

Aspire In The Community Ltd

Aspire in the Community - 13 Station Road

Inspection report

13 Station Road
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South Yorkshire
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13 September 2018

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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 13 September 2018 and was unannounced. The last comprehensive inspection took place in April 2016 when the provider was rated Good. You can read the report from our last inspections, by selecting the 'all reports' link for 'Aspire in the Community – 13 Station Road' on our website at www.cqc.org.uk. At this inspection we found the service had remained Good.

Aspire in the Community – 13 Station Road is a, 'care home.' People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Aspire in the Community – 13 Station Road is registered to provide care for up to seven younger adults who are living with a learning disability. The accommodation is provided in a five-bedroomed house and a two-bedroom bungalow on the same site.

The registered provider was working within the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities using the service can live as ordinary a life as any citizen.

At the time of our inspection the service had a registered manager. 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 2008 and associated Regulations about how the service is run.

The registered provider had systems in place to ensure people were protected from the risk of abuse. Staff were knowledgeable about what action they would take if they suspected abuse.

Risks associated with people's care were identified and actions taken helped to minimise the risk occurring without restricting people's freedom.

We spent time observing staff interacting with people who used the service and found there were enough staff available to ensure people were supported to meet their needs and engage in social activities and interests.

The registered provider had systems in place to ensure people received their medicines in a safe way. However, one store room required a record of daily temperatures to ensure the medicines were stored at the recommended temperature.

Staff received training and support to ensure they carried out their roles and responsibilities in an effective way. People were supported to maintain a healthy, balanced diet which met their needs and considered their preferences.

People had access to healthcare professionals to ensure they lived healthy lives and had access to ongoing healthcare support.

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

We observed staff interacting with people who used the service. We found they were kind and caring in nature and shared lots of appropriate and friendly banter and laughter.

People received person-centred care which met their needs. The registered provider had a complaints procedure, but there had been no recent concerns raised.

There was a system in place to audit the service and to ensure standards were being maintained. People were asked to comment about the service via a quality questionnaire. However, feedback was not readily available.

Further information is in the detailed findings below

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Aspire in the Community - 13 Station Road

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.

The inspection took place on 13 September 2018 and was unannounced. The inspection was carried out by one adult social care inspector.

Prior to the inspection visit we gathered information from many sources. We also looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We also looked at the provider information return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also spoke with other professionals supporting people at the service, to gain further information about the service.

We spoke with four people who used the service and using their non-verbal communication skills they conveyed that they were happy at the service. We also spoke with three relatives of people living at the home. We spent time observing staff interacting with people.

We also 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 spoke with five staff including care workers, senior staff, and the registered manager. We looked at documentation relating to people who used the service, staff and the management of the service. We looked at three people's care and support records, including the plans of their care. We saw the systems used to manage people's medication, including the storage and records kept. We also looked at the quality

assurance systems to check if they were robust and identified areas for improvement.

Is the service safe?

Our findings

We spoke with people who used the service and using their body language and gestures, informed us that they felt safe living at the service. We saw people who used the service were relaxed in the presence of staff and showed they felt at ease in their home.

The registered provider had a policy and procedure in place to safeguard people from abuse. Staff we spoke with told us they received training in safeguarding vulnerable people and knew how to respond if they suspected abuse. We saw the registered manager kept a record of safeguarding concerns and the outcome.

The service ensured that positive risk taking took place which did not unnecessarily restrict people's freedom. We looked at care records and found they contained risk assessments which detailed risks associated with people's support. These directed staff in how to support people to manage these risks. For example, one person to minimise the risk of choking. The document stated that the person required support from staff to cut food up in the manageable pieces.

People had a personal emergency evacuation plan (PEEP) to ensure they were appropriately supported in an emergency. The PEEP set out specific physical and communication assistance that each person required to ensure that they could be safely evacuated from the service in the event of an emergency. However, some PEEP's required some detail adding.

Staff carried out regular health and safety checks of the environment and equipment to make sure it was safe to use. These included ensuring that electrical and gas appliances were safe. Water temperatures were checked to make sure people were not at risk of scalding. Regular checks were carried out on the fire alarms and other fire equipment to make sure they were working properly.

We observed staff interacting with people who used the service and found there were enough staff to support people to meet their individual needs. The registered manager ensured that people received the level of support they had been assessed for. The registered manager told us that if they were concerned that the number of hours allocated for people was not enough to meet their individual needs, they would refer them back to the social work team.

