Aspirations Support Bristol Limited

Aspirations Support Bristol

Inspection report

Design House
26 South View
Staple Hill
Bristol BS16 5PJ
Tel: : 0117 965 1447
Website: www.aspirations-support.co.uk

Date of inspection visit: 18 and 19 December 2014
Date of publication: 04/02/2015

Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

Aspirations Support Bristol provides domiciliary care services to people with a learning disability and, or a mental health condition, who live in their own homes, in the South Gloucestershire and Bristol area. They provide supported living support and personal care support to enable people to live independently without total reliance on parents or guardians. Aspirations Support Bristol are registered with the Care Quality Commission to provide the regulated activity Personal Care. Other services provided by the service do not come within our remit. At the time of this inspection five people were receiving personal care from the service.

There was a registered manager in post. There is a condition of registration that the regulated activity of personal care is managed by an individual who is registered with CQC as a manager. A registered manager has the legal responsibility for meeting the requirements of the law; as does the provider.

People were safe because they were looked after and supported by staff who had a real passion to ensure they were not harmed. Risk assessments and management

Summary of findings

plans were in place to reduce or eliminate any risks to people's health and welfare that had been identified. When any new risks were identified further management plans were put in place.

Staff recruitment procedures were thorough and ensured that only suitable workers were employed to look after the vulnerable adults. All staff received safeguarding adults training to ensure they were familiar with safeguarding issues and knew what to do if concerns were raised.

People were provided with the support they needed to manage their medicines. Staff received training in the safe administration of medicines and managers checked regularly to ensure they remained competent to administer medicines. Changes were needed in the way that people were supported to reorder their medicines. People were living in their own homes but the staff were following residential care home procedures. There were no risks to people however people need to be supported individually.

People received the care and support from a team of staff who had the required skills, knowledge and personality to meet their particular needs. All staff completed a programme of essential training and also 'person specific training' based upon the needs of the person they were looking after.

People were unable to give consent to the care and support they were provided with. Mental capacity assessments had been completed as part of the overall assessment process. Where decisions needed to be made by others, best interest meetings had been held with other relevant parties. Agreements were made about how people needed to be looked after and how this support was to be provided.

People were supported to eat and drink and to maintain a healthy body weight. The level of support each person needed was detailed in their plan of care. People were supported to access health care services if needed.

People were supported by an identified team of staff to ensure good working relationships were established. This ensured people were cared for consistently as the staff knew them. People were treated with kindness and respect. Staff took account of people's behaviours and used this as feedback and 'having a say' about how their care needs were to be met. People's preferences and choices were respected.

The service was well-led and people, their families, guardians and others involved in their care were encouraged to provide feedback. The quality and safety of the service was regularly monitored and used to make improvements. The registered manager has an action plan in place to further drive improvements.

Summary of findings

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.

People were supported by staff who would protect them from coming to harm. Staff had a good awareness of safeguarding issues and their responsibilities. Safe recruitment procedures were followed to ensure that unsuitable staff were not employed to look after vulnerable adults.

Any risks to people's health and welfare were identified as part of the overall assessment process. To ensure people were looked after safely staff were provided with guidance about how to keep people safe.

People were supported by a team of staff who were able to meet their particular care and support needs. Where people were assessed as needing support with their medicines, this was done safely. However the policy and procedures need to be reviewed and be in line with a community based service.

Is the service effective?

Good

The service was effective.

People could not tell us about the staff who supported them but staff said they received the appropriate training and support to enable them to do their job. Staff received all essential training plus other relevant training that met people's specific and complex care needs.

Staff gained consent from the people they were supporting before undertaking any tasks with them. The staff ensured that people's rights were protected. A person's ability to give consent was assessed as part of the overall assessment process. Where people lacked consent, best interest decisions were agreed between all relevant parties.

People were provided with the level of support they needed to eat and drink and maintain a balanced and healthy diet. The support people required was detailed in their care plans.

People were supported where necessary, to access the health care services they needed. Staff attended regular meetings with health and social care professionals to ensure the service provided remained effective.

Is the service caring?

Good

The service was caring.

Although people could not tell us whether the staff were kind and caring towards them and treated them well, it was evident that there were good working relationships between them and the staff. Staff we met were polite and courteous and spoke nicely about the person they were supporting. Staff were selected to work with a person based on their skills and personality in order to enhance positive outcomes.

