

Aspirations Care Limited

Aspirations Northwest Adults

Inspection report

Unit 6, Essex House
Bridle Road
Liverpool
Merseyside
L30 4UE

Tel: 01519220984

Website: www.aspirationscare.com

Date of inspection visit:

23 April 2019

24 April 2019

Date of publication:

14 May 2019

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 ●

Summary of findings

Overall summary

About the service:

Aspirations provides care and support to people living in the community. At the time of our inspection 15 people were in receipt of the regulated activity 'personal care'. People were living in supported living houses. Senior support workers managed the everyday running of the supported living houses and the registered manager had oversight of the service.

People's experience of using this service:

Everyone we spoke with said they felt safe being supported by Aspirations. Staff were recruited safely, and risks to people's health and safety were assessed. Medication was stored in people's homes safely, and was only administered by staff who were trained to do so. Accidents and incidents were tracked, and the registered manager was in the process of implementing a new analysis tool. Staff were able to describe the course of action they would take to report safeguarding concerns.

There was a training programme in place and staff had completed all training courses deemed mandatory by the registered provider. The service was working within the principles of the Mental Capacity Act and people were fully involved regarding decisions about their care and support. Staff were required to engage in supervision and had an annual appraisal. People were supported to eat and drink in accordance with their needs.

People were involved in their care and support plans. We received positive comments about the staff in relation to the support they provided. Everyone said staff were kind and caring. Staff were able to describe how they ensured people's dignity was respected.

We observed, heard and read examples evidencing how people's routines and choices were listened to and respected. There was a complaints procedure in place and we checked the status of complaints and how they had been responded to.

The service was managed well, and the ethos and culture of the service was well implemented with the staff team that provided the care. Staff all spoke well about the registered manager. Audits were in place which were effective in highlighting any areas for improvement. The registered manager was aware of their role with CQC and had notified us of all incidents as required.

Rating at last inspection:

Rated 'Requires Improvement' report published April 2018.

Why we inspected:

This inspection was conducted in line with our inspection schedule.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Aspirations Northwest Adults

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection team consisted of two adult social care inspectors.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults and younger disabled adults. The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks relating to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection the registered provider was providing regulated activity to 15 people.

Notice of inspection:

We gave the service five days' notice of the inspection site visits because some of the people using it could not consent to a home visit from an inspector, which meant that we had to arrange for a 'best interests' decision about this.

Inspection site visit activity started on 24 April 2019 and ended on 25 April 2019. We visited the office location on 24 April 2019 to see the manager and office staff; and to review care records and policies and procedures.

What we did:

Our planning took into account information the provider sent us since the last inspection. We also considered information about incidents the provider must notify us about, such as abuse; and we looked at issues raised in complaints and how the service responded to them. We assessed the Provider Information Return (PIR). The PIR is information providers must send us to give us key information about the service, what it does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with three people using the service and visited them at their home. We also spoke with the registered manager, two relatives and eight members of staff.

We looked at the care records for five people and a selection of other records including quality monitoring records, recruitment and training records for four staff.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from actual or potential abuse.
- Staff confirmed they knew who to speak to if they felt people were being harmed or abused. This included raising concerns with their line manager and, if required escalating to outside agencies such as local authority, The Care Quality Commission or the police.
- Staff were trained in safeguarding and had regular updates in supervisions and team meetings.

Assessing risk, safety monitoring and management

- We spoke to two relatives who told us they felt their family member was safe. Comments included, "I have no reason to think they are anything but." And "Yes, I think they are safe here."
- Risk assessments were reviewed when needed and contained a high level of detail in relation the control measures in place to help keep people safe and minimise the risk of harm occurring. For example, we saw how one person had a risk assessment in place in relation to their health condition which gave step by step instructions for staff to follow including when they should seek further medical help.
- Risk assessments were in place in relation to people's homes. In cases where some people had chosen to live together in houses of multiple occupancy, (HMOs), the communal areas were assessed for hazards. Any identified concerns were reported to the housing provider with the support of staff.

Staffing and recruitment

- Staff were recruited and selected following robust recruitment processes.
- Checks consisted of a Disclosure and Barring Service check, (DBS) and at least two satisfactory employment and character references.
- Staff we spoke with said they felt there was enough of them in the teams to support people effectively and safely.
- There had been yearly rolling rotas implemented in each person's home so staff could plan their holidays and people knew what staff were supporting them.

Using medicines safely

- People's medications were stored safely in their homes.
- Medication was only administered by staff who were trained to do so.
- People who chose to self administer their medications were able to do this.
- Where people were assessed as requiring full support with their medication regime, staff supported them to order their medications from the pharmacy and dispose safely of unused medications.
- For people who required medications as and when required, often referred to as PRN medications, there was a separate PRN plan in place for staff to follow to ensure people were supported to take their PRN in

line with their prescribed needs.

Preventing and controlling infection

- There were stocks of Personal Protective Equipment (PPE) available for staff to use.
- There was hand washing guidance and infection control techniques communicated to staff via team meetings.

Learning lessons when things go wrong

- The registered manager was clearly committed to identifying improvement within service provision.
- The registered manager shared some improvement plans with us and how they had addressed some of these failings. One of these concerns was in relation to previous high agency staff usage. The service was now only using agency staff in one area which was an improvement from the last inspection.
- Incidents and accidents had been recorded and documented. There was currently no system in place to check for patterns and trends, we spoke to the registered manager who said they would implement this.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Each person had a pre assessment in place before they started receiving support from Aspirations.
- There were detailed discussions regarding people's needs, preferences for support, and medical conditions.
- This pre-assessment information went on to form the person's care and support plan.