The registered provider had a system in place to ensure people received their medicines as prescribed. We looked at records and found that each person had a medication administration record (MAR), which was used to record medicines people received. This record was also used to record the amount of stock kept at the home. The stock of medicines were checked on a regular basis to ensure the totals balanced with the stock.

Medicines were stored in lockable medicine cabinets which were situated in people's bedrooms. A stock of medicines were kept in a separate, lockable cupboard accessible by senior care workers. However, the temperature of this store was not recorded daily to ensure the temperature was suitable for storing medicines. We raised this with the registered manager who told us they would address this.

The registered provider had a recruitment policy which assisted them in the safe recruitment of staff. This included obtaining pre-employment checks prior to people commencing employment. These included references from previous employers, and a satisfactory Disclosure and Barring Check (DBS). The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. We looked at staff recruitment files and found they contained relevant checks.

The service had an effective induction process which incorporated training and shadowing experienced staff. Staff we spoke with felt supported through their induction and felt it gave them knowledge to get to know people and how to support them prior to delivering personal care. The registered manager told us that new staff who had not worked in care prior to their role at the service, would be registered to complete the 'Care Certificate' which replaced the 'Common Induction Standards' in April 2015. The 'Care Certificate' looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

Is the service effective?

Our findings

We observed staff interacting with people who used the service and found they knew them well. Staff were dedicated to ensuring people were supported in line with their preferences. We saw people were given choices and supported to make decisions in line with registering the right support guidance. This states that people who live in a registered care home should consistently, meaningfully and consciously be involved in decisions about their care and other needs and how they will be met. We saw staff offered choices and these were respected, people were supported to live the life they chose.

People were supported by staff who had the knowledge and skills to deliver appropriate care. Staff we spoke with told us they received appropriate training. Staff also told us they knew people well and were given opportunities to develop meaningful relationships with them. For example, staff told us about the key worker process which assisted them to get to know people's preferences and how they preferred to be supported. Staff then cascaded the information down to other staff to ensure people received consistent care and support which met their needs.

We looked at care and support plans belonging to people and found they reflected their mental, emotional and social needs. They also included the protected characteristics under the Equality Act 2010. We looked at how the registered provider ensured people's rights were upheld. The law requires registered providers to make sure that people are not discriminated against on the grounds of specific characteristics, such as their gender, ethnicity or disability status. Additionally, they are also required to ensure people's individual needs are met. We found that staff showed how they had been able to support people's religion and beliefs by becoming knowledgeable about events and celebrations which supported people in practicing their faith.

People's physical, mental health and social needs were holistically assessed and delivered in line with legislation. People had access to healthcare professionals and were supported to engage with professionals in a way which suited them. For example, one person required support to have blood tests. Staff had explained to healthcare professionals that this needed approaching in a planned and sensitive manner to relieve any anxieties the person may have.

The service worked well with other organisations to ensure people received consistent, timely and person-centred care. For example, each person had a health action plan which accompanied them when they went in hospital. The plan was detailed to show very important information people needed to know, important but not urgent information and general details about people's likes and dislikes. This was effectively used and gave direction to hospital staff in a document which was easy to follow and clearly reflected how best to support people.

We found people's needs were met by the adaptation, design and decoration of the home. This also met the values that underpin Registering the Right Support and other best practice guidance. The registered provider took into consideration the needs of people living in the home. We saw the service was homely and tailored to meet the needs of people who used the service. For example, the service was spacious and communal rooms were large enough to ensure people had their own space if needed. We also saw that

people had access to outside space.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Consent was sought in line with current legislation. Care plans included information relating to supporting people who lacked capacity. Decisions made for people who lacked capacity had been considered in line with their best interests.

People were supported to maintain a healthy and balanced diet which met their needs and suited their preferences. People were involved in menu planning, shopping and food preparation depending on their skills and which aspects they liked to be involved with. We saw people enjoying breakfast and lunch, some people chose to eat out whilst taking part in activities in the community. People shared an evening meal together.

Staff we spoke with were aware of people's food preferences and considered personal choices in line with their faith, personal preferences and dietary requirements.

Is the service caring?

Our findings

We spoke with relatives of people who used the service and they told us staff were very kind and caring. One relative said, "Staff are always and support [relative] well. Nothing is ever too much trouble." Another relative said, "The staff are very friendly and lovely to talk to." Another relative said, "It's a homely place and I feel at home visiting. I am very welcomed when I visit."