People received their support in the way they wanted and adjusted how they worked with them dependent upon how they were feeling. The care and support provided was regularly reviewed and adjusted as and when required.

Summary of findings

Is the service responsive?

Good

The service was responsive.

Each person being supported was provided with a service that met their needs and wishes. Assessments and support plans were person- centred and based upon a person's needs. The plans provided specific details about the support that had been agreed and how this was to be provided.

Although people were unable to give verbal feedback about the service they received, staff responded to people's body language how people behaved to ensure they looked after them in a way that satisfied that person. Feedback from others who advocated on behalf of people was acted upon.

Is the service well-led?

Good

The service was well-led.

Staff and relatives were complimentary about the registered manager and all the staff. The service was managed well and all office based staff were approachable and knowledgeable about people's care packages.

Each person could expect to be provided with a high quality care service and staff demonstrated a real passion to support people to live in their own homes. People's views, sought in a variety of ways were listened to and where changes were needed, action was taken.

Measures to monitor the quality of the service and plan improvements were used to ensure they always got it right. Learning took place following any accidents, incidents or complaints to prevent reoccurrences.

Aspirations Support Bristol

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

The last inspection of Aspirations Support Bristol was completed on 9 December 2013. At that time we found there were no breaches in regulations.

The inspection took place on 18 and 19 December 2014 and was announced. Forty-eight hours' notice of the inspection was given to ensure that the people we needed to speak with were available. The inspection was undertaken by one inspector.

Prior to the inspection we looked at all the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. Before the inspection, the provider completed a Provider Information Record (PIR). This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

We contacted four social care professionals prior to our inspection and asked them to give us an overview of the service from their perspective. We invited them to tell us about positive and negative experiences in relation to the service and how it was meeting the needs of people. We only received one response from a professional.

During the inspection we met with two of the five people who received a service: because of their communication difficulties they were unable to tell us about the support they received. We spoke with two relatives, 13 staff from the care team and the registered manager.

We looked at five people's records, five staff recruitment files and training records and other records relating to the running of the service.

Good

Is the service safe?

Our findings

People who used Aspirations were not able to tell us whether the service was safe. The relative we spoke with said "I am totally assured that she is well looked after and the staff treat her well. I have no concerns that she is not safe. I know the staff look out for her".

All staff received safeguarding training and understood their responsibilities for safeguarding the people they supported. Staff knew what constituted abuse and had a clear understanding of safeguarding issues and reporting protocols. They knew what to do if they had any concerns about a person's safety. Any concerns would be reported to the registered manager or any of the other senior managers within the office or person-specific staff teams. If concerns became apparent at the weekends or outside of office hours there was always an on-call senior person available. We looked at the records kept of any safeguarding alerts that had been raised with the local authority. Since 1 April 2014 one alert had been raised by Aspirations staff and one alert had been raised by day services staff, in respect of one individual. Records detailed the actions taken by Aspirations to investigate the concerns and to safeguard the person from further harm.

Aspirations had a safeguarding adults policy and this had last been reviewed in August 2014. Despite the review the policy referred to the incorrect legislation (it referred to the Care Standards Act 2000 which was replaced by the Health & Social Care Act 2008, in 2010) The whistle blowing policy contained details of who to report any concerns to, outside of the service. All staff we spoke with were fully aware of both policies and knew they could report directly to the police, the local authority safeguarding team (Bristol or South Gloucestershire) or the Care Quality Commission.

All staff (care staff team leaders and team managers) completed an e-learning safeguarding adults training programme as part of their induction training and also a regular refresher. Two of the office based managers had attended a 'Prevention of Institutional Abuse' training course with South Gloucestershire Council in the summer 2014 and the registered manager explained it was their aim for all team managers, team leaders and senior care staff to complete this safeguarding training as well.

Since the start of 2014, seven safeguarding concerns had been reported to the local authority and the Care Quality Commission but only one of them was in respect of a person who received 'personal care' support from Aspirations Support. The other six people received supported living, domestic and tenancy support. It was evident that the service took the appropriate measures to safeguard people and followed agreed reporting protocols.

Any risks to people receiving support were identified as part of the assessment process but this did not currently include an environmental risk assessment of the person's home. This was discussed with the registered manager who gave assurances that this would be addressed and these would incorporated into the assessment and review processes. Staff reported any safety concerns in people's home so that the appropriate action could be taken and recorded any accidents or incidents that occurred.

