

Aspirations Care Limited

Aspirations Leicestershire

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Requires Improvement 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

Aspirations Leicestershire is a supported living service providing personal care to adults with learning disabilities, autism and mental health needs.

Supported living

The service run several schemes in Leicestershire and are a combination of separate flats and shared houses. Each scheme varies and some people will have a self-contained flat, whilst others will have their own bedroom but share facilities with other people. Each scheme is different with some having a separate bedroom for staff sleeping there over-night.

Not everyone who used the service received personal care, the Care Quality Commission 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 the inspection 31 people were receiving support with personal care.

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

People and their relatives were not always satisfied with the care and support they received.

People did not always feel safe. Staff had received safeguarding training, however there had been numerous safeguarding incidents reported by partner agencies. Risk assessments were in place to help manage the potential risks within people's lives. People received their prescribed medicine by trained staff. Effective infection control processes were in place.

There were not enough staff available to meet people's needs. Recruitment procedures were safe. Staff had been recruited following relevant checks being completed.

People were supported to maintain good health and access health care professionals. Where appropriate, referrals to health care professionals were made.

Care plans were person centred, detailing how people liked to be supported. People were not always consulted about their care and support needs.

The registered manager provided clear leadership and was committed to providing good quality care. Systems were in place to monitor the quality and safety of the service and to address recent concerns.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability

the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

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

Rating at last inspection

This service was registered with us on 01/05/2019 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received from partner agencies and the provider in relation to several safeguarding issues. A decision was made for us to inspect and examine those risks.

Follow up

We will 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?

The service was not always safe.

Details are in our safe findings below

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Aspirations Leicestershire

Detailed findings

Background to this inspection

We carried out this comprehensive inspection to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors with one working remotely offsite.

Service and service type

This service provides care and support to people living in a number of 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. The Care Quality Commission (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 CQC. 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.

Date of inspection

Inspection activity started on 21 December 2020 and ended on 13th January 2021. We visited the office location on 21 December 2021.

What we did before the inspection

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 reviewed information we had received about the service from partner agencies. We sought feedback from the local authority and professionals who work with the service.

During the inspection

We spoke with the registered manager, four members of care staff and six relatives of people who use the service. We reviewed a range of records including four care plans, risk assessments and training records. We also looked at a variety of other records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at a range of records that included audits, care plans and organisational policies.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

Staffing and recruitment

- The service was under staffed and this was confirmed by the registered manager who stated there were several vacancies partly due to staff being dismissed and resignations. Agency staff were being used to cover staff absence.
- People using the service confirmed they did not always get their commissioned hours of support. Staff also confirmed that schemes were not always fully staffed on occasions they said only a single staff member was on rota when there should have been two. The following concern was raised due to poor staffing levels to partner agencies '[Relative] is always left on their own and nobody checks on them to prompt them taking medications, support them with household tasks, or even prompt them to have a wash.' Another person stated '[Relative] called said they were unwell, I rushed over couldn't get hold of staff and found them laying and vomiting (drowning) had to call ambulance.'
- Staff were recruited safely. The provider had carried out background checks and Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions.

Systems and processes to safeguard people from the risk of abuse

- There had been several safeguarding concerns reported by partner agencies and whistle blowers. These concerns involved a multitude of people over a considerable time period. The concerns included allegations of emotional, sexual, physical and financial abuse.
- The service followed their safeguarding policy and a number of staff members had been dismissed. Referrals had been made to the Disclosure and Barring Service to prevent these individuals working in social care. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.
- The service had safeguarding policies and procedures in place and training records confirmed staff had received the appropriate training.
- Safeguarding incidents had been investigated, detailed logs of incidents completed, and actions and investigation outcomes documented.

Assessing risk, safety monitoring and management

- Risk assessments were contained within care plans. These covered a wide range of areas such as personal care, continence care and managing relationships.
- There was clear guidance in place for staff to manage potential risks. For example, how staff should manage people's medical conditions.
- Risk assessments were up to date and this was confirmed by staff.

Using medicines safely

- Medicines were managed safely, and people received their medicines as prescribed.
- Records showed, and staff confirmed they had been trained in the administration of medication and their competencies checked.

Preventing and controlling infection

- The service had robust infection, prevention and control policies and procedures in place.
- The registered manager confirmed government guidelines were being adhered to in relation to the current COVID – 19 pandemic.
- The service had detailed COVID – 19 management plans in place which included risk assessments of supported living schemes and people who use the service.
- Staff confirmed there was an adequate supply of personal protective equipment. Training records confirmed staff had received infection, prevention and control training.

Learning lessons when things go wrong

- The service has experienced numerous safeguarding incidents. The registered manager has investigated and shared learning with staff. For example, new personal finance audit systems have been implemented in response to mismanagement of funds assigned to people by staff.

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.

This is the first inspection for this newly registered service. This key question has been rated good.

