Aspire Healthcare Limited

Aspire Supported Living

Inspection report

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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

This was an announced inspection which took place over two days, 12 and 13 August 2015. The last inspection took place in April 2013. At that time, the service was meeting the regulations in force at the time.

Aspire Supported Living is registered with the Care Quality Commission for the regulated activity of personal care. It provides a domiciliary service to 18 people who live in their own homes across the Northumberland, North Tyneside and Gateshead areas. The people who use the service have a learning disability and mental health needs, particularly around managing their behaviours.

Aspire Supported Living has had a registered manager since November 2012. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

Summary of findings

'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found that people's care was delivered safely and in a way of their choosing. They were supported in a manner that reflected their wishes and supported them to remain as independent as possible. Staff worked with other care professionals when 'best interest' decisions had to be made on behalf of people using the service.

People's medicines were managed well. People were supported to manage their own medicines if they wished with staff support.

Staff felt they were well trained and encouraged to look for ways to improve their work. Staff felt valued and this was reflected in the way they talked about the service, their local managers and the people they worked with.

People who used the service were happy with the way the staff supported them. They felt they knew each other well and that staff were caring and interested in their wellbeing.

There were high levels of contact between the staff and people using the service. Staff sought feedback and offered support as people's needs changed. People felt able to raise any questions or concerns and said these would be acted upon.

When people's needs changed staff took action, seeking external professional help and incorporating any changes into care plans and their working practices. Staff worked to support people's long term relationships and kept them involved in activities that mattered to them, or develop new interests. External professionals thought that staff were open and transparent with them about issues and sought their advice and input regularly.

The local managers were seen as good leaders, by both staff and people using the service. They were trusted and had created a strong sense of commitment to meeting people's diverse needs and supporting staff.

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. Staff knew how to work to keep people safe and prevent harm from occurring. The staff were confident they could raise any concerns about potential abuse or harm, and that these would be addressed to ensure people were protected from harm. People in the service felt safe and able to raise any concerns.

The staffing was organised to ensure people received appropriate support to meet their needs. Recruitment records demonstrated systems were in place to ensure staff were suitable to work with vulnerable people.

People's medicines were managed well. Most people were encouraged to manage their own medications with staff support.

Is the service effective?

Good

The service was effective. Staff received on-going support to ensure they carried out their role effectively. Formal induction and supervision processes were in place to enable staff to receive feedback on their performance and identify further training needs.

Arrangements were in place to request support from health and social care services to help keep people well. External professionals' advice was sought when needed.

Staff had an awareness and knowledge of the Mental Capacity Act 2005, which meant they could support people to make choices and decisions where they did not have capacity, or had fluctuating capacity.

Is the service caring?

Good

The service was caring. People could make choices about how they wanted to be supported and staff listened to what they had to say and this was reflected in their care plans.

People were treated with respect. Staff understood how to provide care in a dignified manner and respected people's right to privacy and choice.

The staff knew the care and support needs of people well and took an interest in people to provide individualised care.

Is the service responsive?

Good

The service was responsive. People had their needs assessed by the multi-agency team so staff knew how to support people in a caring and sensitive manner. The care records showed that changes were made in response to requests from people using the service and following advice from external professionals.

People could raise any concerns and felt confident these would be addressed promptly through regular meetings with the local managers.

Summary of findings

Is the service well-led?

Good

The service was well led. There were systems in place to make sure the staff learnt from events such as accidents and incidents. This helped to reduce the risks to the people who used the service and helped the service to improve and develop.

People were able to comment on the service provided to influence service delivery.

The people and staff we spoke with all felt the local managers were caring, approachable and person centred in their approach.

Aspire Supported Living

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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 12 and 13 August 2015 and was announced. We gave the service 48 hours' notice as it is a domiciliary service and we needed to be sure people would be available. The visit was undertaken by an adult social care inspector.

Before the inspection we reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We also contacted commissioners of the service for any feedback.

During the visit we spoke with seven staff including the registered manager, and four people who used the service. We spoke with two external social care professionals who had regular contact with the service. We visited, with consent, one house where two people who used the service lived.

Five care records were reviewed as was the staff training planner. We also reviewed four staff recruitment/induction/supervision and training files, and staff meeting minutes. The registered manager's action planning process was reviewed and discussed with them as was learning from accidents and incidents.

Good

Is the service safe?