The assessment process identified specific risks for people and plans were devised to reduce or eliminate that risk. For one person management plans were in place to manage the risk of the person leaving their home unsupported, being out in the community, travelling in a car and managing behaviours. For another person risk assessments had been completed in respects of the daily living activities they liked to take part in.

Safe recruitment procedures were always followed before any new staff were employed to work with people. We checked a sample of staff personnel files: each contained an application form, two written references (work related or character references), an interview assessment and a Disclosure and Barring Service (DBS) check. The DBS check was missing from one file but was located during the inspection. These measures ensured that only suitable staff were employed.

Aspirations Support had put together a business continuity plan and this was last updated in November 2014. The plan outlined the actions if there was an interruption in normal business activities. The plan detailed the arrangements in case of environmental events, severe adverse weather conditions, the loss of data due to IT failure and staff shortages.

Specific staff teams were employed to look after people. Of the five people supported with personal care tasks four of them were supported 24 hours per day, seven days a week. One person had a team of 20 staff to support them: the team was led by a team leader and a team manager. Two other people who lived together in the same property were

Good

Is the service safe?

supported by a team of 15 staff. A healthcare professional told us "The numbers of staff who look after X each shift are as agreed in the care plan". Requests to support new people would only taken on when there was staff availability to meet their needs. There were sufficient numbers of care and support staff to meet people's needs safely. Where people needed one, two or three staff to meet their specific needs, these arrangements were always adhered to.

People were protected against the risks associated with medicines because there were appropriate arrangements in place to ensure they received their medicines safely. As part of the assessment process it was determined what level of support the person needed in relation to the safe management of their medicines. Care staff received safe medicine administration training prior to being able to support people with their medicines and then had competency assessments to ensure they were safe. Staff we spoke with confirmed that training and competency assessments were carried out. Where appropriate care staff were provided with information about the medicines the person was taking and how the medicine had to be administered. This information was recorded in the care plan and staff completed a medicine administration record after they had administered the medicine. Where people needed to be administered rescue medicines (following a seizure), staff had received specific training and protocols were in place stating when and how the medicine was to be administered.

The medicines policy we looked at was care home focussed and did not reflect the service provided by Aspirations Support staff. The arrangements in place to support people to re-order their medicines did not support the ethos that staff were supporting people to live independently within the community. New prescriptions for medicines were delivered to the Aspirations offices. The registered manager explained this was done in order to check the medicines provided were correct. Medicines should be delivered direct to the person whose property the medicines are, or collected by care staff from the pharmacy on behalf of them.

We recommend that there be a high level review of the way in which medicines were managed for the people they support.

Good

Is the service effective?

Our findings

People we visited were unable to tell us about the service they received but relatives said "The staff support them to live in their own homes" and "I was involved in agreeing what was needed for them, and it is all working very well. It was hard for me to let go (of the caring role) and let others take over".

People were looked after by staff who were familiar with their needs. The staff teams for three of the people were knowledgeable about the person's specific care needs, the way they liked things to be done and their preferred daily routines. Care staff, team leaders and team managers understood the complexities and requirements of the care package they were involved in. At the time of our inspection four people were supported with care packages that covered 24 hours per day, seven days a week (24/7) and the fifth person received an hour support each day. Because of this high level of need and the fact that continuous support was provided, missed visits and the timings of calls was not an issue.

People were supported by staff who were appropriately trained. New staff received an induction training programme when they first started working for Aspirations. The programme was in line with the Skills for Care common induction standards and included the role of the health and social care worker, person-centred care, communication and effective recording. Staff told us training prepared them for the job they had to do. Further training was arranged for staff to ensure their work practice remained up to date and their skills were in line with current best practice. Training records were maintained and showed a range of training had been delivered. Some of the training was mandatory for example, care of medicines, safeguarding, Mental Capacity Act 2005 (MCA) and basic first aid. The teams of staff who supported an individual also received specific training that was relevant to that person's needs. Examples of this training includes autism awareness, administration of specific medicines (rescue medicines following a seizure), mental health awareness and management of violence and aggression training.

Of the full Aspirations Support Bristol staff team, 38% of the team had completed diplomas in health and social care and two staff were working towards their qualifications. The remaining staff were awaiting enrolment for diploma training or had a degree level qualification.