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

- People's care and support needs were assessed prior to them using the service to make sure they could be met.
- People's needs continued to be assessed and reviewed. However, people stated due to the high turnover and use of agency staff these needs could not always be met as staff did not always know the people or their routines. This was confirmed by a partner agency (Police) when staff were unable to answer questions about a person and another person living at the service had to give the answers.

Staff support: induction, training, skills and experience

- New staff received an induction to the service that included shadowing experienced staff. However, people were not always introduced to new staff and this could have a negative impact on them especially if they had set routines. One person stated that it took them a considerable amount of time to get used to new staff members as such this would make them withdrawn and not comply with service provision. Another person said they were anxious with the high turnover of staff.
- Staff completed training to enable them to acquire the knowledge and skills to fulfil their role. However, some people told us they felt staff did not have the skills to facilitate independence.
- The service had a well-equipped training facility and a training officer was employed to deliver training.
- Observations of staff practice was undertaken to assess competency. Staff told us the registered manager was approachable for support and advice.

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

- Where required, people were supported with eating and drinking. Their care plans contained guidance for staff to ensure their personal preferences were offered.
- The registered manager confirmed no people currently using the service was at risk of malnutrition.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Records showed the service worked closely with health and social care professionals such as social workers and GPs to help support people to maintain their health and wellbeing and achieve good outcomes for people. However, a relative informed us that a person using the service missed a healthcare appointment and as a result gained an infection.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff had received training in the MCA and supporting people to make decisions.
- People's consent to care and ability to make decisions was recorded within their care plans.
- The registered manager demonstrated a good understanding of the principles of the MCA.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

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

- People and their relatives were not always happy about the care and support provided to them by staff. One person said "[Relative] has now regressed in every aspect they are not attending college now and can't complete their course."
- It has been reported to partner agencies that staff members have been taking pictures of people using the service and posting them on social media. In addition, house keeping monies assigned to people using the service have been inappropriately used by staff members.
- People's equality and diversity needs were identified and recorded in care plans to ensure their individual preferences and needs were being met.

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

- People, and where appropriate their families, had been involved in the development, and on-going review, of their care plans. However, one person told us they were not always consulted when changes were made, for example when new staff were employed to deliver care.
- People's views were reflected in their care plans. People told us that they got on very well with people that live in their service.
- People had copies of their care plans in their homes, which could be accessed by them at any time.
- The service held information on local advocacy services. The registered manager informed us no one was currently using advocacy services. An advocate supports people to express their views and wishes.

Respecting and promoting people's privacy, dignity and independence

- Care records showed, people's privacy and dignity was respected.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

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

- People's care plans were person centred and included detailed information on how they wished to receive their care and support. However, we were told care plans are not always followed and one person said "[Relative] often stays in bed, there room is a complete mess with mouldy food."
- Care plans were reviewed regularly to ensure they continued to meet the needs of people. Staff were notified of any changes in people's care and support needs. This ensured staff had access to current and relevant information.

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 care workers.

- Care plans identified people's communication needs. The registered manager told us they would ensure people had access to the information they needed in a format they could understand. This approach helped to ensure people's communication needs were known, and met, in line with the AIS.

Improving care quality in response to complaints or concerns

- The service had a comprehensive complaints procedure.
- Records showed complaints had been responded to, however, people using the service told us they were unhappy with complaint responses and felt their concerns had not been addressed appropriately.

End of life care and support

- The service had end of life policies and procedures in place. Although, at the time of inspection no people using the service required end of life care to be provided.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

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

- People told us the service was not always provided in a way they wanted, and management were not always responsive.
- Positive outcomes of people were not always met, and this is evidenced by recent safeguarding incidents. However, the registered manager has put an action plan in place to improve outcomes of people using the service.
- Historic incidents were not identified by the provider in a timely manner. It will take time for new policies and procedures embedded and sustained by the new manager.

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

- The registered manager understood the duty of candour and their duty to be open and honest about any incident which caused or placed people at risk of harm.
- The registered manager was aware of their responsibilities to report notifiable events to the Care Quality Commission (CQC). The registered manager had also referred incidents to the local authority adult safeguarding team.
- The registered manager had oversight of the service on a day to day basis.
- Quality assurance systems and checks were in place to monitor the quality of the service.

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

- People and their relatives were involved in the setting up of their care.
- The service had asked people to complete quality questionnaires so that areas of improvement could be identified. They were in the process of collating this information so improvements could be made.

Continuous learning and improving care

- The manager was supported by an operations manager and team leaders. Each had recognised responsibilities and there were clear lines of accountability. A new layer of management was being introduced to improve governance processes.
- Quality assurance processes, such as audits, resident and staff meetings, these ensured the registered manager and provider had the information they required to monitor staff performance as well as the safety and quality of the care provided. However, audit processes have not identified some current safeguarding

investigations.