

Aspire2b Community Interest Company

Aspire2b

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

About the service

Aspire2b is a domiciliary care agency supporting young people with a learning disability or autism and their families. At the time of this inspection the service was supporting five young people in four different families with personal care.

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

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

There were systems in place to recognise and respond to any allegations of abuse. Safe recruitment procedures made sure staff were of suitable character and background. Families received support from a consistent staff team who were knowledgeable and experienced. Any incidents or feedback was shared with staff so lessons could be learnt and practice improved.

Staff were provided with an effective induction and relevant training to make sure they had the right skills and knowledge for their role. Staff were well supported in their jobs. Young people were supported to maintain good health and have access to health and social care services, as required. Young people were supported to have maximum choice and control of their lives; the policies and systems in the service supported this practice.

Families were supported by kind and caring staff who knew them well. Care records provided person-centred information to enable staff to meet young people's needs and wishes. The service was well-led. The service had up to date policies and procedures which reflected current legislation and good practice guidance. There were systems in place to monitor and improve the quality of the service provided.

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 24 April 2020 and this was the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Aspire2b

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 Health and Social Care Act 2008.

Inspection team

The inspection team was made up of one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to young people and their families living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. 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.

At the time of our inspection there was not a registered manager in post. The nominated individual was in process of registering as the manager with CQC. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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 would be in the office to support the inspection.

Inspection activity started on 18 May 2022 and ended on 23 May 2022. We visited the location's office on 20 May 2022.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We sought feedback from the local authority commissioners and safeguarding team, and from Healthwatch, Wakefield. 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 of this information to plan our inspection.

During the inspection

We spoke with two family members about their experience of the care provided. We met with the nominated individual. We spoke with three care workers.

We looked at written records, which included two young people's care records and two staff files. A variety of records relating to the management of the service were reviewed. This included reviewing policies and procedures.

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 of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Families using the service were safe. A family member told us, "I struggle to let anyone take over, but I can and do trust them [staff]."
- There were systems in place to protect people from abuse. The service had up to date safeguarding and whistleblowing policies and procedures. Staff were aware of these and were able to tell us what they would do if they felt anyone they supported was at risk.
- Staff received training in safeguarding children and vulnerable adults. Staff confirmed this when we spoke with them. Staff told us any concerns they reported to their managers would be taken seriously and responded to appropriately.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The nominated individual kept track of any accidents and incidents, including any safeguarding concerns. We saw these were recorded with immediate actions taken. After the incident, reflective comments were recorded alongside what went well and what needed to happen to reduce the risk of repeat events.
- Risks were assessed and recorded. The care records we looked at contained risk assessments. These contained information for staff on what action to take to reduce the level of risk to the young person.
- Lessons learnt and suggestions for improvements were discussed with staff. We saw this was a standing agenda item on team meeting minutes.

Staffing and recruitment

- Recruitment processes were safe. Staff recruitment files contained references to confirm the applicant's suitability in previous relevant employment, proof of identity, including a photograph and a Disclosure and Barring Service (DBS) reference number. DBS checks provide information including details about convictions and cautions held on the Police National Computer. These checks help employers make safer recruitment decisions.
- There were enough staff deployed to cover people's calls in a timely way. Comments from staff included, "There are no missed calls. We [staff] see the same people all the time, and know in advance where and when we are going" and "[There are] no missed calls, I have never known a call not to be covered."
- Families were consistently supported by the same small group of staff. A family member told us, "I see the same two staff from Aspire2b and I have a third to cover [annual leave and sickness], which is amazing. That consistency is great, having the same faces coming in, which is part of the reason it [the support package] is going so well."

Preventing and controlling infection

- The nominated individual had systems in place to reduce the risk of the spread of infections. They told us they had access to adequate stocks of PPE.
- Staff understood how to prevent the spread of infection and confirmed they had access to PPE.

Using medicines safely

- The service did not currently support anyone to take their medicines. However, the provider had policies and procedures in place to cover all aspects of medicines management. Staff had received training in this area.

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. 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's care and support needs were assessed before they started receiving a service. This was to ensure these needs could be met effectively. Care records contained detailed assessments from the referring local authority social workers.
- People's needs were regularly reviewed and care records updated. However, there was no clear audit of who completed these updates, including when or why. We spoke with the nominated individual about this who agreed to make improvements to their record keeping.

Staff support: induction, training, skills and experience

- Staff received a comprehensive induction. This included understanding the service's policies and procedures, reading the care records of the young people they would be supporting, and shadowing more experienced members of staff until they felt confident to work on their own.
- Staff received the training they needed to undertake their jobs effectively. Staff told us they received a mix of online and face to face training. Where a young person had specialist needs staff received specific training to meet those needs. For example, a member of staff told us they had received training in The Picture Exchange Communication System, also known as PECS. This allows people with little or no communication abilities to communicate using pictures.
- Staff received ongoing support from the nominated individual and manager. Staff told us they had regular supervision and they could contact their managers anytime if they needed to. Comments from staff included, "[Name of manager] and [name of nominated individual] are always at the end of the phone, we get lots of support" and "I have never worked for a company this good. Absolutely spot on. [Names of nominated individual and manager] are always very supportive. We work together to gain confidence, if you need training you get it. You're not made to feel silly for asking."

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

- People's nutrition and hydration needs were met. Where they had been assessed as needing support in this area their care records contained guidance for staff on the young person's needs and preferences.
- Some young people required specialist support with eating and drinking. Staff had received specific training at the local hospital on how best to provide this level of support safely and effectively.

