

Aspects Care Limited

Aspects Care - Grimsby

Inspection report

31 Station Avenue
New Waltham
Grimsby
DN36 4QS

Tel: 01472269209

Website: www.aspectscare.co.uk

Date of inspection visit:
06 June 2023

Date of publication:
16 June 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

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.

About the service

Aspects Care – Grimsby is a supported living service in 1 building providing care and support to younger adults, who may be living with a learning disability or autistic spectrum disorder, sensory impairment, or a physical disability. A supported living service is where people receive personal care and support to enable them to live as independently as possible. At the time of our inspection, there were 4 people using the service.

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

Right Support

Staff received training they needed to meet people's needs. Management had effective systems and processes in place to ensure oversight of the safety and quality of the service. 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; the policies and systems in the service supported this practice.

We observed people were comfortable in the company of the staff who supported them; interactions were positive and meaningful. People were encouraged and supported to be independent and to engage in tailored activities and pursue interests that were important to them. Staff spoke knowledgeably about how they ensured people received care that met their diverse needs, including protected characteristics.

Right Care

Care plans reflected the underpinning principles of Right support, right care, right culture. People received responsive, person-centred care that met their individual needs. Staff observed people's privacy, dignity and confidentiality and treated them with respect. There were enough suitably trained, recruited and supervised staff to meet people's needs. Risks to people were regularly monitored and assessed and adapted where needed. Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome.

Right Culture

A person-centred and inclusive culture was evident in the service. Staff worked well with each other and morale was good. Staff felt recognised and valued by the provider and management team. Complaints, concerns, accidents, incidents and safeguarding issues were appropriately reported, recorded and investigated. Effective governance frameworks were in place to underpin continual development of the

service and ensure people received good quality of care.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 8 April 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced inspection of this service on 17 March 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe and well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Aspects Care - Grimsby on our website at www.cqc.org.uk.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Aspects Care - Grimsby

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.

Service and service type

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

We gave the service 48 hours' 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 office to support the inspection.

Inspection activity started on 6 June 2023 and ended on 8 June 2023.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with 1 person who used the service about their experience of the care provided. Where people were unable to talk with us, we used observations to help us understand their experience of using the service. We also met with 4 staff including, care staff, team leader, registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 3 people's care records and numerous medication records. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

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

At our last inspection the provider had failed to ensure the proper and safe management of medicines. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Using medicines safely

- People's medicines were managed safely. Staff received medicines training and their practice was assessed to check they were competent to manage medicines safely.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.
- There were PRN protocols (as required) medicine guidelines in place, with personalised details of the signs the person may show, indicating when they needed PRN medicines.
- Medication Administration Records (MARs) matched the correct quantities of medicines and medicines were stored safely in line with manufacturer guidance.

At our last inspection the provider had failed to ensure effective infection control measures were in place. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Preventing and controlling infection

- Staff protected people against the risk of infection. They had received training in infection prevention and control.
- Staff were aware people were living in their own homes and could make decisions during the COVID-19 pandemic. There was a positive focus on informing people about risk, while enabling them to make their own decisions.
- The provider's infection prevention and control policy was up-to-date.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe in the company of the staff that cared for and supported them. We saw that

people were comfortable and at ease with staff. One person said, "I love it."

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. There were policies covering adult safeguarding, which were accessible and understood by staff.
- Staff had received up-to-date safeguarding training appropriate to their roles. They understood the procedures they needed to follow to make sure people were safe and told us they would report any concerns to management or external agencies if needed.

Assessing risk, safety monitoring and management

- Risk assessments were in place to help keep people safe. Risk assessments contained guidance for staff to manage the risks.
- Presenting risks were regularly reviewed to ensure people were safely supported. People were usually supported by regular staff who understood their needs and could respond swiftly as and when their needs and risks changed. One staff member said. "We are like a family and know instantly when something is not right with a service user".
- People's care records provided additional information about their health needs and how these should be managed and met. This helped staff to have a clear understanding of the impact of people's conditions and to make timely referrals when needed.

Staffing and recruitment

- There were sufficient staff deployed to keep people safe and for the level of support people required. This included one-to-one support for people to take part in activities and visits when they wanted.
- Staff knew how to take into account people's individual needs, wishes and goals. People had a consistent team of staff to support them which enabled continuity of care.
- Safe recruitment and induction training processes were in place. Appropriate recruitment checks had been carried out so suitable staff were employed.

Learning lessons when things go wrong

- There was a system in place to report incidents and record actions taken as a result. Staff knew how to report incidents and reflective meetings were held to learn from incidents.
- The management team were open and honest when things went wrong and promoted a learning culture within the service.

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. At this inspection the rating 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.

At the last inspection the provider had failed to monitor the safety and quality of the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

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

- There was a range of checks and audits to monitor the quality and safety of the service and to help drive improvements. These included checks on risks to people, care plan reviews and medicine records. Where issues were identified action was taken.
- Leadership at the service had a clear vision of how they wanted the service to run and put people at the centre of what they did.
- The registered manager had a good understanding of notifications and when to notify CQC. A notification is information about important events which the provider is required to send us by law.
- The registered manager showed a commitment to learning and making sure people received a continual improving service. Themes and trends were identified through systems currently in place.

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

- The provider had nurtured a person-centred culture in the service, where staff treated people as individuals, upholding their rights and encouraging and enabling them to live their life as they wanted.
- People were supported by staff to have access to the appropriate care that they needed, in the right location, taking into account their personal choices and preferences. People's decisions were respected and acted on.
- There was an open and inclusive approach to the running of the service. Staff morale was good, they felt recognised and supported in their role by management and were free to express opinions.
- A member of staff said, "To work somewhere this person centred is just lovely and a delight."

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

- The registered manager was committed to providing good quality care to people.
- The registered manager understood their responsibilities under the duty of candour and the requirement

to act in an open and transparent way when concerns were raised.

- The registered manager communicated all relevant incidents or concerns both internally to the provider and externally to the local authority or CQC as required by law.

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

- Staff had team meetings and one to one supervision. Staff said, "We discuss all sorts, we problem solve and [registered manager] listens."
- Systems were in place to capture people's views and feedback. A relative told us "I can always speak to [manager] and the other colleagues."
- People were able to attend residents' meetings where they discussed changes within their homes, activities, achievements, goals, as well as the menu's.
- People had regular review meetings with their staff and relevant professionals to review all areas of their support plans ensure any barriers to leading a full life were avoided.

Working in partnership with others

- The provider told us how they send out questionnaires to professionals to gather feedback on the service provided. Although, these were not often completed and returned. The provider is considering new and innovative ways to gather feedback from professionals.
- Visiting health and social care professionals told us how the provider works with them in partnership. They positively reported how the provider is proactive when sharing incidents and concerns.
- The provider worked closely with several community health and social care professionals to ensure people maintained their health and wellbeing.