

Aspire Central Support Services Housing Support Service

Unit 16
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Type of inspection:
Announced (short notice)

Completed on:
27 March 2025

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 a short notice inspection which took place on 25, 26 and 27 March 2025. This was to review progress made with requirements given on 5 December 2024. Two inspectors from the Care Inspectorate 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 four people using the service and three of their relatives
- spoke with three external professionals
- spoke with staff and management
- observed practice
- 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.
- Support plans needed to be more person-centred and detailed.
- Support plans should include supporting documentation to ensure staff have all the information they need to look after people well.
- Financial arrangements to ensure people's money is safeguarded should improve.
- 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.

How good is our leadership?

We made a requirement for the service to monitor staff competence through team meetings, supervision and observations of staff practice. Whilst we found that sufficient progress had been made to meet this requirement, we assessed the risk of the unmet elements and made an area for improvement around the quality and frequency of observations of staff practice.

The evaluation of adequate remains unchanged, as we need to see that the progress can be sustained.

Areas for improvement

1. The service should continue to assess and monitor staff competency, through quality and frequent team meetings, supervision and observations of staff practice. Including feedback from people using the service and their families, would enhance quality assurance further.

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

'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)

and

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

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

Requirements

Requirement 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:

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

This requirement was made on 5 December 2024.

Action taken on previous requirement

We found several gaps in the service's quality management tool, including supporting documentation, which evidenced daily recordings and care plans had not been fully audited. This could lead to poor experiences for people if staff do not have all the necessary information about how to meet people's needs.

We found that daily practice around safeguarding people's money should improve. We previously made this an Area for Improvement and this remains in place. The service should ensure policy and procedures reflect what standard of practice is expected and management should have oversight of all key areas, including management of finances. This will demonstrate a culture of continuous improvement.

There were incidents that had not been recorded in line with notification guidance and therefore, not followed up appropriately. We spoke to management and suggested staff would benefit from training and guidance on Adult Support and Protection to ensure they understand the procedures for notifying relevant agencies.

This requirement was made on 5 December 2024 and has not been met.

We have extended the requirement to 30 June 2025.

Not met

Requirement 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, 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:

'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).

This requirement was made on 5 December 2024.

Action taken on previous requirement

We saw that supervisions were taking place and we found evidence that service leads were supportive in their role. There were more opportunities for staff to reflect on practice and for areas of development being discussed. We saw that training had been discussed with staff and compliance was being monitored. However, team meetings were poorly attended. This should be reflected in supervision and benefits emphasised about the importance of attending these meetings for their own development. There was evidence of some spot checks and observations of practice being carried out. To enhance the quality of these, the service could include feedback from people using the service and their families.

Whilst we found that sufficient progress had been made to meet this requirement, we assessed the risk of the unmet elements and made an area for improvement around the quality and frequency of observations of staff practice.

This requirement was made on 5 December 2024 and has been met.

Met - within timescales

Requirement 3

By 21 March 2025, the provider must ensure that people's support plans accurately reflect their current needs, choices and preferences. To achieve this, they must, at a minimum, review people's personal plans at least once in every six-month period in line with statutory requirements.

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

'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).

This requirement was made on 5 December 2024.

Action taken on previous requirement

We saw evidence from the quality management tool that suggested reviews of people's support plans were not taking place every 6 months in line with statutory requirements. We spoke to management who assured us reviews had been completed since the last inspection, however, not yet uploaded electronically.

There were gaps in people's support plans. Some people did not have supporting documentation or protocols meaning staff may not have the appropriate information to meet people's needs effectively. In the support plans we sampled, there was evidence of people's likes, dislikes and highlighting some aspects of their wishes and preferences in their one page profiles. However, not everyone had a one page profile. Those we saw did not always capture people's basic care needs or outline how support was provided.

We are confident if audits of people's support plans are carried out more effectively, we would see a significant improvement in the standard of recording and documentation.

This requirement was made on 5 December 2024 and has not been met.

We have extended the requirement to 30 June 2025.

Not met

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

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:

'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).

This area for improvement was made on 5 December 2024.

Action taken since then

The service told us they are now following NHS guidance to ensure effective recording of medication. We saw evidence of appropriate recording of medication during our visits to people's homes which was reassuring. However, we found that the medication policy needed to reflect the different procedures when prompting or administering medication to ensure correct guidance is available to staff. We saw no evidence of recording in personal support plans on what medication people were on. It is good practice to have a list of medication recorded on the system, even if only prompting is required.

We could see progress had been made with this area for improvement, however, felt management oversight of policy and procedures and an increase in the frequency of spot checks would ensure practice was being monitored.

This area for improvement was made on 5 December 2024 and remains in place.

Not met

Previous area for improvement 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:

'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).

This area for improvement was made on 5 December 2024.

Action taken since then

We saw evidence of some financial agreements, however, the documentation is only required where money is handled and the documentation should be more robust, clearly outlining the correct procedures for staff to follow in line with their own policy.

Where people are 'supported with budgeting' we did not see within people's support plans how that was achieved. The Financial policy stated money is not handled without the service user being present. However, upon reviewing daily running notes it was evident staff were handling money and had access to a bank card when not in the company of the person they were supporting. We spoke to management and they agreed this practice would stop immediately. They also agreed the policy needed to reflect contingencies and consider future planning options with people if they are unable to accompany staff to the bank or the shops.

Whilst we do not have evidence of any mishandling of people's money, this practice opens people up to exploitation and risk that staff will be accused of theft. We appreciated that during the inspection this matter was handled appropriately by the service leads. Although we also saw evidence which involved one person they support, we are not confident it is not happening in other packages within the service.

We have suggested the service revisit the financial support arrangements for all people they support to ensure staff are practicing safely and not putting anyone or themselves at risk.

This area for improvement was made on 5 December 2024 and remains in place.

Not met

Previous area for improvement 3

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:

'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).

This area for improvement was made on 5 December 2024.

Action taken since then

We reviewed the service improvement plan. The service should develop this further by ensuring the plan reflects the outcomes of the inspection. This will help establish what gaps there are, what actions are required and how progress will be achieved.

There was still several gaps within the service improvement plan including timeframes and delegating who was responsible for what tasks. There was no clear indication of how often the service improvement plan would be reviewed. We did not see how the plan was informed by feedback gained from others. Feedback should come from team meetings, surveys, spot checks and observations of staff practice. We are aware management were working towards improving this plan to make it a more insightful and effective development tool.

This area for improvement was made on 5 December 2024 and remains in place.

Not met

Previous area for improvement 4

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:

'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).

This area for improvement was made on 5 December 2024.

Action taken since then

People should be confident staff are trained and competent. We saw that compliance levels for mandatory training remained low. There should be a better oversight of staff's training needs and this should be identified during audits, supervisions, observations of practice and team meetings. Non attendance at team meetings, where this could have been discussed, were missed opportunities. Management agreed they needed better oversight of compliance and actions would be taken when staff did not comply with their duties and the expectations of them.

This area for improvement was made on 5 December 2024 and remains in place.

Not met

Complaints

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

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