

Aspire Healthcare Limited

# Aspire Supported Living

## Inspection report

Unit 6  
South Nelson Road, South Nelson Industrial Estate  
Cramlington  
Northumberland  
NE23 1WF

Tel: 01912790989  
Website: [www.aspirecg.co.uk](http://www.aspirecg.co.uk)

Date of inspection visit:  
15 October 2019  
17 October 2019  
22 October 2019

Date of publication:  
20 November 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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Aspire Supported Living Service provides personal care and support to 25 people with learning disabilities, autism or associated related conditions and/or mental health needs. Seven people received support with 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.

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

Medicines were generally managed safely, although we did find some recording issues.

New governance procedures were still being fully imbedded, including updated information technology procedures. The service had a clear vision and had open communication with people, relatives and staff. People and relatives were contacted by the management team to discuss the quality of their care. Staff were involved in meetings and decisions about the running of the service.

People were treated with respect and kindness and their privacy and dignity was upheld. People were involved in the planning and review of their care. Care and support plans were being reviewed to ensure they were reflective of people's needs.

People's individual needs and wishes were known to staff. There were arrangements in place for people and their representatives to raise concerns about the service.

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.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain skills and become more independent. However,

outcomes were not always recorded fully or reflective of support or opportunities provided.

During the inspection we completed a questionnaire with the registered manager regarding the CQC's current thematic review of restraint, seclusion and segregation. No areas of concern were identified.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection (and update) The last rating for this service was requires improvement (published 30 October 2018).

The last rating for this service was requires improvement. The service has improved to overall good.

Why we inspected

This was a planned inspection based on the previous rating.

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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

# Aspire Supported Living

## 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 team consisted of 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 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. Inspection activity started on 15 October and ended on 22 October 2019, which included visits to people on 17 October 2019.

#### 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 safeguarding and commissioning teams in the areas in which the provider supported people. We also sought feedback from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in

England. We used all information to plan our inspection.

The provider was 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.

#### During the inspection

We spoke with five people who used the service and six relatives about their experience of the care provided, this included visits to two people in their homes. We spoke with the provider and nominated individual (provider representative) and contacted 15 members of staff. Not all staff responded to our contact, but those that did included the registered manager, two service managers and seven care staff. We also spoke with one local authority team manager and contacted a behavioural psychologist and a community nurse. We used their comments to support the judgment of this inspection.

We reviewed a range of records. This included three care plans and three medicine administration records. We looked at five staff files in relation to recruitment, training and support. We also reviewed a range of management documentation, including policies and procedures.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. The provider sent us further information as requested.

# 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

- Staff had been trained in safeguarding vulnerable people. One staff member said, "I would report change in behaviours, medication issues to managers. I would also use the company whistle blowing policy if I needed to."
- Safeguarding policies and procedures were in place and staff had access to them. Where issues had arisen, these had been reported and dealt with appropriately.
- People felt safe and relatives confirmed this. One relative said, "We met the staff before (person) used the service so were confident when we left (person) with them."

Assessing risk, safety monitoring and management

- Positive risk taking was promoted and risks had been assessed, although some records lacked detail. The registered manager immediately requested a review and confirmed this had been completed.
- Safety was monitored. Personal emergency evacuation plans were in place to support emergency services or staff to evacuate people from their homes should a crisis arise.

Staffing and recruitment

- There were enough staff to support people. On occasions agency staff were used, but this was not a regular occurrence. One relative said, "(Person) has 24-hour care with regular staff, they are fabulous, we couldn't find another company as good, absolutely marvellous."
- Visits were monitored to ensure people received their care and support calls when they should.
- Recruitment processes were safe.

Using medicines safely

- Medicines were generally managed well. We did find some recording issues, but the registered manager confirmed they had addressed these straight away.
- Staff had their competencies to administer medicines checked. The registered manager confirmed all staff had received a further review following the inspection.

Preventing and controlling infection

- Personal protective equipment, such as gloves and aprons were available and used by staff.
- Staff had been trained to support people in reducing the risk of cross infection.

Learning lessons when things go wrong

- Accidents and incidents were recorded in people's homes. Staff told us they used this information to try

and ensure the same issue were not repeated. However, the information was not always recorded on the providers IT systems for management to fully monitor as there had been a change in IT processes. This was in the process of being addressed.



# 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 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

- People had their care and support needs assessed prior to using the service to ensure staff could meet them.
- Care and support plans were reviewed monthly to ensure people's care needs continued to be met.

Staff support: induction, training, skills and experience

- Staff were trained to meet people's care and support needs. The registered manager had recently increased face to face training sessions, including emergency first aid and said in the future there would be a good mix of eLearning and class-based training. Relatives were confident in the skills staff had. The provider had recently sourced additional face to face training and was in the process of reviewing their training to ensure it was a good mixture of eLearning and classroom-based sessions.
- Staff received an induction and were supported by their managers. One to one supervision had occurred, and yearly appraisals of staff performance were completed.

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

- People were supported to eat and drink enough nutritious food which met their dietary requirements. One person showed us a picture record of the range of meals they would be having in the coming week.
- Staff had received suitable training. Staff were aware of what they should do if people were at risk of malnutrition or had difficulties eating, which included referrals to healthcare professionals.