Our findings

People told us they felt safe and secure with the staff support from the service. One person told us, "If it wasn't for staff I wouldn't be safe." Other comments included "All safe" and "I like staff; they take me out and keep me safe." when we asked them if they felt safe. Staff we spoke with told us they had attended safeguarding adults training, and were aware of the risks people's behaviour may pose to the public.

They knew peoples background and history well and had developed comprehensive risk assessments to identify possible risk areas. For example we talked to staff about how they supported people in public places. Staff told us they supported people discreetly to protect their privacy, whilst also ensuring that agreed levels of monitoring were in place.

We saw that people were living in their own tenancies, with Aspire Supported Living supporting them to live independent lives. Staff we spoke with told us how they recognised this important principle. One staff member told us "This is their home, we visit to help them, we support them to stay safe, but that doesn't mean we control their lives." All the staff we spoke with were very clear about how they respected people's rights and choices, but recognised there were risk assessments and care plans to protect people and the community which needed to be followed. External professionals we spoke with supported this as they visited regularly, checking that people remained happy with their care and were consenting to the support arrangements. People we spoke with confirmed this. One person told us "Staff respect me, I have choices I didn't have in hospital."

The local managers of the services in Northumberland and North Tyneside told us they liaised with the landlords of the properties to ensure that any repairs were resolved and that the tenancies were safe places. One property had adaptations made to the bathroom and toilet for one person's changing needs. Staff undertook regular checks in the tenancies to make sure they were safe.

We saw that people had risk assessments in place and contingency plans for potential emergencies that may arise. We saw that there were contact numbers for lone working staff to call for advice and support and staff we spoke with told us they felt that emergency plans were robust.

We saw that people were supported to maintain their personal care. People's care plans detailed the level of support that was required, and most people needed encouragement and monitoring to maintain their personal hygiene. Staff told us that one person needed increasing support to maintain their personal hygiene as their needs were changing, but how they supported the person to remain as independent as possible.

We spoke with the two local managers of the service and they told us how they supported the staff with formal supervisions as well as regular day to day contact. This was usually face to face as well as via phone. Staff told us that if they had any concerns they felt able to raise these and that they would be responded to positively by the local managers. One staff member told us "Working alone at night isn't a problem; I know that there is someone I can call if I need help." Staff told us they had contact numbers for senior staff and other members of the team they could call on if an emergency was to arise. People and staff told us they felt there were adequate staff to meet people's needs.

Most people had one to one staff support during the day, and this had been agreed through risk assessments via the commissioners of the service. We saw that these were reviewed regularly and that if there were incidents the local managers would review if additional staff were needed. We saw that risk assessments detailed how best to spot peoples 'triggers' as well as identify how best to de-escalate or manage any behaviours. External professionals told us they helped to review these plans alongside the staff and people using the service. External professionals told us that regular reviews checked that staff had been following the agreed plans, and ensured a consistent approach. The local managers told us part of their role was to ensure that staff learnt from any incidents and these were discussed before making changes to behaviour support plans.

We looked at staff recruitment files and saw that before staff were confirmed in post the registered manager ensured an application form (with a detailed employment history) was completed. Other checks were carried out, including the receipt of employment references and a

Good

Is the service safe?

Disclosure and Barring Service (DBS) check. A DBS check provides information to employers about an employee's criminal record and confirms if staff have been barred from working with vulnerable adults and children. This helps support safe recruitment decisions.

We saw that people were supported with their medicines. People were supported to self-medicate and appropriate risk assessments had been completed which were regularly reviewed. One person managed their medicines via a 'dosette box' from the pharmacy which assisted them in ensuring that regular medications were taken on time. Staff told us they encouraged and supported this person with prompts to take regular medicines. One person told us "They (staff) remind me when I need to take my tablets, otherwise I forget sometimes." We saw that records told staff what medications people received and these were updated when changes were made by external healthcare professionals.

Staff and people told us they worked together to maintain the tenancies, keeping them clean, well decorated and to develop the gardens and outside areas.

Good

Is the service effective?

Our findings

The service was effective at meeting people's needs. We saw that staff and the local managers worked well together, sharing knowledge and skills of working with the people they supported so that the service was consistent. People told us the service they received meant they could remain living in the community, which was not possible without their support. One person told us "If it wasn't for the staff input, I wouldn't be here today." Staff told us how they went through a period of induction and introduction to individual people they would support. They attended the provider's key training, read peoples histories and care plans and had the opportunity to shadow existing staff before they worked alone. One local manager told us how they checked that staff understood the risks, how to manage these and observed their practice, before they allowed them to work alone.

