

Aspire Living Limited

Aspire Support

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 ●

Summary of findings

Overall summary

The inspection took place on 23 September 2016 and was announced.

The service is registered to provide care and support to people in their own homes. At the time of the inspection, the service was providing care and support to 70 people. The level of support offered to people varied and was based on the person's assessed need and level of independence.

A registered manager was in post when we inspected the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People were happy with the support they received and felt safe with the staff supporting them. They understood how they could access additional help if they needed it. Staff supporting people understood how people needed to be kept safe. Staff had received training on keeping people safe and knew how to report their concerns to the management team.

Staff knew how people needed to be supported and knew about the risks to people's health. Staff demonstrated what action they would take to keep people safe. People were happy with the support they received from staff and support was based on people's individual needs and circumstances.

Staff working at the service were employed following successful completion of the providers recruitment processes. This helped to assure the registered provider that it was safe for the staff to work at the service.

The way that people received their medicines was checked regularly so that people received the help they needed. Each staff member also undertook a daily check to ensure the person had received their medication.

Staff working at the service had access to training and regular supervision. Staff were able to discuss issues important to them and seek further training if needed. Staff understood the importance of obtaining a person's consent and about people's ability to make decisions for themselves. People were supported to access appointments they needed to attend such as the GP, optician or dentist. People were also encouraged to maintain a healthy lifestyle through have a healthy diet.

People liked the staff that supported them and felt able to discuss their care. Staff spoke knowledgeably about the people they supported and their individual care needs. They understood how people needed to be supported. They were also aware of support networks people had and friendships people wanted to maintain. Staff understood how to care for someone with dignity and respect.

People's care needs were updated regularly based on their changing circumstances. Staff understood what

support people required in order to maintain interests that were important to them. People understood they could complain and how to complain if needed.

People knew the registered manager and had met with her. They understood how the registered manager could be contacted. Staff spoke positively about working at the service and about the support they received. Whilst a number of changes were taking place at the service, staff felt informed about developments. People's care was regularly reviewed and updated. The registered manager updated the provider regularly with information that demonstrated people's care was being reviewed and monitored.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were happy with the support and reassurance staff offered them. Staff understood how to keep people safe. People received support to take their medications.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff who were supported through regular supervision and training. Staff understood people's health and the risks to their health. People had choices explained to them and were supported to make decisions to maintain a healthy diet.

Is the service caring?

Good ●

The service was caring.

People were cared for by staff they liked. People were treated with kindness, dignity and respect by staff who understood how to support people.

Is the service responsive?

Good ●

The service was responsive.

People were involved in shaping their care and deciding how their care needs were met. People were supported to participate in activities that they chose.

Is the service well-led?

Good ●

The service was well led.

People's care was regularly reviewed and updated by the registered manager and changes to their care were explained to staff. People knew who the registered manager was and

understood they could contact her to discuss their care. Staff were supported through regular meetings held so they could discuss issues important to them.

Aspire Support

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 23 September 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service for adults with learning difficulties who are often out during the day; we needed to be sure that someone would be in. The inspection was carried out by one inspector. We spoke with people using the service at a drop in café run by the registered provider. We also observed how people engaged with staff during this time.

The provider had completed a Provider Information Return (PIR). This form asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

As part of the inspection we spoke to six who received support from the service. We also spoke with four staff, the Operations Manager and the Registered Manager.

We reviewed three care records, the complaints folder, recruitments processes as well as monthly checks the manager completed.

Is the service safe?

Our findings

People we spoke with told us they felt safe around care staff. One person told us, "They [staff] pop in and see me, that I'm okay."

Staff could tell us about how they protected people from harm and about their understanding of safeguarding and keeping people safe. Staff had received safeguarding training and were able to describe the different types of abuse and what they should do if they suspected a person may be at harm. For example, staff told us they would raise their concerns with either the registered manager or their immediate line manager. Notifications we reviewed as part of the inspection confirmed that the registered manager understood their obligations with respect to keeping people safe.

Staff we spoke with understood people's individual circumstances and any health conditions they lived with and / needed to be aware of. For example, one staff member told us about a person they supported and how they lived with Epilepsy. They were able to describe how a symptom might present itself and the action they needed to take to keep the person safe. Staff we spoke with told us the risks people lived with were documented in people's care plans for them to refer to. Staff we spoke with told us they read the care plans to understand how to support people correctly.