Staff said they were well supported, not only by the registered manager and their team manager but by other managers and office based staff. They attended regular team meetings and had an individual supervision meeting with their line manager.

The ability for people to consent to care and support was determined before starting to provide a service. Where people lacked the capacity to consent the registered manager and senior staff followed the MCA code of practice to protect people's human rights. The MCA sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected. The people who were supported by Aspirations lacked the capacity to make day to day decisions and records evidenced best interest meetings involving health and social professionals who knew the person well, and parents or guardians had been held.

The level of support a person required to eat and drink enough to maintain good health was assessed and detailed in their care plan. The assessment also took account of the level of support people required to prepare meals and drinks. Staff told us that one person had significant issues with food and the staff team worked together to encourage the person to eat healthily. The staff worked closely with the dietician and healthcare professionals where people were at risk of choking to ensure that food provided was of the right consistency. Staff knew to report any concerns they had about people's eating and drinking to the registered manager and healthcare professionals. We heard one of the staff teams discussing their concerns with the registered manager regarding one person's dietary intake and weight loss. Staff were suggesting ways in which they could meet the person's needs in a different way.

People were registered with their local GP surgery and staff would support them to attend any doctor appointments or other healthcare appointments. Where people were supported by other health and social care professionals, the staff team worked alongside them to make sure people

Good

Is the service effective?

were well looked after. The staff team supporting one person met regularly with relevant health and social care professionals where progress and the person's mental health status was being closely monitored.

Good

Is the service caring?

Our findings

Those people we saw during the inspection were unable to tell us verbally whether they were well cared for but their body language, facial expressions and behaviour suggested they felt relaxed and were content. People supported by the service were treated as individuals. Staff were trained to treat people with respect and dignity at all times.

People were not able to tell us about the care and support they received. We spent a period of time watching the interactions between one person and the staff who were supporting them. The care staff were kind, attentive and calm in their approach. The staff were engaged with the person.

People and their families or guardians, plus relevant health or social care professionals were involved in the assessment process and the setting up of the service to meet the person's individual needs. The person had a say in how they wanted to be looked after through their 'advocate' who knew best how to look after them. An advocate is someone who is allocated to work with a person to ensure their rights, views and preferences are listened to, when health or social care professionals and family members are making decisions about their life. The care package provided to each person was based upon their specific identified needs and was person-centred. Service planning took account of the person's day care activities, social outings, appointments and any risks when out in the community.

From speaking with care staff, team leaders and team managers it was evident they had positive working relationships with the people they supported. Staff spoke respectively about the people they supported and fully understood the need for good working communication with the other members of the staff team. Staff knew the people they were looking after very well and genuinely cared for them.

The service provided to each person was person-centred and based upon their specific needs. Those people who were fully supported by a staff team 24/7 respected the views of the person receiving the service and adapted the care and support provided based upon what the person wanted. For each of the five people supported their family, guardians and other health or social care representatives advocated on their behalf and were involved in planning the way the service was provided.

Good

Is the service responsive?

Our findings

Each person supported by Aspirations received a service that was based upon their individual care and support needs. People (and their families or guardians) were given a copy of the service user guide. This provided details about the staff team, the management team and the range and level of the support they could provide. The guide also made reference to their complaints procedure and stated that everyone had the right to make a complaint if there was something they were not happy with about their service. We were not able to ask people whether they felt they were listened to if they were unhappy about any aspect of their service. Relatives told us there was regular contact with the staff and managers and they felt able to raise any concerns they had and were listened to.

Staff who supported people on a 24/7 basis told us the way they responded to each person was very much led by the way the person was behaving during that shift. An example of this was one person whose day-night time routines were on occasions reversed: staff adjusted the support they provided according to the needs the person was presenting.

Staff supported people to access community facilities, to attend day care services and to participate in social activities of their choice. Staff supported people with their daily routines that worked best with the person in order to enhance their lives and not cause anxiety. Staff were aware of the need to stick to routines that were acceptable to the person.

We looked at the care records that were kept in the main office and some of the records kept in one person's home.

An assessment of each person's support needs had been carried out and formed the basis of their support plan. The plans were well written and informative. Each person supported by Aspirations had very complex care needs and their support plans detailed how any specific care had been agreed to be provided.