We saw that staff had regular supervisions and an annual appraisal with the local managers. Staff told us they found these useful and valued the feedback they received. This included feedback from the people they supported where possible.

External professionals we spoke with told us they had regular contact with the staff who supported people. They told us they seemed well trained and motivated, making suggestions and comments about how to improve the service. External professionals also shared their skills and knowledge about people's needs with staff so that all the staff were consistent in their approach.

We saw that the local managers met with all individual staff regularly and facilitated for teams to meet to review progress. These meetings often included input from external professionals, such as behaviour support, to review records of behaviour and support discussion about the effectiveness of care plans. Staff told us that communication between staff was good, that staff kept detailed day to day records and any plans, or appointments were supported. We were also told there was good communication between Aspire staff and external agencies, such as day time work placements. There had been a recent issue for one person which meant the placement had ended. We saw that staff from Aspire and the other service worked closely to manage this, as well as keeping other interested parties informed.

Before community placements started for some people we saw that the commissioners had assessed their capacity (under the Mental Capacity Act) to understand a tenancy and consent to their proposed care. Some of the care plans included restrictions to help people manage their previous behaviour. We saw that people had given their consent to these restrictions as they knew these were to support them and keep them safe. External professionals told us how they negotiated these with people and how they and staff kept these restrictions under review. Staff were able to tell us how they supported people to understand the information relating to the decision to be made. This meant people were able to demonstrate they had capacity and were able to give their informed consent. People we spoke with told us that staff asked them for consent or agreement before making decisions about their care and support and they felt able to say no to suggestions from staff.

Records we reviewed showed that care plans had been developed alongside the people using the service and they had signed to give their consent to actions agreed in the plan.

We saw that people were supported to access specialist mental health services such as psychiatry, psychology and community nursing, as well as to attend regular health checks at the GP, dentist, optician and chiropodist. Care plans showed how the overarching goal was to maintain and improve people's wellbeing to remain free from pain and maintain good mental health.

Good

Is the service caring?

Our findings

People told us they felt the staff team cared for them and were interested in their wellbeing. One person told us when we asked if the staff were caring, "If they (staff) didn't care they wouldn't come into work every day." We observed at the house that we visited that staff and the two people living there were relaxed in each other's company, and that numerous personalised touches had been made to the environment. The people living there told us how staff had supported them to make changes to the garden and house in line with their choices and requests.

Staff we spoke with were able to explain how they both supported people's needs while also helping to manage risks their behaviour might pose. The two local managers set the tone by the way they approached care plans and activities, always looking for new opportunities for people using the service. For example involving people in all decisions where they had the capacity to do so, looking at work and occupational opportunities and developing their personal interests.

Professionals we spoke with told us they felt the staff and people using the service had a mutual understanding and effective relationship. This meant many issues were managed locally without having to refer for external advice and support.

People we spoke with were kept involved and informed via the staff and local managers of how the service was to develop over time. People were offered choices and information by staff, for example about budgeting, planning for holidays and similar longer term options.

People we spoke with told us they had used advocacy support in the past when making choices and needed support. But all the people we spoke with told us they now felt able to speak up for themselves and that they would be listened to by staff. Some people had regular contact with family or other significant people and they felt these relationships were supported by staff. One person had a long standing advocate whose advice and input was sought by the staff team.

We saw that staff respected people's confidentiality. Records were kept securely and completed by staff privately so that others would not see them. We saw from recordings that staff kept detailed notes which were person centred and positive. People who shared tenancies were supported to have their own space so that they could be private if they wished. Staff supported them to use bathrooms and with personal care always respecting their dignity and privacy. Some people had previous experiences of care and support and told us that they always had their privacy respected by staff at Aspire.

People were supported by staff in the community to help them manage risks around behaviour. Staff told us how this did not limit people's independence and freedom in the community, and that people had usually consented to these levels of staffing. Staff told us how this was provided discreetly.

Good

Is the service responsive?

