service. This is still to be formalised into six month secondment as the registered manager of the service.

There has been a reorganisation of the office to make it more functional. Quality Assurance officers are now at the front and readily accessible for carers while Scheduler's are in the back office, which will mean less disruption to their function - this is a positive move.

There is now a new Complaints Log in place including process and policy / suggestions and complaints forms. Internal issues were seen to be well recorded and evidence of follow-up included.

It was seen that there is now better recording of incidents showing follow actions required.

An audit folder has now been put in place. This will look at running notes, MAR sheets and also should cover Support Plans. It needs to be clear when audits are to happen, how they are to be done and who has responsibility for them.

The service was moving to have more people available for on-call and ensuring that support was available to carers interested in taking on this role. An on-call pack with all necessary information to be put in place.

Management changes have led to lack of clarity for some carers in respect of who to go to for different issues. This should be addressed by the new structure and better communication with all staff members.

We were told that communication within the office has improved but still concerns from some carers and from people who use the service and their relatives, this requires to be monitored closely.

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 1

1. It is recommended that the service develops its own action plan into an overall Improvement Plan for Aspire East - Care at Home.

This should take into account aspects of the service identified by Aspire management requiring to improve, Care Inspectorate requirements and also the detailed points contained within this report.

**Grade:** 3 - adequate

## What the service has done to meet any requirements we made at or since the last inspection

### Previous requirements

#### Requirement 1

The service provider must ensure that people who use the service are receiving care that meets their assessed needs and this is provided in a consistent manner.

People should be informed of any changes to their care including timings of visits and which carers will be supporting them.

This is order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210),4 (1) (a) - a requirement to make proper provision for the health and welfare of people.

This also takes into account National Care Standards : Care at Home 4.6 - Management and staffing

Timescale : To be completed upon receipt of this report.

**This requirement was made on 9 February 2017.**

#### Action taken on previous requirement

It is recognised by staff, people who use the service and their relatives that communications had improved in the last few months.

However several people told us of poor communication, no rota's and times of visits not being consistent.

Therefore this requirement will be carried forward in this inspection report.

#### Not met

#### Requirement 2

In order that people who use the service and their carers can be confident that they receive support that properly meets their identified needs, the service requires to review all of its support plans to ensure that:

- They are in a consistent format.
- They are up-to-date in content.
- Any changes made should be made promptly in support plans and carers informed of the change at all times.
- They are clearly dated and signed as approved.
- Existing carers and new carers are aware of and have read support plans.



- Reviews on a six monthly basis are occurring.
- Support Plan audits should be carried out on a regular basis.

Clear evidence of the above points should be readily available for inspection.

This is to comply with: SSI 2011/210 Regulation 4 (1) (a) - a requirement to make proper provision for the health and welfare of people.

Timescale : To be completed upon receipt of this report.

**This requirement was made on 9 February 2017.**

### Action taken on previous requirement

The service has made significant progress in respect to support plans but at the time of the inspection not all of them had been updated.

The format and content were much improved and the majority of reviews had now taken place.

This requirement has been partially met and will be carried forward in this inspection report.

**Not met**

## Requirement 3

The provider must ensure that there is an effective system for raising, investigating and recording complaints made about the service. Records should show how issues have been resolved in a satisfactory manner.

This record should also refer to issues the service are made aware of that have come to the attention of the Local Authority and the Care Inspectorate.

This is order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), 18. (7) - complaints

This also takes into account National Care Standards : Care at Home Standard 11.3 - Expressing your views.

Timescale : an ongoing record should be kept up-to-date and available for the Care Inspectorate to view on request.

**This requirement was made on 9 February 2017.**

### Action taken on previous requirement

The service now has an ongoing Complaints Log which was viewed at the time of the inspection.

It was seen to be of an acceptable standard.

**Met - within timescales**

## Requirement 4

The provider should ensure that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of the service users.

This is order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210),15 (a) - Staffing

This also takes into account National Care Standards : Care at Home - Standard 4.2 - Management and staffing.

Timescale : To be completed upon receipt of this report.

**This requirement was made on 9 February 2017.**

### Action taken on previous requirement

The service has made great efforts in respect of recruitment, support and training of staffing but continue to have issues in respect of having the required number of staff to provide a consistent service.

Therefore this requirement will be carried forward in this inspection report.

**Not met**

## Requirement 5

The provider should ensure that persons employed in the provision of the care service receive training appropriate to the work they are to perform.

This is order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210),15 (b) (i) - Staffing

Timescale : To commence upon receipt of this report and to be completed by 31 March 2017

**This requirement was made on 9 February 2017.**

### Action taken on previous requirement

The service has put in place a lot of training for care staff, has improved staff training records and a training matrix is now in place.

At the time of the inspection some required training was still outstanding and therefore this requirement will be carried forward in this inspection report.

**Not met**

## What the service has done to meet any recommendations we made at or since the last inspection

### Previous recommendations

#### Recommendation 1

The service provider should ensure the necessary support to all their care staff is in line with Aspire's supervision policy and records of this are available for inspection by the Care Inspectorate.

This also takes into account National Care Standards : Care at Home - Standard 4.5 - Management and staffing

**This recommendation was made on 9 February 2017.**

#### Action taken on previous recommendation

Some staff meetings, group and individual supervisions/observations have taken place and the service are looking to have a structured plan in respect of staff support.

This will be monitored at future inspections of this service.

#### Recommendation 2

The service should look at its internal and external communication processes to ensure that they are effective and meet the needs of staff, services users and their families.

National Care Standards : Care at Home : Management and Staffing : Standard 4.

**This recommendation was made on 9 February 2017.**

#### Action taken on previous recommendation

Communication has improved but still concerns from people who use the service, relatives and staff members.

This will be monitored at future inspections of this service.

## Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://www.careinspectorate.com)) for details of complaints about the service which have been upheld.

There have been no upheld complaints against this service since 3rd February 2017.

## Enforcement

No enforcement action has been taken against this care service since the last inspection.

## Inspection and grading history

Date	Type	Gradings
9 Feb 2017	Announced (short notice)	Care and support 1 - Unsatisfactory Environment Not assessed Staffing 2 - Weak Management and leadership 2 - Weak
3 Aug 2016	Announced (short notice)	Care and support 3 - Adequate Environment Not assessed Staffing 4 - Good Management and leadership 3 - Adequate
27 Jan 2016	Unannounced	Care and support 3 - Adequate Environment Not assessed Staffing 3 - Adequate Management and leadership 2 - Weak
4 Feb 2015	Unannounced	Care and support 5 - Very good Environment Not assessed Staffing 5 - Very good Management and leadership 5 - Very good
29 Aug 2013	Announced (short notice)	Care and support 4 - Good Environment Not assessed Staffing 5 - Very good Management and leadership 4 - Good
4 Sep 2012	Unannounced	Care and support 4 - Good Environment Not assessed Staffing 3 - Adequate Management and leadership 4 - Good
23 Dec 2010	Announced	Care and support 6 - Excellent Environment Not assessed

Date	Type	Gradings	
		Staffing	Not assessed
		Management and leadership	Not assessed
12 Jan 2010	Announced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	5 - Very good

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