

Aspirations Care Limited

Aspirations Southeast Adults

Inspection report

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Date of inspection visit:
20 June 2019
24 June 2019

Date of publication:
02 August 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 Care is a supported living service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of inspection 14 people were receiving support with personal care.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People were safe living at the service. Risks to people had been identified and staff knew how to keep people safe from harm and abuse. People were supported by sufficient numbers of staff who had been safely recruited. Medicines were safely managed by staff who were trained and assessed as competent. Staff had training in food hygiene and infection control and followed good practice to prevent contamination and the spread of infection.

Staff had the skills and knowledge to support people effectively. Staff felt well supported and had access to advice and guidance when needed. People were assisted to have enough to eat and drink which met their needs and preferences. People's health needs were met in a timely way to maintain their health and wellbeing. 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.

Staff were kind and caring and had developed positive relationships with people. Staff knew how to communicate with people to help them express their views and feel listened to. People's privacy and dignity was respected and staff promoted their independence. People were supported to maintain relationships that were important to them.

People received care and support which met their individual needs and wishes and were supported to access a range of activities and opportunities within their local community which reflected their interests and promoted their social inclusion. There were systems in place to respond to complaints and the service invited feedback from people which was listened to and acted upon. Staff received training in end of life care however people's wishes around this had not always been explored or documented.

We have made a recommendation about recording people's preferences for end of life care.

The management team were open, accessible and committed to providing person centred care. There were systems in place to monitor and improve the quality of the service. The staff team worked in partnership with other professionals to improve outcomes for people.

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

Rating at last inspection

The last rating for this service was Good. (Report published 11 January 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

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 remained good.

Details are in our in our safe findings below.

Is the service effective?

Good ●

The service remained good.

Details are in our effective findings below.

Is the service caring?

Good ●

The service remains good.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service remained good.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service had improved to good.

Details are in our well-led findings below.

Aspirations Southeast 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. 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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in 15 '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.

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.

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.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to

complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with five with people who used the service and three relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed a range of records. This included five people's care records and medication records. We looked at three 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.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at risk assessments and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to ensure safeguarding concerns were reported and investigated appropriately and lessons were learned and shared with staff.
- Staff had received safeguarding training and knew the signs to look for that people might be being abused and how to report concerns. A staff member told us, "Signs I might look for include withdrawal from social situations, marks on the body like bruises, change of mood or just a change in the way they usually are; when you work with someone for 12 hours a day you get to know people really well."
- The management team understood their safeguarding responsibilities to report concerns and share information appropriately with the relevant authorities including local authority, police and CQC. We saw evidence the registered manager had raised safeguarding alerts when needed and had met with people's relatives and social workers to address concerns.
- There were systems in place to help people to manage their money safely. Receipts were kept, and daily and weekly checks were completed.

Assessing risk, safety monitoring and management

- People told us they felt safe and well supported by staff. A person told us, "I feel safe when staff hoist me. I have live in carers 24/7; they help me get dressed, use the hoist and cook my meals." Relatives said they felt their family members were safe using the service. A relative told us, "Oh yes [named person] is safe, well cared for and looked after. The staff are wonderful, brilliant; [named person's] meds are all done very thoroughly."
- Risks to people had been assessed with written guidance for staff on how to support people safely. We found one example where a risk assessment had not been completed for a person who was new to the service and had previously been identified at risk of choking. However, staff were aware of the risk and how to manage it to keep the person safe. We discussed our findings with the registered manager who later provided us with a copy of a risk assessment which had since been added to the person's care records.
- Staff we spoke with were aware of the risks to people and knew how to keep people safe. If things changed for people, this information was shared with all relevant staff. A staff member told us, "Management are very good at keeping us updated and we use a communication book to share information between staff."
- Accidents and incidents were logged and monitored by a member of the management team. Incidents were investigated appropriately with actions put in place to minimise the risk of re-occurrence.

Staffing and recruitment

- There were sufficient staff available to meet people's needs. A staff member told us, "There are enough staff, all companies struggle but there's always someone who will pick up a shift." Ongoing recruitment was in process to ensure the service was fully staffed. The service occasionally used agency staff to provide cover

for staff absence. When agency staff were used, these were regular agency workers who were familiar with the service and people.

- Robust recruitment processes were in place to ensure staff were recruited safely. All relevant checks had been completed including taking up and verifying references, exploring any gaps in employment history and carrying out disclosure and barring checks (DBS). DBS checks are used to make sure staff are suitable to work with vulnerable adults.