We spoke with the registered manager and the operations manager to understand how staffing levels were determined. The operations manager stated that staffing levels were based on people's individual circumstances and assessed needs. Where people required greater support, they were offered this and where people's need reduced staffing numbers were adjusted. Staff we spoke with told us they did not have concerns about the staffing levels and thought staffing levels were adequate.

We reviewed how incidents were reported. We saw that there was a process in place for staff to record incidents and share the details with the registered manager. The registered manager told us they analysed the incidents and this allowed them to understand whether a person's care needed to be adjusted or whether staff had a particular training need.

The registered provider completed DBS checks (Disclosure and Barring Service) for prospective staff. The DBS is a national service that keeps records of criminal convictions. This information supported the registered provider to ensure suitable people were employed, so that the risk of recruiting inappropriate staff was minimised. Two staff files we reviewed demonstrated that the necessary checks had been followed before staff were allowed to work at the service. Staff we spoke with also confirmed that the checks were completed before they commenced work at the service.

During the inspection we reviewed how people's medications were managed so that they received them as they should. People we spoke with were happy with the level of support they received. Staff we spoke with confirmed they had received training to support people with their medication and that this was updated and reviewed. We saw information was available to staff in people's care plans so that staff knew which medications people required. Staff we spoke with also confirmed they checked people's medication when

they started work each day so that that they knew the person had received their previous dose of medication as they should.

Is the service effective?

Our findings

Staff told us about the training they received and how this had helped them to support people. One staff member told us "The Aspire training is very good." Staff told us without the training they would not have felt comfortable supporting people as much as they did. Staff told us they also understood how to support people and do the job by shadowing more experienced staff.

Staff told they received regular supervision and support. Staff told they met regularly with their line manager and discussed their performance so that could understand aspects of their job they did well or they might improve.

Staff were able to describe to us the importance of obtaining someone's consent when caring for them. Staff told us they would speak to a senior member of staff if they were unsure of any aspect of care they were to provide. We saw in three people's care records that the registered manger had undertaken capacity assessments where appropriate.

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

We also looked at the Deprivation of Liberty Safeguards (DoLS) which aims to make sure people are looked after in a way that does not unlawfully restrict their freedom. Staff we spoke with understood about the legal requirements for restricting people's freedom and ensuring people had as few restrictions as possible.

People can only be deprived of their liberty to receive care and treatment when this is in the person's best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

People told us staff helped them to prepare meals and drinks that they chose. People told us they went shopping with staff to select the sorts of things they should like to eat. Staff knew about people's dietary needs and how this related to each person.

People were able to access support from services such as the GP, optician and dentist. One person told us about a recent appointment with the optician. People's wider health needs were understood by staff who knew when further help should be sought. A staff member told us about how they had involved the person's social worker and family in discussions affecting the person health and care requirements. Another staff member told us about some of the doctors and hospital appointments the person was supported to attend.

Is the service caring?

Our findings

People spoke with affection about the staff who supported them. We saw people in the company of staff and chat with them and talk about things that were important to them. People looked relaxed and at ease. When a staff member later joined the group of people, people looked pleased to see the staff member and acknowledged their arrival.

People we spoke with told us they felt able to chat with the staff that supported them about their care. When we asked people about whether they were happy with the way they were supported, they told us they were. People also told us that staff would ask if everything was okay or whether there was anything else that they could help them with.

Staff talked with us and spoke knowledgeably about the people they supported. The staff we spoke with had all worked for the registered provider for a number of years and had also supported the same people for a lengthy period of time. Staff described the way in which they supported people had changed and about how they understood how each person needed to be supported. Two staff members told us that because they had supported some people for a period of time, they knew the people well, understood their needs and were aware of any support networks in place. Staff told us they knew key people supporting the person, such as family, friends and social workers.

One staff member told us they knew by a person's facial expressions how they needed to be supported. For example, if the person was feeling low and not willing to participate in their personal care, they would gently encourage them but also knew when the person did not want to be bothered at all. Another staff member told us about the people they supported and any preferences they had for how they spent their leisure time. They also told us about some of the music they listened to and how they preferred their breakfast.

Staff we spoke with understood what it meant to support people so that people were treated with dignity and respect. Staff gave practical examples of maintaining a person's dignity by ensuring the person had access to privacy and space when receiving personal care. Another staff member told us about how they had supported a person to cook meals for themselves. Another person told us staff had helped them to know which bus to take when they went out.