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

- People's care and support plans included key contact details of relevant health care professionals. People had hospital passports containing important information to accompany them on any hospital visit.
- Staff worked closely with people, their families and relevant healthcare professionals to manage their specific health care needs, and supported people to attend health care appointments.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's capacity had been considered. Best interest decisions had been made where people required support with more complex issues such as management of finances.
- People's care and support plans described if they needed any support with decision making in relation to the care and support they received.

# 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 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

- Staff were respectful of the people they supported and enthusiastic about their roles. A member of staff said, "We know them (people) well and want the best for them. We all work to make sure they do the things they like, and you will see that when you visit."
- People were treated in a caring way by staff who used a warm, friendly and patient approach. Staff checked if people were happy for us to visit them. People and relatives confirmed staff were polite and had a caring attitude.

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

- People were involved with decisions about their daily routines, including meal choices and activities they wanted to be involved in.
- Feedback was sought from people and their relatives via visits and through surveys. However, surveys were not fully analysed, or feedback recorded. We discussed this with the registered manager who said this was going to be addressed. One relative said, "Me and my wife are involved, we have good input with Aspire. They are very approachable, we get daily feedback."
- Staff supported people if an advocacy service was required, although many people had the support of their families. An advocate is someone who represents and acts as the voice for a person, while supporting them to make informed decisions.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Staff were aware of the need to maintain people's personal space and this was promoted and protected.
- People's preferences for the gender of staff providing personal care was respected.
- People's independence was promoted. Care and support plans highlighted how staff could support people to retain this. One staff member said, "(Person) took a little while to settle here, getting used to the changes. We encourage activities of daily living skills so (person) has become more independent and proud of themselves."

# 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 required improvement. At this inspection this key question had improved to good. This meant 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

- Personalised care was delivered by staff. Some records needed further review, but the registered manager was working to address this.
- Staff supported people to have choice. Staff used picture cards with one person to support this.
- Preferences, including likes and dislikes were recorded, and staff worked to ensure these were achieved. One relative said, "We were involved in the (care and support) plan, we have a copy and the staff at the house do. It highlights triggers for behaviour, likes and dislikes etc. (Person) was also involved in the planning when they came here so it took time."

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.

- Care and support plans were in place to support people's individual communication needs.
- Some people used pictorial formats to support their communication and help them understand.
- People's goals and outcomes were not always recorded in a format which they could understand. The registered manager told us they were going to review this to ensure that people were fully involved, including the use of more visual and colourful outcome tools.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain family ties and links with the local community. One relative said, "They (staff) plan ahead; things aren't done at the last minute, so we go out socialising with (person) and the staff as a family."
- People were able to participate in a range of activities of their choice. This included holidays and trips out to various venues, including football matches and cinemas.

Improving care quality in response to complaints or concerns

- No complaints had been recorded as having been made. People and relatives knew how to complain and had information to support them doing this.

End of life care and support

- No one currently received end of life care. The management team confirmed they would work with healthcare professionals should this occur.
- People's records included information on their end of life wishes, including what type of funeral they planned for. Consideration had been given to their religious views and wishes if applicable.

# 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 has remained the same. Recent changes to the management team had been made, including a new registered manager. Changes to the governance systems had been implemented, but these needed embedded to ensure high quality, person centred care was fully promoted.

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

- People's care and support plans or personal information was not easily accessible to the management team at their head office. The registered manager confirmed that they were working to address this and planned to have all information added to the providers IT system in the very near future. All staff personnel information had been added recently to the same system.
- Some policies and procedures needed review, particularly the medicines policy. The registered manager said this would be addressed in line with National Institute for Health and Care Excellence (NICE) guidance.
- Audits and checks were completed. Some improvements were required, including those in connection with monitoring medicines as they were not fully implemented. The registered manager updated these audits and they were going to be used during all senior management visits to people in their homes.
- The senior management team had completed visits to people in their homes to check on the service provided. The nominated individual confirmed they had not always formally recorded these visits but would address this for future calls. Relatives and staff confirmed visits had taken place.
- There was a registered manager in post who had identified areas for improvement and was working towards these, including further reviews of people's care and support plans.
- The registered manager notified the CQC of all incidents they were legally obliged to.

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

- People were provided with person centred care. One relative told us, "My (person) has been in supported living for three years, for the first two and a half years it was a constant battle. When Aspire came in, within one week we couldn't believe the change in attitude with staff and my (person). Even neighbours commented as they had noticed they were happier, they said you've done the right thing." Another relative said, "(Person) has come on so much from what they were before, (person) goes shopping, to the cinema etc., (person) seems very happy."
- People's and their relatives confirmed their aspirations and goals had been met. However, these outcomes were often difficult to confirm in the paperwork. The management team agreed and said they were going to address this.

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

- The provider and management team kept people and relatives informed when things went wrong and worked quickly to rectify issues. One relative gave us an example of an incident which had impacted on their relative at no fault of the provider. They confirmed the provider were very good in updating them and looking after their relative involved. They said, "We were really impressed with the staff because they talked to our (person) and with us within half an hour of the incident. This helped us talk to (person) about it and (person) seems to be ok."

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

- Staff meetings had taken place, but these were not always recorded or minuted. This was going to be addressed.
- Staff supported people with their individual needs and could demonstrate to us they knew the people they supported well.
- People and relatives/advocates were asked to feedback on the quality of service provided during reviews or other communications or surveys. These had not always been fully analysed, for example, surveys. This was to be addressed.

Working in partnership with others

- The service worked in partnership with other agencies to help provide good care and treatment to people. At the time of inspection, the service was working closely with the local authority and other healthcare professionals.