Using medicines safely

- Systems were in place to order, store, administer and dispose of medicines safely. A relative told us, "(Named person) is very safe, they [the service] have got it perfectly right with their medication."
- People were empowered to manage their own medicines, if assessed as safe to do so.
- Only Staff who were trained and assessed as competent administered medicines. Staff told us, and records confirmed regular checks on their competency to administer medicines had been undertaken.
- People had medicine administration records (MAR) which had been signed by staff to evidence that people had been given their medicines. We saw there were no gaps on people's MAR sheets indicating they had received their medicines as prescribed.
- Senior staff completed a daily check list which included checking the stock count of people's medicines as a means of checking that people had their medicines when needed.
- Weekly audits of medicines were undertaken by the management team to check people were receiving their medicines safely. Where medicine administration errors were identified appropriate action was taken, for example, the supervision and retraining of staff.
- People's medicines prescribed on an 'as required' basis had instructions to show staff when and why these medicines should be offered to people and in what dosage.

Preventing and controlling infection

- Staff received training in food hygiene and infection control and had access to protective clothing such as gloves and aprons to prevent the spread of infection.

Learning lessons when things go wrong

- Lessons had been learned and changes were being made to improve the service. For example, the registered manager had identified that the current staff shift pattern had created various issues such as staff burnout and had also impacted on the ability of the service to deliver person-centred care. A proposal had been put forward by the registered manager to change the shift times to better meet the needs of people and ensure they could access their designated 'one to one' hours whenever they wanted.
- There was recognition that recording practices could be improved to evidence how well the service engaged with people to help them identify and achieve their goals. To that end, training had been organised which would provide staff with the tools to help them formally evaluate and measure outcomes for people.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant 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

- Assessment and care planning records showed all aspects of a person's needs and wishes were considered including the characteristics identified under the Equality Act. Discussions were had with people about their chosen lifestyles including sexual orientation, culture and religion. People's choices and preferences were known and respected.
- If people had a preference for gender of care worker to support them this was recorded and upheld by staff.
- Management had recently been trained in the 'recovery' and 'outcome' star tools, designed to evaluate change and record people's progress. Staff training on how to use these tools had been arranged so staff could work with people to help them identify and achieve their chosen goals in accordance with best practice principles.
- Where people exhibited behaviours which could be perceived as challenging, information regarding potential triggers and guidance for staff on positive behaviour support strategies was provided to help staff support people safely and effectively.

Staff support: induction, training, skills and experience

- New staff received an induction which included a mixture of training, observations and shadowing opportunities. This allowed new staff the time to get to know the role and the people they would be supporting. It also provided the service with opportunities to observe new staff to make sure they had the necessary knowledge, skills and values to do a good job.
- The service was committed to using the care certificate as a means of training new staff which represents best practice when inducting new staff into the social care profession. Training had been booked for all managers to qualify as care certificate assessors.
- The service kept training records which identified when staff training needed updating to ensure staff knowledge remained current. Specialist training was provided to staff to meet the particular needs of people they supported. For example, where a new person had started using the service who had dysphagia and was at risk of choking, all staff who supported this person had received dysphagia training before working with them.
- Due to recruitment issues within the management team we found staff supervision had lapsed. Supervision provides a means of supporting and monitoring staff knowledge and performance. Nonetheless, all staff we spoke with said they felt well supported. One staff member told us, "I feel really well supported no issues I have really enjoyed it; [named registered manager] has given me amazing support, brilliant."

- We discussed our concerns with the registered manager who told us that whilst formal supervision had not taken place, the management team regularly visited staff at the various properties to monitor staff performance and provide support and guidance. They provided us with a copy of their action plan which set out how this failing would be addressed. We saw that staff supervisions were booked for completion by August 2019. In addition, the registered manager had already identified that recording observations and monitoring of staff performance required improvement. As a result, a new observation and 'job chat' form had recently been introduced for management to complete when they visited staff including night staff.

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

- People's likes and dislikes regarding food and drink were known and respected. Weekly menus were organised and agreed with people. People had input into meal planning, including shopping for groceries and preparing and cooking meals.
- People with special diets were supported to manage their diet and any risks. For example, where a person could not eat gluten, they were provided with gluten free meals and separate food storage to prevent contamination.
- Staff helped people with healthy eating and weight management where required. A relative told us, "(named person) was overweight so the staff have done an eating plan with them and their weight has now come down."

