

Aspire: for Intelligent Care and Support C.I.C

Adult Placement

Inspection report

St Georges Resource Centre
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Salford
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Tel: 01617932159

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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

This inspection took place on Thursday 31 March 2016 and was announced. We announced the inspection so that staff would be available at the head office to facilitate our inspection.

Adult Placement provides care and support for people over the age of 18 years who need help due to age, illness or disability. Care is provided by approved carers in their own home or, in some circumstances the person's own home. Carers provide support to people on either a long-term basis, for short-breaks (respite) or for day support. The service provides support to approximately 110 people with varying support requirements. The service forms part of Aspire: for Intelligent Care and Support C.I.C and is located in Salford, Greater Manchester.

There was a registered manager in post. 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 not present on the day of our inspection and in their absence; staff from the Adult Placement support team facilitated our inspection.

People using the service told us they felt safe and that the carers treated them well. Carers also had an understanding of safeguarding and how to report concerns. They also told us they had completed relevant training as part of their role.

Carers went through an intensive recruitment process before becoming approved as an adult placement 'carer'. The decision to employ carers was done at panel meetings which included discussions about the suitability of each carer and how they could be matched appropriately to the person requiring support.

We found medication was given to people safely, with records maintained by carers when administered.

The carers we spoke with felt they had the appropriate training and support to carry out their role, although this was not recorded on a training matrix by the service. We discussed this with the co-ordinator who told us they would look to improve how this was recorded.

Carers told us how they supported people to maintain good nutritional intake and promote healthy eating. The people we spoke with told us they enjoyed the foods they ate.

People said they felt treated with dignity and respect by carers, who were also able to describe how they aimed to do this when delivering care. Carers also described how they aimed to promote people's independence.

Carers spoke favourably about the people they cared for and it became clear that very caring relationships had been developed. People were comfortable around carers who they considered to be family and friends.

People had care plans in place which provided carers with clear guidance about how to support people, although the service co-coordinator acknowledged that reviews had fallen behind. They told us they would improve this following the inspection.

People said they enjoyed participating in activities within the local community and had enough to keep them occupied.

There were systems in place to monitor the quality of service being provided. These included checks of medication and that carers were still competent to carry out their work.

Carers spoke favourably of the service and told us they felt it was well managed. They said they were in regular contact with the team and were able to report concerns where necessary.

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 said they felt safe as a result of the support they received. Carers also displayed a good understanding of safeguarding procedures.

People had support plans and risk assessments providing guidance about how to keep people safe.

The service had appropriate recruitment and disciplinary procedures in place.

Is the service effective?

Good ●

The service was effective.

Carers told us they had completed a range of training which had been identified as mandatory by the provider, although this was not recorded on a training matrix

Carers met with management at regular intervals to discuss how things were progressing. These were what the service referred to as supervisions.

People using the service had annual health checks with their General Practitioner (GP) and regular visits with other health professionals to help maintain their general health and wellbeing.

Is the service caring?

Good ●

The service was caring.

The people we spoke with told us they were happy with the care they received and the carers who looked after them.

Carers we spoke with told us about the caring relationships they had developed with people and thought of them as being like friends and family.

People felt staff respected their privacy and promoted their dignity in the way they provided support.

Is the service responsive?

Good ●

The service was responsive.

People had relevant support plans in place, detailing how they would like their care to be provided.

People told us they had access to lots of different activities within the local community.

The service had a complaints policy and procedure so people could complain if they were unhappy with the service they received.

Is the service well-led?

Good ●

The service was well-led.

The service was run by an open and approachable team, who carers spoke highly of.

There were systems in place to monitor the quality of care being provided.

Carers told us they felt the service was well-led and that management were approachable.

Adult Placement

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 Thursday 31 March 2016. The inspection was announced. We gave the service 48 hours' notice of our visit. This was to ensure someone would be at the office when we visited and so that the service could contact people who used the service to arrange for us to visit them, or come into the office.

The inspection was carried out by two inspectors from the Care Quality Commission. Prior to the inspection we reviewed information we held about the service. This included records of any notifications the service are required to send us, such as notifications of any safeguarding incidents. We also contacted other agencies who had involvement with the service based within Salford local authority.

During the inspection we spoke with the adult placement co-ordinator and three adult placement officers employed by the service who were based at the head office. We also spoke with eight carers and four people who used the service. Additionally, we visited the homes of two people who were placed with carers on long-term placements.

We looked at records including four service user files, four carer files and records relating to quality assurance visits at carers homes.



Our findings

We asked people who used the service, if they felt safe as a result of the support they received. Not all people who used the service were fully able to communicate their views to us, although we observed that they appeared happy and comfortable with their carers. A person who used the service also told us; "I feel safe with the staff and they look after me. We are friends". Another person said; "I was assaulted in the past when I was out on my own but I feel much safer now".