Each care package was kept under constant review to ensure that the person continually received a service that met their needs. For one person there had been a transition plan in place and Aspirations staff had worked alongside staff from the person's previous placement to enable a smooth transfer to take place. This process enabled Aspirations to employ members of staff who had the required personal qualities and work experience to support that person. The package of care was reviewed very regularly with meetings being held with the specific staff team, the family and relevant healthcare professionals. Regular staff meetings were also held for two other people supported by a team of staff: they used these meetings to exchange information and ideas to resolve any problems. We attended one of these meetings and it was good to hear staff coming up with solutions to problem areas, for example altering the timings of meals to before an outing in order to support that person to eat sufficiently.

Relatives told us their family member received the service that had been agreed at the start or had been changed during a care review. One relative said "They get all the help and attention they need. The staff are very attentive to their needs and provide all the support needed". Another relative said "I am fully involved in the on-going support needed, but the care and support provided is very much based upon their needs".

Good

Is the service well-led?

Our findings

People who used the service were unable to tell us their views about the service but the relatives said "The staff team are looking after them very well and everything is very well organised" and "The care and support provided is exactly what we agreed upon. The service is good and we have good communication with the staff".

Staff said there was good communication both between the groups of staff who supported specific people, the team leaders and the team manager, but also the office based managers and the registered manager.

The registered provider was based in the office along with the registered manager, a senior manager (incorporating training and quality assurance), team managers and team leaders. The day to day service provision was overseen by the team managers and team leaders who each had an excellent knowledge of people's needs and requirements. Both team managers and team leaders covered shifts alongside other members of the staff team and this enabled them to retain a good oversight of the complex packages of care.

Out of office hours there was an on-call system for management support and advice. Staff said the arrangements worked well. The on-call cover was shared between a number of key senior staff. We found there was a good level of management support to enable the service to be run well.

Staff said they were asked for their opinions and views about peoples care packages and that they were listened to and their views were valued. Staff said there was a whistle blowing policy and there was an expectation that they would report any bad practice.

Staff meetings with the different staff teams(for different people who were supported by Aspirations) were held, therefore discussions were held regularly that were specific to that person. We sat in on one such meeting during our inspection. Staff feedback how things were going and made some suggestions about how they could improve the person's food intake. It was evident that staff were listened to and any suggestions they made about how best to work was acted upon.

The registered manager shared the visions and values of the service. These were that all people would be provided with the highest quality care and all staff should be aware of this vision and ensure it is central to their working practice. Our discussion and observations made during the inspection concluded there was a real commitment by all staff to achieve this. Information provided by the registered manager included details about the clear lines of accountability for other managers in specific areas as well as a team working approach to various tasks and projects. They told us that communication was key to ensuring that the service was well run and met people's needs.

The registered manager had a number of different approaches to assess the quality of service provision. Checks of staff work performance were made as team leaders, team managers and senior staff worked alongside care staff. Feedback from relatives or families, guardians and health or social care professionals was sought at regular intervals to ensure the service provision met people's expectations. Quarterly telephone monitoring calls were made to one person supported whilst for others there were more frequent face to face meetings with relevant parties.

The registered manager explained they would analyse any accidents or incidents and any complaints made in order to review how they were doing things and to make changes where needed. The registered manager and other key staff met regularly with the provider and these items were a standard agenda item and actions taken were recorded.

The Care Quality Commission has not received any information of concerns regarding this service. The service had dealt with one formal written complaint in the last 12 months and records evidenced the action that had been taken. Appropriate action had been taken as a result of the complaint. We looked at the complaints procedure, This contained details about the local authority and the Care Quality Commission but did not contain the contact details for the Local Authority Ombudsman.

The registered manager was in the process of completing quality assurance reviews on all parts of their service and the report of one such review was shared with us. This review had looked at how the service met each of the five questions that form the basis of our inspections. Where shortfalls had been identified there was a clear plan of improvements with any actions already taken being

Good

Is the service well-led?

recorded. One example was recognition that additional communication training was required for one staff team and this had already been arranged for January/February 2015.

The registered manager was aware when notifications had to be sent in to CQC although we had a discussion about these only being required where the service was in respect of people who received 'personal care' support. These notifications would tell us about any events that had happened in the service. We use this information to monitor the service and to check how any events had been handled. Since the beginning of 2014 the registered manager had only needed to send in notifications in respect of safeguarding concerns and had not needed to notify CQC of any other events.