Staff working with other agencies to provide consistent, effective, timely care

- At the time of inspection, three people had recently been supported to make the transition from their old service to living in a new property and being supported by Aspirations Care. We saw this transition was managed very well and feedback we received from relatives and social care professionals on how the new arrangement was working was very positive.
- When the people had moved in to the service the management team spent the weekend working at the property supporting people to get to know them and be able to provide up to date guidance for staff.
- The service worked with health professionals including physiotherapists and occupational therapists to improve people's health and quality of life. We saw written feedback from a social worker passing on compliments from a visiting physiotherapist who had complimented staff regarding the positive changes and progress people had made since using the service.

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

- People had health action plans which provided guidance to staff on the support people required to maintain their health and wellbeing. Feedback from people's relatives showed that staff knew about people's health needs and how to support them appropriately. A relative told us, "Staff are aware of (named person's) diabetes and the way they eat too quickly; they now have 1 to 1 when they eat to ensure they do not choke."
- Grab sheets and hospital passports had been created so that information about people's health needs could be shared with the appropriate health professionals when people attended medical appointments or were admitted to hospital. Those people who had the capacity to do so, were involved in creating their own.
- The service worked with people's GP's to arrange annual health check-ups and medication reviews.
- People were supported to maintain good oral health care and were supported to visit the dentist regularly.
- The service helped people to access regular input from a range of health professionals such as GP, opticians and speech and language therapy. A relative told us, "We wanted [named person tested for [health condition]] and staff have responded well and referred it to the GP; they are on top of it; they are also taken to the dentist."

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.

- Staff had received training in the MCA and understood the importance of gaining people's consent.
- People's consent to their care and support had been obtained and was recorded within people's care plans. When people lacked capacity, appropriate assessments and arrangements had been made, in the person's best interests, and to safeguard their rights.
- Staff were aware of people's communication needs and abilities and used this knowledge to help people express their wishes and make their own decisions wherever possible.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives told us staff were kind and caring. A person told us, "I like staff." A relative said, "[named person] has perfect treatment." Another said, "They [staff] are very caring, very good."
- Our observations showed people were relaxed in the company of staff and had built positive and trusting relationships. There was easy and friendly conversation and shared humour between staff and people which demonstrated warmth and respect. A relative told us, "The staff interact well with [named person], we see them chatting, laughing and playing ball with them."
- The registered manager told us and staff confirmed that people were matched with staff based on personality, rapport and shared interests.
- People were supported to maintain relationships that were important to them with friends and family. A relative told us, "When I visit staff make me feel welcome."

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

- People's communication needs were recorded to help staff understand how to talk to people and involve them in decisions about their care. A staff member told us, "We encourage communication; sign language is being introduced with the help of speech and language therapy and we are using picture cards for non-verbal communication; we are also working with the occupational therapist and social worker to help us communicate with people better."
- Our observations and feedback confirmed that staff used various tools to help people express their views such as picture cards and sign language. A relative told us, "Staff use Makaton with [named person]." Makaton is a simple style of sign language.
- People were provided with the tools needed to help them communicate their emotions. For example, some people had mood cards which they used as a coping mechanism and as a means of sharing their feelings with staff.
- Staff told us they listened to people and their relatives to involve them in care and support planning. A staff member told us, "We are getting to know the families, we listen to them and get to know their loved one." People and relatives confirmed that they felt listened to and included. A relative told us, "The staff listen and have taken on board suggestions I have made, for example about horse riding and a motability car."

Respecting and promoting people's privacy, dignity and independence

- Staff showed a good awareness of how to maintain people's privacy and dignity, for example, when providing personal care. A staff member told us, "We would always shut the door and keep curtains closed

and explain what we are going to do."