Staff support: induction, training, skills and experience

- The training matrix evidenced that staff had completed training in accordance with the registered providers training policy. Additional training had been undertaken in epilepsy, MCA and deprivation of liberty safeguards.
- Staff told us they liked the training and they felt suitably skilled.
- Staff received an induction prior to starting work with Aspirations. The induction process was aligned to the principles of the Care Certificate, which is nationally recognised induction process.
- Supervisions took place every other month throughout the year. Other forms of supervision took place with staff in the community, such as spot checks.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a healthy balanced diet. Care and support records documented when people required support with preparing food and drinks.
- People were protected from risks associated with poor nutrition and swallowing difficulties

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 Act 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". In the community any restrictions need to be referred to the Court of Protection for authorisations. At the time of our inspection there was some assessment which had indicated people required DoLs authorisations to be in place. We saw that the registered manager had escalated this to the local authority.

- Mental capacity assessments were decision specific and clearly described how to support the person in the least restrictive way possible, whilst ensuring their safety.
- There were best interest decisions in place for people who needed them.

- The registered manager and the staff team were aware of their roles with regards to the MCA and had completed training in this area. Staff were knowledgeable about the principles of the MCA.

Adapting service, design, decoration to meet people's needs

- Each person had their own tenancy agreement which had been made available in a format they understood.
- Where people lacked capacity to understand their tenancy agreement, this was signed in their best interest.
- We visited some people's homes with permission. We saw that people were being supported by the organisation to redecorate their homes and order items of furniture.

Supporting people to live healthier lives, access healthcare services and support

- Staff working with other agencies to provide consistent, effective, timely care and supporting people to live healthier lives
- Care records showed that staff communicated with other health care professionals when needed.
- Staff would accompany people to GP and hospital appointments when needed.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Feedback from people and their relatives regarding the caring nature of the staff was positive. Comments included, "They are all really nice and friendly." "Yes, I like the staff, we go out and about."
- We observed direct care in one person's home and saw that staff treated the person with respect and dignity.
- We observed staff supporting a person to take their washing out of the washing machine and saw how this task has been adapted to ensure the person could be involved.

Respecting and promoting people's privacy, dignity and independence

- Care and support plans evidenced that the person had been involved and remained involved in all decisions regarding their routines.
- Care and support plans demonstrated the levels of choice people had by using language such as 'Always ask me.' 'Remind me.'
- We saw that one person who we visited had a care and support plan in their homes and that staff completed paperwork after their shift and at handover.

Supporting people to express their views and be involved in making decisions about their care

- People's right to privacy and confidentiality was respected. Staff ensured they delivered personal care to people in private.
- People and their relatives were encouraged to share their views about the care and support they received with regular reviews and surveys; reviews were completed over the phone and in person.
- One person told us they were confident in expressing their views about the care and support provided by staff.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans viewed had been redesigned since our last inspection and were very thorough and organised in their presentation.
- Each person had a one-page profile in place which described the person's routines in detail, what was important to them and how they preferred their support to be delivered.
- There was information recorded in each person's care file which encouraged their independence and promoted them to become engaged in the community. For example, the bus routes and directions to people's activities had been included in their care files to enable staff to become familiar with them.
- Information was written in a way which was respectful to people's choices and diverse needs. For example, 'I like you to help me remember to put my teeth in.' Also, 'My pet means the world to me, please support me to make sure they are fed.' Another person had a specific 'emotion chart' in place which helped them communicate their feelings to the staff.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place, and people were provided with a copy of the complaints procedure in different formats in line with the accessible information standard to support people's understanding.
- There had been three formal complaints made at the service. We checked one complaint we had been made aware of before our inspection which was still open and saw the registered provider had responded to the person's concerns in full and were awaiting a response.
- Further learning had been implemented as a result of some of the complaints.

End of life care and support

- At the time of the inspection no one who was being supported with end of life care needs.
- Staff were trained in end of life care, and our conversations with the registered manager evidenced that people's wishes would be supported, and their care package would be reviewed if their needs ever changed.
- The registered manager informed us they were improving their practice in relation to this and was currently in the process of gathering more information for people with regards to their end of life wishes.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager was clear with regards to what needed to be reported to the Care Quality Commission.
- People and the staff we spoke with were complimentary regarding the registered manager. All of the staff we spoke with said there had been clear improvement in the way the service was managed since the last inspection.
- All staff also said that they liked working at Aspirations and agreed that the culture of the organisation was responsive and said they could raise concerns comfortably.
- The registered manager was clearly proud of the service and was responsive to any feedback on the day of our inspection. The registered manager knew people and the staff and was well organised.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Audits were in place which were effective in highlighting any areas for improvement. Action plans were drawn up and shared with the registered provider as well as the staff teams.
- There was a range of audits in place for all areas of service provision.
- There were policies and procedures in place. Staff were aware of the policies and their roles within them.

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

- Staff and the people who used the service were engaged with regularly by way of meeting face to face with them, and sending them feedback surveys.
- Team meetings with staff took place every month.
- The service had developed relationships with other healthcare professionals.

Continuous learning and improving care

- The registered manager was enthusiastic and keen to tell us about improvements they had made to records, rotas, policies, and staffing arrangements. They had used some of the feedback from their last inspection to drive forward areas which they believed highlighted the work they do and to help make it better.

Working in partnership with others

- The service worked well with the housing providers to ensure people's properties were safely maintained and any repairs were reported.
- The service also worked alongside another care agency who was in the process of transitioning a person to their service.