

Aspire Central Support Services Housing Support Service

Unit 16
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Type of inspection:
Unannounced

Completed on:
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Service provided by:
Aspire Housing & Personal
Development Services Ltd

Service provider number:
SP2004004485

Service no:
CS2018366486

About the service

Aspire Central Support Services is a combined care at home and housing support service for adults and older people living in Glasgow and East Renfrewshire. The main office is situated in Coatbridge. The provider is Aspire Housing & Personal Development Services Ltd.

The service supports people living with physical disabilities, learning disabilities, mental health issues, and a range of other conditions including dementia. Support is tailored to meet people's individual needs.

At the time of inspection there were 17 people using the service.

About the inspection

This was an unannounced inspection which took place between 26 November 2024 and 5 December 2024. Three inspectors carried out the inspection. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration and complaints information, information submitted by the service, and intelligence gathered throughout the inspection year.

To inform our evaluation we:

- spoke with five people using the service and five of their relatives
- spoke with seven external professionals
- spoke with nine staff and the manager of the service
- observed practice and daily life
- reviewed documents.

Key messages

- People were supported by a staff team who were caring and reliable.
- People were supported to have positive experiences and outcomes.
- Care plans needed to be more person-centred and detailed.
- People would benefit from more frequent reviews to ensure their support was effective.
- The management team should expand and improve their quality assurance.
- The provider should develop clear guidelines for ensuring relevant reporting of incidents both internally to management and externally to other agencies.
- The provider should update their service improvement plan to reflect outcomes achieved and include the views of others.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	4 - Good
How good is our leadership?	3 - Adequate
How good is our staff team?	4 - Good
How well is our care and support planned?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

4 - Good

We evaluated this key question as good. There were several important strengths, which taken together, clearly outweighed areas for improvement.

We saw that there were encouraging, positive relationships between staff and people experiencing care. As a result, people experienced warm and compassionate care and support. This approach helped people achieve their individual outcomes.

People and their families offered positive feedback about how the service had improved their health and wellbeing. Relatives told us staff were, "brilliant at building people's confidence and promoting independence." This encouraged people to have a strong sense of their own identity and wellbeing. One person who used the service told us, "I don't know where I would be without them, I used to support people now I need the support."

Every person supported by the service had a personal plan. The plans highlighted people's health conditions and ways to meet them, often working collaboratively with external agencies and following good practice guidance. These approaches helped keep people well and ensured their health needs were being met.

However, the personal plans lacked person-centred information. There was limited reference to people's life stories, likes and dislikes, what was important to them, and what they wanted to achieve. Despite this, people told us staff helped them to achieve their planned outcomes. Although they had not seen their personal plan, one person told us, "I feel fully involved in planning my care and support." Encouragingly, we were told people often access the community visiting local shops and some people had part-time jobs. This evidenced people were involved in decision making around how they spent their time.

People should benefit from a robust medication management system that adheres to good practice guidance. We saw that some people were prompted with medication, however, there was inconsistency with record keeping. For example, staff did not always have the appropriate recording sheets, instead some staff wrote on loose pieces of paper. Management agreed that staff should have access to the correct recording sheets and spot checks would be implemented to observe how medication is managed. **(See Area for Improvement 1)**

There were people assisted with budgeting their money, however, it was not always clear if this formed part of the support plan or if this was outwith staff's remit. There needs to be clear guidance to ensure people's finances are safeguarded. Management agreed people would benefit from having a finance agreement in their support plans which clearly documented people's choices, preferences and the expectations of staff. **(See Area for Improvement 2)**

Areas for improvement

1. The service should follow good practice guidance to ensure appropriate recording of people's medication.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS; 4.11)

and

'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27).

2. The service should ensure there is clear guidance on how staff support people with budgeting and their finances.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'If I need help managing my money and personal affairs, I am able to have as much control as possible and my interests are safeguarded' (HSCS 2.5).