- People could decide on the gender of the staff member they wanted to provide their care, and this was known and respected.
- Our observations showed that people were treated with dignity and respect. Staff called people by their preferred names and asked permission before providing support. People and relatives told us staff treated people respectfully. A relative told us, "Staff are kind and courteous."
- People's personal information was held securely which meant confidentiality was protected.
- Care and support plans identified people's strengths and abilities. This provided guidance for staff on the level of support people needed so their independence was encouraged.
- The service helped people access learning opportunities to promote their independence. For example, one person had asked for reading lessons, so they could read their own letters and do their shopping easier and this had been arranged.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This means people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were detailed and written in a personalised style. Information about people's likes, dislikes, routines preferences was included so that staff could provide people with person-centred care. Person-centred care means care tailored to meet each person's individual needs and wishes.
- Staff told us they adopted a person-centred approach and could demonstrate with examples how they understood and respected people's individuality. One staff member told us, "The clients are all individuals, it's about getting to know them, for example we know (named person) likes to stay in bed in the morning and that (named person) loves buses and trains; we give people choices, listen to them and get to know them."
- Care plans were written in an easy read format where required to support people to understand and contribute to their care planning.
- Reviews of people's care took place when things changed to ensure the information was up to date and continued to meet people's needs. People and their relatives were included in reviews. A person told us, "I am involved with my care plans; I am listened to and I have mentioned about liking to go to the cricket." A relative said, "We had a good meeting with staff last week."
- People living at the service could choose what they wanted to do day to day. Some people attended clubs, groups and college, whilst others went shopping, bowling, swimming and out to lunch. This helped people feel part of their community and prevent social isolation. A person told us, "I've just been swimming; I go to town to the shops; I walk, and I go in my motability car."
- People were supported to enjoy holidays away. A relative told us, "[named person] had a holiday in April, organised with staff support."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service was complying with the Accessible Information Standards (IAS) and was able to provide information about the service in a range of formats including 'easy read' to promote people's understanding.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and information on how to complain was provided to people. An easy read version was available to support people's understanding.

- There were systems in place to respond to complaints in accordance with the service's policy. Complaints were logged and investigated. Lessons were learned and changes in practice made to improve the service.

End of life care and support

- Staff had received training in end of life care and the service had forged links with the local hospice to obtain advice and guidance if needed. At the time of inspection no-one using the service had any end of life needs.
- If people had particular wishes regarding their preferred place of death or funeral arrangements these had not been documented. This meant if a person was to die suddenly their wishes may not be known or upheld. We discussed our findings with the registered manager who told us, in some instances there had been discussions with people regarding their wishes, but these had not been recorded.

We recommend that the provider consider seek independent advice and guidance on exploring and documenting people's preferences around their end of life care.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question had improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At the previous inspection there was no registered manager in post. At this inspection we found a new registered manager had been recruited who understood the requirements of their registration to notify us of important events, outcomes for people and action taken. The registered manager understood and reflected the requirements of Duty of Candour. Duty of Candour is a legal obligation to act in an open and transparent way in relation to people's care and treatment.
- The registered manager was supported by a team of service managers and together they were responsible for the day to day running of the service. There was a recognised management structure in place with clear lines of accountability and staff understood their roles and responsibilities.
- The registered manager told us they felt well supported by the provider who they reported to regularly on all aspects of the service including health and safety and safeguarding.
- A range of quality assurance checks were completed by the management team to monitor the safety and quality of the service. This included checks on medicine management, people's care records and staff performance.
- The provider employed a quality assurance manager who regularly visited the service to complete their own external audits. This ensured that the provider had oversight of the service and could identify any areas requiring improvement.

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

- The registered manager was committed to ensuring people received person-centred care. This was reflected in their improvement plan which was focussed on making sure people's voice was heard and listened to and that people were placed at the heart of the service.
- Staff shared the vision and values of the service which focussed on promoting independence and choice and providing compassionate care. A staff member told us, "I couldn't work for a nicer company, they feel about things the way I do, they really do care."
- The culture within the service was positive, staff told us they enjoyed working at Aspirations and felt well supported. Plans had been introduced to recognise and reward good practice to ensure staff felt valued and encourage staff retention.
- Staff were complimentary about the leadership of the service and registered manager. One staff member told us, "[named registered manager] is really lovely, they will praise us and tell us how well we are doing,

and they regularly come here to see how we all are."

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

- At the time of inspection an annual satisfaction survey had just been sent out to engage with people and ask for their opinion of the service.
- Some people chose to have house meetings where they could express their views. People's views were listened and responded to.
- The registered manager told us they saw everyone who used the service at least once a week on a 'drop-in' basis where they had an informal chat to get to know people and address any concerns.
- Staff were also included in the running of the service through staff meetings which were used to discuss all aspects of the service and reinforce good practice.

Continuous learning and improving care

- The service had an improvement plan which highlighted aspects of the service that needed to be developed. Required actions were identified with clear target dates for completion.
- The registered manager kept their skills up to date through continuous learning and professional development as had attended various courses and workshops, for example, autism, dementia and falls awareness.

Working in partnership with others

- The service worked in partnership with health and social care professionals to secure good outcomes for people. A relative told us, "We go to meetings, we went to one last week with a psychiatrist, nurse, social worker, the behaviour team and someone from Aspirations."