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

- Staff worked effectively alongside existing support networks, such as social workers and teachers. A member of staff told us, "I met with [name of young person's] behavioural support worker as well as the

family to get to know [name of young person's] likes and dislikes. I got to know their routine."

- Feedback from local authority commissioners regarding the care provided by Aspire2b was consistently positive. Records from commissioners' meetings with the service showed the care provided was effective and positively impacted on young people's lives.
- Staff contributed to multi-disciplinary meetings regarding the needs of the families they supported. Staff told us they attended these meeting and were asked for their views on how the young person was getting on.
- Staff supported families to access appropriate services to improve their health and well-being. For example, one young person had complex physical health needs and their care worker told us they could contact their community nurse for advice and support, if needed.

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. 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.

The MCA only applies to children who are 16 years and over. The deprivation of liberty safeguards within the Mental Capacity Act 2005 (MCA) do not apply to under 18s.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance in relation to young people.
- Staff were able to tell us how they gave young people choices in their day to day lives, such as what to wear.
- Staff worked alongside family members to ensure the young person's care and support needs were met in the most appropriate way.

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 good. 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

- Family members told us staff were caring. Comments included, "Amazing staff, it is going really well" and "They [staff] are absolutely fantastic, they are more like extended family."
- Staff talked about the families they supported with compassion. They clearly knew them well and were committed to providing the best care possible. A member of staff told us, "We get excellent feedback from every family we work with. We come together as a team and really work well together. It is nice to see the family getting a chance to breathe while we are there."
- Young people were supported by staff who knew and understood their needs and preferences. Staff told us they were matched to families based on their skills and experience. A member of staff told us, "I was introduced slowly and built up relationships with everyone in the family. This meant I could build bonds and trust with the young person and their family."
- The provider complied with the Equality Act 2010. This meant people were not treated unfairly because of any characteristics that are protected under this legislation, such as age and gender. Our discussions with staff confirmed to us they were respectful of young people's rights.

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

- Families were supported to keep in contact with the professionals involved in their care and support. Staff were keen to promote the preferences and needs of the young people they supported.
- The service was flexible and responsive to changes in family's needs. The nominated individual told us, "As we are a small service, we have good connections with families and staff. They all know they can just ring and we are flexible. We don't want to get too big. Families know us, they trust us and like us."

Respecting and promoting people's privacy, dignity and independence

- Staff promoted young people's independence wherever possible. Promoting privacy and dignity was an integral part of new staff's induction to the service.
- Families were treated with dignity and their privacy was respected. A family member told us, "Yes, they [staff] are respectful. They are absolutely fantastic, more like extended family."
- Personal information was respected. Staff we spoke with understood the need to respect people's confidentiality and we saw confidential records were locked away in the nominated individual's office when not in use. Emails containing confidential information were encrypted.

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 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

- Care records were person centred. They contained useful information for staff about the young person's likes and dislikes. A family member told us, "Staff are like sponges, soaking up everything we tell them straight away. You don't have to tell them anything twice. It is refreshing to hear that they want to learn and make suggestions. Coming up with new ideas. [Name of young person] is responding very well to that."
- Care records held information on the young person's current health and support needs, such as personal care. This included guidance for staff on how best to support the young person to meet these needs.

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; End of life care and support

- Young people were supported and encouraged by staff to undertake different activities.
- Staff could access training in end of life care, if required. The nominated individual had developed links with the local children's hospice who could provide this training.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were met. Their communication needs were assessed and recorded. Staff received training, when required on how to best meet these needs.
- Information was made available to families in different formats, such as easy read, pictorial documents.

Improving care quality in response to complaints or concerns

- The service had an up to date complaints policy and procedure in place. Young people and their families were encouraged to give feedback about the service they received.
- People told us they knew the nominated individual and manager well and would be able to contact them if they needed to. A family member told us, "I could definitely go to [name of nominated individual] with any concerns. I know she would go above and beyond to help, she definitely would."
- The nominated individual had a system in place to record any complaints, their response and the outcome. They told us there had not been any formal complaints to date. Our conversations with family members and reviews of care records confirmed this to be the case.

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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The nominated individual had quality assurance and governance systems in place. The service was also audited by Wakefield Local Authority commissioners. The nominated individual recognised their audits could be recorded better and was planning to introduce more formal processes.
- The nominated individual was committed to continually improving and developing the service. For example, staff competencies in providing safe care were observed and outcomes were recorded and discussed in supervision.
- The service had a comprehensive set of policies and procedures covering all aspects of service delivery. We saw these were up to date and therefore reflected current legislation and good practice guidance. Staff told us these were discussed as part of their induction and confirmed they were available to them to view in the office.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 service was well managed. A relative told us, "Yes, the service is managed well. I have no concerns. The service is well organised."
- We found no evidence of a closed culture. This is a poor culture which has an increased risk of harm. There was positive and open engagement between families and staff.
- Staff told us they enjoyed working at Aspire2b. They said they felt valued and supported in their jobs. Comments included, "We [staff] all pull together, we are a good team. We all support each other" and "Everyone knows they can ring each other. We [staff] help each other out."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- There were systems in place to gather feedback about the service. There were regular staff meetings. We saw minutes of these meetings taking place.
- Staff told us they found team meetings useful. One member of staff told us, "We discuss what is going well, share feedback from families and plan ahead."
- The nominated individual and manager worked in close partnership with the local authority staff commissioning the service, such as social workers.
- Staff liaised with other health and social care professionals to discuss any changes and updates to young

people's care and support needs.