

Aspire West Support Services Care at Home Support Service

Unit 16 Coatbridge Business Centre 204 Main Street Coatbridge ML5 3RB

Telephone: 07785616838

Type of inspection:

Unannounced

Completed on:

16 May 2025

Service provided by:

Aspire Housing & Personal Development Services Ltd

Service no:

CS2004082126

Service provider number:

SP2004004485



Inspection report

About the service

Aspire West Support Services Care at home provides support to people in their own homes and within the local community living in North Lanarkshire.

The head office is in Coatbridge and at the time of inspection the service was supporting 15 people.

The service provides flexible packages of care and support to meet people's needs including 24 hour care. The range of services includes: personal care and support, support with domestic tasks, and shopping.

About the inspection

This was an unannounced inspection which took place between 8.30am and 5.15pm on 14 and 15 May 2025. The inspection was carried out by one inspector from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with two relatives of people using the service
- spoke with four staff and management
- reviewed documents
- gathered email feedback from one visiting professional.

Key messages

Training statistics had improved and most staff had received a supervision, attended a team meeting and had been directly observed in practice.

The service medication policy had been updated and shared with the staff team.

The service has further improvement work required in relation to medication management, documentation and record keeping, quality assurance, and staff competency.

Improved oversight is needed for the management of significant events.

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

Requirements

Requirement 1

By 6 May 2025, the provider must ensure people are protected from harm by ensuring that all complaints and concerns raised, are reported and dealt with timeously. This includes gaining feedback from people about how satisfied they were with how their complaint or concern was dealt with.

This is to comply with Regulation 18 (2), (3), (4) and (5) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is also to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am listened to and taken seriously if I have a concern about the protection and safety of myself or others, with appropriate assessments and referrals made' (HSCS 3.22).

This requirement was made on 24 February 2025.

Action taken on previous requirement

To ensure that people knew how to raise concerns, the service had created and distributed a user friendly complaints leaflet. The service had a complaints log in place however, it did not evidence that the service had gathered feedback from people about how satisfied they were with how their complaint was dealt with. There was also no information within the log to indicate that complaints were now closed.

This requirement had not been met and we have agreed an extension until 30 August 2025.

Not met

Inspection report

Requirement 2

By 6 May 2025, the provider must ensure that people's wellbeing is supported by the safe administration of medication. To do this, the provider must:

a. ensure all staff who provide medication support have the right skills, knowledge and experience in alignment with policies and procedures

b. ensure people's medication records are accurate and reflective of the care and support they require with prescribed medication and detailed protocols provide instructions for administering 'as required' medication c. ensure medication records are quality assured on a regular basis.

This is to comply with Regulation 4(1)(a) 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 experience high quality care and support based on relevant evidence, guidance, and best practice.' (HSCS 4.11).

This requirement was made on 24 February 2025.

Action taken on previous requirement

The service had updated their medication policy and most staff were now up-to-date with their medication training. Information about people's medication needed more detail, particularly with 'as required' protocols. Medication audits were not being carried out across the service which meant that areas for improvement remained unresolved. The service had appointed a quality and governance officer who was supporting the management team with the implementation of tools to support quality assurance within this area. There was still improvement work required to ensure that information about people's medication was reflective of their needs.

This requirement had not been met and we have agreed an extension until 30 August 2025.

Not met

Requirement 3

By 6 May 2025, the provider must ensure the service is well led and managed and people receive care and support that is safe and meets their needs through robust quality assurance.

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

- a) ensure managers and senior staff have the right skills and knowledge to quality assure all aspects of care and support delivery
- b) implement, monitor and review quality assurance systems that effectively identify issues which may impact on the health, welfare and safety of people supported
- c) devise clear action plans with timescales where deficits and/or areas for improvement have been identified.

This is to comply with Regulation 4(1)(a) 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).

This requirement was made on 24 February 2025.

Action taken on previous requirement

The service had appointed a quality and governance officer who was supporting the management team with improving their quality assurance systems. Audits were now in place however, these had not been fully rolled out to ensure that all aspects of care and delivery were being effectively monitored and reviewed. The service improvement plan was also not reflective of the improvements the service were working towards which meant there was no clear indication of where the service were with their improvement journey.

This requirement had not been met and we have agreed an extension until 30 August 2025.

Not met

Requirement 4

By 6 May 2025, the provider must ensure they keep people safe from harm by following adult support and protection procedures.

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

a) ensure all significant events (that have met the threshold for adult support and protection) and related notifications and referrals have been submitted to Care Inspectorate and relevant agencies timeously.

This is to comply with Regulation 4(1)(a) 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 am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.21).

This requirement was made on 24 February 2025.

Action taken on previous requirement

The service had made improvements to their accident and incident reporting forms. All significant events that had happened were now being flagged up to the quality and governance officer. There was a plan to meet monthly to review and analyse all significant events, however, this had not happened yet. Some notifications had not been submitted within the recommended time period which meant any necessary follow ups related to these events had also not been completed timeously.

This requirement had not been met and we have agreed an extension until 30 August 2025.

Not met

Inspection report

Requirement 5

By 6 May 2025, the provider must ensure that people receive care and support that is right for them from staff with the right knowledge, skills and experience. To do this the provider must, at a minimum, monitor staff competence through training and other means such as team meetings, supervision, and observations of staff practice.

To do this, the provider should ensure the service evidences the principles of the Health and Care (Staffing) (Scotland) Act 2019, which includes ensuring the wellbeing of staff.

This is to comply with section 8(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019.

This is also 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).

This requirement was made on 24 February 2025.

Action taken on previous requirement

Training statistics within the service had improved. The manager and service lead had held several team meetings and carried out staff supervisions. Direct observations of staff practice had also been carried out for most staff. The service also had set themselves targets to ensure they were meeting with staff regularly however, this was not reflected within their service improvement plan. As this was a fairly new process, the monitoring of staff competence was not yet fully embedded and the service needed time to ensure they were in a position to achieve this.

This requirement had not been met and we have agreed an extension until 30 August 2025.

Not met

Requirement 6

By 6 May 2025, the provider must ensure that people's personal plans are up-to-date and reflective of their current health, safety and welfare care and support needs.

To achieve this the provider must, at a minimum, ensure:

- a) people's views and preferences are actively sought when planning, delivering and reviewing their care and support and people have access to their personal plan in a format of their choice
- b) people's personal plans, health assessments and any associated risk assessments are detailed, up-to date and reviewed at least every six months or if there is a significant change
- c) all written records about people's care adhere to best practice guidance
- d) personal plans and reviews are quality assured regularly and any areas for improvement are completed timeously.

This is to comply with Regulation 5 (1) and (2) 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 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).

This requirement was made on 24 February 2025.

Action taken on previous requirement

The service were in the process of updating people's personal plans and had created a new template. Quality assurance of these plans had not yet commenced which meant the service were not yet picking up on areas within their records which required improvement. The service were generating daily logs however, these were not yet being audited to ensure they were in alignment with best practice. Six monthly reviews were happening however, there was limited evidence that action plans from these meetings were being followed up.

This requirement had not been met and we have agreed an extension until 30 August 2025.

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.

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate Compass House 11 Riverside Drive Dundee DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànain eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.