We observed staff interacting with people and found they were supportive, kind and caring in their manner. Staff knew people well and were able to support people in line with their preferences. The atmosphere in the service was friendly and homely. There was lots of friendly and appropriate banter exchanged between staff and people who used the service. People were happy and smiled and laughed frequently.

Staff we spoke with were keen to ensure that people's dignity and respect were promoted. We observed staff speaking with people quietly to maintain their confidentiality. One care worker said, "There is a good mix here of male and female staff and this gives people a choice in who they prefer to support them." Another care worker said, "I ensure doors and curtains are closed when carrying out personal care. This maintains their privacy."

The service provided took in to consideration Registering the Right Support guidance by providing person centred support which met people's needs. For example, people who used the service had a dedicated member of staff known as a key worker. The role of the key worker was to ensure people had all they needed, that families were involved and that care plans reflected how people wanted to be assisted.

Staff responded to people in a timely and appropriate way when people expressed discomfort or emotional distress. We observed staff tactfully dealing with one situation which could have led to loss of dignity if staff had not handled it in the sensitive and appropriate manner they did. This showed that staff knew how to respond quickly and showed how they de-escalated the situation by taking the person for a walk, which they enjoyed.

Is the service responsive?

Our findings

We spoke with relatives of people who used the service and they told us they felt involved in the care planning arrangements for their relative. One relative said, "They [staff] involve me in everything." Another relative said, "Staff know [relative] very well and are able to support them well. [Relative] loves it there [the home]."

The registered provider delivered support which was based on the guidance underpinned by Registering the Right Support guidance. They considered how they communicated with people and looked for alternative methods to ensure people had a voice. We looked at people's care records and found they were person centred and provided a clear record of how each person liked to be supported. Support plans were easy to read and the use of photos and symbols were used to help people understand them. The registered manager ensured that care records were regularly reviewed to ensure they were current.

We observed staff interacting with people and found that people were supported to enjoy a life of their choosing. Staff supported people to maintain contacts with the community and engage in social activities and outings which they enjoyed. Some people were supported to visit their family, others went on outings in the community and some people chose to stay at home.

People were supported to maintain relationships with people that were important to them. Staff supported people to visit families and friends who were also actively involved in the service. People were also encouraged to develop relationships with the wider community if they chose to do so. Care records detailed social activities which people preferred. For example, on the day of our inspection, staff were supporting one person to visit relatives, one person chose to stay at home and one person was supported to go for a walk.

The registered manager had a qualification in end of life care and shared their skills with staff who worked at the service. At the time of our inspection no one at the service required this support, but the registered manager told us they would support people when required. This included discussions about their preferred choices and funeral arrangements. This subject was approached in a sensitive manner to minimise distress.

The registered provider had a complaints procedure and relatives told us they felt able to speak with staff if they had a concern. One relative said, "I would tell staff if I had a concern and they would sort it." Another relative said, "If I had a concern they would know about it. I think the service is fabulous."

The registered manager kept a record of complaint, however there had been no recent issues. The registered provider confirmed that any issue raised would be managed appropriately and used to improve the service.

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in place. 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 2008 and associated Regulations about how the service is run.

The registered manager was supported by senior care workers and a team of care workers. Staff we spoke with told us they felt supported by their managers. One care worker said, "I love my job, the manager is very supportive."

We spoke with relatives about the management team and they all commented that the registered manager was very supportive. One relative said, "The manager is fabulous. A very good listener."

There was a clear vision and management presence in the service. We saw the registered manager and the senior care workers being involved in all aspects of the service delivery. They had a practical approach to management, led by example and were visible in the service.

We spoke with the registered manager on our inspection and found they were aware of the principles of Registering the Right Support. The registered manager told us they were always looking for ways to ensure people had a good experience and that their outcomes were achieved in a positive way.

The registered manager had a system in place to ensure the service was consistently monitored. We saw that audits were in place for areas such as medicine management, catering, first aid, care records and infection control. We saw that actions were identified and a plan put in place to address them. In addition to the audits completed by the registered manager, the managing director visited regularly and completed a quality assurance audit. This looked at areas such as finance, accidents and incidents, health and safety, staffing, support and training.

People who used the service, their relatives and staff were engaged and involved in the service. There was a clear focus on ensuring people were at the centre of the service and consulted about changes and plans. The registered manager told us they were in the process of developing communication with relatives by holding relative's meetings. The purpose of the meetings would be to share ideas and plans and give relatives a forum where they could feedback about their experience of the service.