Our findings

We saw that people had care plans and reviews which set clear goals around behaviour management and care delivery by staff. People told us they had been involved in the development and review of care plans and coping strategies, or had been asked if they wished to be. When we asked one person if they felt the staff responded to their changing needs they told us, “They (staff) are as good as gold, always planning something.” External professionals told us they had developed the care plans initially, and then through a process of regular review, adjusted the levels of restriction in the care plans with the staff team.

Plans we looked at detailed peoples likes and dislikes, and gave details of how best to support people. From talking to newer staff we found that they had reviewed these plans of part of their induction, and they felt it had been useful in getting to know how to best support the person. Plans were reviewed monthly with a ‘goal star’ system, where goals were set, and then progress towards them evaluated at the end of each month. For example we saw goals about personal hygiene, improving their home environment, community access and maintaining relationships. These goals changed over time as some goals were met, for example saving for and taking a holiday, to be replaced by new goals. From talking to staff and people we saw there were regular conversations about what the next goals might be.

We saw that when crises did occur, the service approached community and external professionals for support, particularly around mental health and wellbeing. One person had a recent traumatic event and we saw evidence that the staff had liaised with external professionals for advice and support on how to manage any possible issues, as well as keep them informed of this event. Staff showed genuine concern about the impact this might have on the person and had an agreed plan on how to manage this situation. This was clearly recorded and shared with members of the team.

We saw that people’s hobbies and interests were encouraged, for example animals and pets in the garden, through to specific trips out to places where people had lived in the past. Some people were supported to attend more formal work and education activities, and the staff team sought out and supported people to attend these. People we spoke with told us that staff were proactive in looking for new things to do. One person told us “I am never bored living here.” Staff told us that developing and supporting someone’s interests and options was a major part of their role.

Most people using the service lived alone, or with one other person so staff teams were often working with just one or two people. This afforded the development of longer term relationships, as one staff member told us, “I spend more time with X than my own family, and sometimes I think I know them better.” From these conversations with people and staff we again saw they understood each person as an individual.

We asked people using the service if they had any complaints, the service had received no formal complaints and people told us they did not have any complaints. From talking to the local managers we could see that where people had expressed concerns or issues about the service that they met the person quickly and tried to resolve the issue. People we spoke with told us that if they had any complaints they knew they could talk to senior carers, their social workers or other community professionals for advice. They felt if they had any issues they would be responded to positively.

Good

Is the service well-led?

Our findings

People told us they felt the service and staff team was well led by the local managers and that they had regular contact with them. Staff also told us they had regular and supportive contact with the local managers, and knew they could contact the registered manager if they had further concerns. One person told us, when we asked about their local manager, "They come regularly and check on the staff and ask me if I am all right. If I wasn't happy I would tell X straight away." Staff also told us the culture and leadership they received was good and it supported them. Staff told us how training was in line with people's needs, around challenging behaviour and drug and alcohol issues. Staff told us the relationship they had with external professionals was productive, meaning they could seek their advice and support when needed, and they got a positive response.

The local managers we met told us about the challenges they faced working with such a complex group of people, and the issues staff faced sometimes working alone. However, they were able to tell us how, through effective team work and using supervision and appraisal to set clear goals, they were confident the service met people's needs well. We saw the local managers had a high level of presence in the tenancies working alongside staff and people.

We saw from records that the local managers undertook regular reviews of care plans with people, as well as meetings with staff and external professionals to seek their feedback. We saw from these records how goals had been changed for each person and progress maintained.

Staff told us how they had relationships within the provider group for activities and occupation, but had also forged new relationships to; for example, find voluntary work for one person. External professionals who had regular contact with the service and staff told us they felt the service had been successful at supporting them to live independently. They felt that they had a constructive relationship with the staff team and had been able to work effectively with them in maintaining peoples independence.

We had received no statutory notifications from the service, but from talking to staff and checking records we could see that this was correct as there had been no reportable incidents. We discussed notifications with the registered manager who was clear about when to send them to the CQC.

We saw that satisfaction feedback from people had been sought as part of the review process, and that the feedback was largely positive and this had been fed back to staff. This was predominantly done on a person by person basis and had not been completed as a whole service feedback exercise. Local managers we spoke with said they would look at how to make feedback more robust by formally involving external professionals, families and others.

We saw incident and accident records kept by the provider. There were very few incidents in the service, and where there were opportunities for learning, action had been taken. An example being where a person's behaviour had been challenging over a period of time. External professional input was sought and their advice circulated to the staff team to ensure a consistent response.