

Aspire Community Benefit Society Limited

Aspire Specialised

Supported Living Service

Inspection report

The Old Vicarage
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Leeds
LS12 3LE

Tel: 07545604093

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26 January 2024

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Aspire Specialised Supported Living Service is a supported living service providing personal care to up to 15 people with learning disabilities and autism. At the time of the inspection there was 14 people using the service.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

People's experience of using this service and what we found

Right Support: People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. Medicines were managed safely. Risk assessments included detailed information about people's needs and staff were knowledgeable about how to support people safely.

Right Care: Staffing levels were sufficient to meet people's needs. However, the provider acknowledged difficulties in recruiting staff and had therefore used regular agency staff to ensure people's needs could be met. Systems were in place to safeguard people from the risk of abuse and people told us they felt safe with the staff who supported them. However, we did identify some safeguarding incidents which had not been reported to CQC. Incidents and accidents were reported, investigated and measures taken to mitigate future occurrences.

Right Culture: The provider had quality assurance and governance systems in place to assess, monitor, and improve the quality and safety of the service. We received mixed views from relatives and staff on support they received from the registered manager. Some people expressed they did not feel assured by the registered managers response in managing concerns whereas others felt very supported.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 30 June 2022).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

This report only covers our findings in relation to the Key Questions Safe and Well Led. For those key

questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Good ●</p>

Aspire Specialised Supported Living Service

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 2 inspectors and 1 regulatory co-ordinator.

Service and service type

Aspire Specialised Supported Living Service is a supported living service. This service provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. We gave the service notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the to support the

inspection.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service.

During the inspection

We spoke with 7 staff including the senior area manager, service manager and care staff. We spoke with 4 people and 3 relatives about their views of the care provided. We reviewed the care records for 3 people, medicine records, staff recruitment, records related to governance systems and processes and other documentation relevant to the running of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- At the last inspection the provider failed to ensure proper and safe management of medicines. At this inspection we found the provider had made improvements to ensure medicines were managed safely. We did identify 1 issue where 1 person's medication chart for could not be located and 1 medication chart where staff had not recorded the times of when paracetamol had been given. This was acted upon immediately by the provider and no other issues were identified on inspection.
- Medicine training and competency assessments had been completed by staff administering medicines.
- Some people needed 'as required' medicines and guidance protocols on the use of medicines to be taken only when required, were completed by staff.
- Medicine audits were effective and ensured medicines were managed safely.
- Medicines were stored correctly in a locked box in people's bedrooms.

Staffing and recruitment

- There were sufficient staff employed to ensure people's needs were being met daily.
- There were mixed responses from staff in relation to appropriate staffing levels in place. Comments included, "Yes, there is enough staff. A lot of agency staff due to staff sickness but we do use the same agency staff" and "No, I don't think there is enough staff, staff turnover is high, when staff come, they don't know how complex peoples' needs are. I think it's because staff don't know what is involved. We do use agency, but we are getting better with this."
- The senior area manager told us about the difficulties the service had in recruiting staff and having a turnover following Covid. The senior area manager said their recruitment of staff in July 2023 meant the use of agency staff had decreased. We looked at the rotas which showed agency staff were still being used however, this had reduced, and agency staff were block booked to ensure consistency.
- The provider had recruitment checks in place to ensure staff were suitable to work in a care setting. This included identity checks, previous employment, references, their right to work in the UK and checks with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Competency checks were in place for new staff starting in the service. This included, numeracy skills, literature and cooking to ensure staff had the right skills to work with people.

Assessing risk, safety monitoring and management

- Risk assessments were in place and contained the details staff needed to care for people safely. Staff we spoke with were knowledgeable about people's risks and how these should be managed. One person said,

"I am not leaving, look at it it's nice here I love it, I love my flat. My life would be different if I wasn't here, I wouldn't be happy I would be scared. I like all my staff."