People using the service were supported to maintain friendships and relationships that were of importance to them. One person told us about a holiday staff had helped them plan so that they and their friends could go away together. Another person was supported to meet with their family regularly and go out for meals. People we spoke with talked proudly about the things they were doing or planning with friends and family.

The registered manager told us that friendships between people using the service were encouraged and nurtured. They told us people were asked about the staff supporting them as well as other people who received support at the same time so that they were comfortable receiving the care and that they could develop friendships with staff and other people.

Is the service responsive?

Our findings

People's support needs were discussed at the care planning process. The registered manager told us, "It's important to understand what people need support with." The registered manager described how people's care was planned so that people could contribute to discussions about which staff supported them. People were encouraged to feedback about staff they wanted support from so that this could be arranged. One person told us about how they originally had required a lot of support with personal care and to complete household chores but they had become more independent and required less support. People told us they spoke to staff all the time about their care and make changes if they wanted.

Staff we spoke with told us about some of the people they had supported. One staff member told us about how they had supported one person intensively because when they first supported them, the information they received about the person suggested they needed a lot of help. However, over time, staff told us they worked with the person to understand their needs better and found they preferred less support at night. The person's care was adjusted to reflect this.

People we spoke with told us staff helped and supported them to achieve things that were important to them. One person liked cooking and told us staff helped them to cook their meals. Another person was helped to arrange appointments and activities and told us staff supported them.

We reviewed three care plans which contained information staff could refer to when supporting people. Staff we spoke with told us the information they needed to refer to on a day to day basis was also contained within diaries that were specific for each person. Diaries contained the most up to date information staff needed, such as the dates and times for any meetings or appointments the person needed support to attend. Staff we spoke with told us they read this information and relied on it so that they could best support people.

People we spoke with understood they could complain if they wanted to or speak with the registered manager. One person told us, "No I've never complained". When we asked them whether they had ever needed to speak with the registered manager about the service they received they told us they hadn't. On the day of the inspection, we saw an external company was visiting people to speak with them and understand what they thought about the care they needed. People told us they had spoken with the staff to tell them about the care and support they were receiving. People were asked a number of questions about their care so that the registered provider could understand if there was anything they could change. We saw that the registered provider had a complaints system in place to deal with any complaints that arose. The registered manager told us she preferred to speak with people about their care regularly so that their care needs could be understood and to meet their expectations.

Is the service well-led?

Our findings

People who used the service understood who the registered manager was and knew how they could contact her. When we spoke with people they were familiar with who the registered manager was because they had either met with or had personal care delivered by her. People spoke positively about the registered manager and felt able to contact her if needed.

Staff we spoke with told us they had access to regular team meetings and could propose agenda items if they wanted to discuss an issue important to them. Staff said the registered manager, was willing to use meetings as a forum by which to speak with staff and share important information. One staff member told us they had discussed changes in the management structure of the service during meetings and that they were being updated about changes in the service.

Staff told us they accessed regular individual supervision meetings with their line manager but felt able to approach the registered manager and the provider about any issues that may have been of importance to them.

The registered provider shared with us how they tried to assure themselves that people received the care they expected. They used a number of different methods in order that people were able to contribute to the process as much as possible by using a method that they found comfortable. As well as using specialist services to talk through questionnaires about the service, the registered manager told us by sharing some of the care calls they got to meet and speak with people regularly. People we spoke with told us the registered manager had sometimes attended calls and asked them about their care and whether everything was alright.

People's care was reviewed and updated within checks the registered manager made. The registered manager told us they reviewed people's care regularly and made any necessary changes. Changes were then communicated to staff through emails and team meetings. Staff we spoke with described to us meetings where any changes in people's needs were discussed so they were aware of the changes. The registered provider also assessed how staff understood people's changing care needs. They told us about an individual diary system for each person that was introduced to better inform staff about people's appointments or information that staff needed to be aware of. Staff we spoke with said they referred to the people's diaries for updates.

The registered manager told us they met with the provider regularly to keep them updated about the service. They provided regular updates on people's care needs as well as how staff were supporting people. The registered provider also reviewed information the registered manager sent them so that they could assure themselves that people received the care they needed. For example, they told us they looked at care plans, accident and incident reports as well as undertook their own reviews so that any trends in information could be identified.

Although the service was undergoing a period of change in the way that the service was structured, the

registered manager felt informed and involved with changes so that people's care could be prioritised.