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

People should have confidence that the service is well led and managed. There have been changes within the management team since the last inspection and this resulted in a period of instability, with high numbers of staff vacancies and sickness. To manage staff shortages, management requested agency staff that were familiar with the service to maintain consistency for people receiving care. People told us they had established good relationships with staff and management and that communication was regular and reliable.

It is important that services have effective systems to assess and monitor the quality of service provision. This helps drive service improvement which results in better outcomes for people experiencing care. We found gaps in quality assurance where audits were not being completed within timescales. This meant the management team could not always evidence compliance or that the quality of service provided was effective for people. To ensure that people benefit from their care interventions and positive outcomes are achieved, this must be improved upon. We have made this a requirement. **(See Requirement 1)**

There was an absence of observations of practice. Infrequent assessments of staff practice through observations limited management insight into staff performance or views. Therefore, there was a risk that if poor practice occurred it would not always be identified and addressed. **(See Requirement 1)**

We found that some events had not been notified to the Care Inspectorate timeously, such as incidents and accidents, wounds, medication errors, or protection issues. Although we found that the incidents were managed appropriately, we were not always aware of important events that may have required further intervention. The management team should ensure that all notifiable events are reported to the appropriate statutory agency. This should improve transparency and promote appropriate and safe care for people. **(See Requirement 1)**

We found that not all staff had received regular supervision and there was an absence of team meetings. This meant that staff missed out on opportunities to reflect on practice and development. This could result in poor outcomes for people. We made this a requirement. **(See Requirement 2)**

Management demonstrated an understanding about what is working well and what improvements are needed. The Service Improvement plan was insightful, however, due to gaps in quality assurance, this should be updated to reflect identified areas that need improved on. The plans should also include the views of people experiencing care, relatives, staff and feedback from any other stakeholders. **This was previously an Area for Improvement which has not been fully met, therefore, this will remain in place.**

The current management demonstrated their commitment to improving the service by offering reassurance that service leads had returned from long term sickness and would be implementing supervisions as a priority. The management team now need to focus on following through, completing actions and ensuring quality assurance is more robust. This demonstrated the management capacity to improve.

Requirements

1. By 21 March 2025, the provider must ensure that people experience a service which is well led and managed, and which results in better outcomes for them.

To do this, the provider must, at a minimum:

- a) ensure the quality assurance system supports a culture of continuous improvement;
- b) ensure audits are completed with transparency and reflect relevant best practice guidance for the area being assessed;
- c) ensure recording and reporting systems are improved so these comply with their legal responsibilities; and
- d) ensure relevant and prompt notifications are submitted to the Care Inspectorate in line with its notification guidance entitled, "Records that all registered care services (except childminding) must keep and guidance on notification reporting."

This is to comply with Regulation 3 (Principles) and 4 (1) (a) and 4 (1) (d) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

2. By 21 March 2025, the provider must implement systems to assess and monitor staff competency.

To do this, the provider must, at a minimum:

a) monitor staff competence through team meetings, supervision, and observations of staff practice.

This is to comply with Regulations 4 (1) (a) and 15 (b) (ii) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I have confidence in people because they are trained, competent and skilled, and able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14)

and

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

Areas for improvement

1. Management should update their service development plan which details what the service is doing well, what areas need to be developed, and how this will be achieved. The views of service users, families, representatives, staff and stakeholders should be gathered and used to inform the plan.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I can be meaningfully involved in how the organisations that support and care for me work and develop (HSCS 4.6)

and 'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership' (HSCS 4.7).

How good is our staff team?

4 - Good

We evaluated this key question as good. There were several important strengths, which taken together, clearly outweighed areas for improvement.

People supported by the service had individual packages of care based on their needs and agreed with commissioning partners. This meant that staff teams were built around the individual to support them to meet their outcomes.

There had been staffing challenges in some of the teams which impacted on the development of a strong and stable staff team. Feedback from staff and management was that the situation was improving, with core staff now imbedded into each service. The use of temporary or agency staff was being monitored to ensure they had relevant skills to provide the required care and support. Families told us they had good relationships with the staff who knew their relatives well. We observed that staff and people had good rapport, and that people were comfortable with the staff supporting them. This meant that there was a positive and warm atmosphere within the services.