- The provider ensured they took positive risks, when possible, to support people's independence. For example, they had developed a Positive Behavioural Support (PBS) plan for one person who previously required 5 staff to support them however, due to reducing restrictions in place and positive work with the staff team the person now only needed two staff for support.
- People had personal emergency evacuation plans (PEEP)'s in place with information should they need evacuating from the home. We identified one person's PEEP which needed to be updated. The staff team agreed to update this immediately.

Systems and processes to safeguard people from the risk of abuse

- There were appropriate safeguarding processes and procedures in place to protect people from the risk of abuse.
- Staff had completed safeguarding training and understood their responsibilities to protect people from possible harm or abuse.
- People and their relatives told us they felt the service was safe. One relative said, "Yes, it's safe, [Name] is in their flat. [Name] is proud of his flat. Takes pride in it. There always someone at hand I believe. If it wasn't safe and [Name] was not happy I'd have moved him."
- The registered manager kept a safeguarding log to ensure there was oversight of any concerns raised and actions taken. However, we did identify safeguarding incidents which had not been reported to CQC and this has been addressed in the well led domain.

Ensuring consent to care and treatment in line with law and guidance 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 MCA 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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Capacity assessments and best interest decisions were completed for people who lacked capacity.
- Staff understood their responsibilities under the Mental Capacity Act.
- DoLS applications to deprive people of their liberty had been properly made and authorised by the appropriate body.

Preventing and controlling infection

- We were assured people were protected by the prevention and control of infection (PPE).
- Staff were trained in preventing infection and using PPE effectively to reduce the risk of infection.
- Staff had access to PPE as required, such as, disposable gloves, and aprons.

Learning lessons when things go wrong

- Records showed accidents and incidents had been recorded appropriately.
- Incident and accidents were managed effectively with appropriate actions taken to prevent future risks

and lessons learnt. The provider analysed incidents and accidents and we were shown examples of how lessons learnt had reduced further incidents from occurring.

- Staff told us they were given debriefs after incidents to ensure their wellbeing. One staff member said, "We have had debriefs from the managers. We can go to them if we have any issues."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. The rating for this key question has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- We identified 5 safeguarding incidents which had not been reported to CQC. The service is required to inform CQC of significant incidents via statutory notifications which had not been sent. We discussed this with the senior area manager who told us they had spoken to the registered manager about what matters were reportable and would have more regular oversight of safeguarding incidents to ensure this does not happen again.

We recommend the provider ensures all safeguarding incidents are reported to CQC in line with legal requirements.

- There were effective quality assurance systems in place to ensure oversight, any shortfalls identified and actioned and to drive improvement. This included regular audits, surveys and competency assessments.
- Staff showed a good understanding of their roles and responsibilities. Staff were positive about continuous improvement and learning and spoke about their commitment to making improvements to the care people received.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider gathered feedback from people and their relatives via a survey and during annual reviews.
- Staff and management meetings were completed on a regular basis to support effective communication, share lessons learnt and practices to improve the service for people.
- We received mixed responses from staff in relation to the support from management. Comments included, "The registered manager is not very present at the service; The registered manager is not very approachable. The team leaders are amazing" and "Team leaders do a daily walk around and make sure we are ok and they are there if we need them."
- We received mixed responses from relatives about the management team. Comments included, "The managers are non-existent" and "The management is very good at telling us things and open to what we have to say."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff were committed to empowering people to be independent and promoted wellbeing. For example,

one person had been nominated for an award following positive outcomes of their care journey. They had reduced the number of staff required to support them and was now more independent in the community with less restrictions on their care.

- We observed positive relationships between staff and people. One person said, "The people in my team are lovely, gorgeous and fantastic."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

- Incident management records we looked at during this inspection, showed appropriate action was taken to ensure the quality and safety of people's care, including any additional measures when needed, to help prevent any reoccurrence.
- The duty of candour was understood and throughout our inspection everyone was honest and open.

Working in partnership with others

- The service worked together with health and social care professionals to ensure people received support to meet their needs. This was evidenced in records.