There was a wide range of training opportunities for staff to develop their knowledge and refresh their skills. However, not all staff had completed mandatory training. This meant that we could not be confident that all staff had the necessary knowledge, skills and competency to safely support people. **(See Area for Improvement 1)**

We also found appropriate reporting procedures had not been followed. This meant we were not confident that staff at all levels understood their responsibilities to report information internally or to external organisations, such as the care inspectorate, social work or other professional bodies. **(See Requirement 1 - Key Question 2 'How Good is Our Leadership')**

Robust recruitment procedures are important for ensuring people who use services are adequately protected. We saw that Safer Recruitment guidance was followed and essential checks were undertaken before employing new staff. People experiencing care should be confident that they are supported by a trusted, skilled and confident workforce. Staff arrangements were seen to support positive outcomes for people and staff were flexible in supporting each other to work as a team to benefit people.

During the inspection, we checked the registration of the staff team with the Scottish Social Services Council (SSSC). The SSSC is responsible for registering people who work in social services and regulating their education and training. This helps to raise standards of practice, strengthen and support the workforce, and increase the protection of people who use services. We found that not all workers were up-to-date with their registration fees. We highlighted this to management and this was resolved during the inspection.

Areas for improvement

1. Management should ensure all staff have completed their mandatory training.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

Person-centred planning and reviews are critical in social care demonstrating practice, inclusion and outcomes for people. Personal plans we saw held some important and relevant detail, however, lacked person-centred information. There were gaps in some personal plans with limited information on people's life stories, likes and dislikes, and what was important to them.

Those with complex needs had detailed and relevant records of care held within their home. People's personal plans were held remotely within the services electronic files. People's choices and preferences should be clearly documented. Management agreed that if people do not wish personal plans in their house, they will upload the letter electronically to evidence this. We were confident that the service would implement this.

Staff should have clear direction about the needs of the people they support. Staff told us they did not always have access to personal plans before being asked to support people they did not know. This was due to staff, on occasion, being unable to log into the electronic systems. This increased the likelihood of care and support being compromised due to the limited evaluation and assessment of risk. **(See Requirement 1)**

Risk assessments enabled people to be independent and live their lives to the best of their ability. However, some personal plans and risk assessments we saw had not been reviewed for some time. The plans required updated and further developed so they more accurately reflected people's support needs. Personal plans must be improved to ensure appropriate information is shared and the continuity of care for people being supported. People should be able to see their personal plans and be involved in the planning process. This was previously an Area for Improvement. We have now made this a requirement. **(See Requirement 1)**

Requirements

1. By 21 March 2025, the provider must ensure that people's support plans accurately reflect their current needs, choices and preferences.

To do this, the provider must, at a minimum:

- a) review people's personal plans at least once in every six-month period in line with statutory requirements. People must also see their personal plans and be involved in the planning process.

This is to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI/2011/210) Regulation 5 - Personal plans.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15)

and

'I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change' (HSCS 1.12).

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

To support people's wellbeing and inclusion, the provider should ensure every supported person has a person-centred plan which is reviewed every six months.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that:

'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

This area for improvement was made on 12 March 2024.

Action taken since then

Care plans have not all been reviewed and this resulted in plans not being up-to-date or reflecting current needs.

This is now a requirement.

Previous area for improvement 2

To support people's wellbeing and inclusion, the provider should develop an improvement plan that includes the views of people, families and staff, in addition to its existing internal and external audits.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that:

'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership' (HSCS 4.7).

This area for improvement was made on 12 March 2023.

Action taken since then

We have found that the Service Improvement plans have no completed or progress dates which reflects that outcomes have not been achieved. These should reflect service users and staff input, as well as outcomes of audits and who is responsible for the action.

This has not been fully met and we are keeping the area for improvement in place.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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