The carers we spoke with had a good understanding of safeguarding adult's procedures, how to report concerns and had completed appropriate training. One carer told us; "Simply ignoring someone's care could be classed as abuse. Financial, verbal and physical abuse can all occur". Another carer said; "I always aim to make sure the person we care for is safe and free from harm. If I had concerns I would report it to the office or the police". Another carer added; "It's very important to safeguard the people we care for. Speaking to people inappropriately could be classed as verbal abuse".

The service had clear and safe recruitment and disciplinary processes in place. Recruitment of carers was not just based on previous experience but also the applicant's character, skills and knowledge. When they received an enquiry from a member of the public about becoming a carer staff would visit the person to discuss the application process and carry out a home check to ensure the person lived in the borough and had suitable accommodation.

In addition to this, prospective staff completed application forms, references, DBS (Disclosure and Barring Service) checks and interview questions/responses from the interview stage. These checks ensured carers were suitable to work with vulnerable adults. We asked carers for their views of the recruitment process. One carer said; "When I first applied the process was lengthy. I had to undergo various interviews and background checks. I wasn't until the following summer that I found out I had been successful".

We found people received their medication safely. We found appropriate signatures had been provided by carers when medication was administered. We saw medication was stored safely within houses and out of access of people who used the service. We checked a sample of medication and found it was in date and provided guidance about when to be given and when it was due to expire. Each carer we spoke with told us they had received training in medication administration. Carers also told us that they were responsible for the ordering of medication and that management completed checks when they visited the house.

People had risk assessments within their care plans, which provided information about how to keep people

safe. There were also domestic safety documents which covered all aspects of the home environment and where risks may be present such as door locks, windows, open fires, flammable items. This ensured people were kept safe as a result.

The carers we spoke with told us they didn't have any concerns with staff shortages. People who used the service were either cared for in long term placements, for short periods of respite or for day support. In the main office, we saw a pie chart on the wall which took into account people's dependency levels so that care and support could be provided based on people's individual needs. We were told this was kept under review and would be amended if anything changed about a person's support.



Our findings

The carers we spoke with told us they received enough training to undertake their roles. This included completion of mandatory courses such as safeguarding, health and safety, infection control. Carers told us they often received emails, informing them of different training that was available. At the time of the inspection, the service did not maintain a training matrix to show when refresher training would be due. The co-ordinator told us they would introduce this following our inspection. We were also told it was often difficult getting carers to engage with training and that due to cuts within local authorities, there was not as much training currently available as in the past.

We asked carers about the training and support available. One carer said to us; "It's excellent here. The support is good and emails are sent out telling us what training is available". Another carer said; "We get the opportunity to do training in our own time. There is a good system in place to go through what we have learnt during supervision sessions". Another carer added; "One of the people I support had a recent bereavement and I was offered training around this to help me deal with the situation". A fourth carer also told us; "If I am ever put in a difficult situation, I can just pick up the phone and ask for advice".

There were systems in place to ensure carers received supervision as part of the role. The co-ordinator told us this was usually done when adult placement workers went round to the house to do quality assurance visits. We saw these records were kept within carer personnel files when they had taken place. One carer said to us; "We do have supervision, but it's also at the end of the phone as well. I could ring up any time and help is always there". Another carer said; "Our supervision session is usually tied-in alongside the visits to check the medication".

We looked at how people's nutritional needs were met by the service. We saw the dietary requirements for each person using the service were detailed in their support plans, which included their likes and dislikes and preferred choices. One person told us about how they had chosen to make a change to their life and lose weight. As a result they had lost nearly two stones through exercise and healthier food choices. One carer said to us; "Although (the person) isn't at risk nutritionally or of losing weight, they can't cook their own meals so I support with that". Another carer said; "We tend to do all the food shopping, but (the person) comes with us and chooses the food they want". Another carer said; "I try to guide people towards healthy eating and explain the different food options that are available".

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. At the time of our inspection, the co-ordinator told us there was nobody using the service who was subject to a DoLS (Deprivation of Liberty Safeguards).

People had access to healthcare services such as doctors, dentists and opticians. People using the service had health passports detailing any health issues and treatment. Carers told us they would accompany the person to medical appointments if identified as a support need in their assessments. A person using the service could also ask the carer to go to appointments with them even if this was not an identified support need.



Our findings

People told us they were happy with their carers. One person said; "It's all going ok for me. I like going to Morrison's for lunch and also going dancing. All the carers are nice with me, I like them". Another person said; "It helps me a lot". Another third person with limited verbal communication gave us a 'thumbs up', when we asked if they were happy and feeling well.

The carers we spoke with told us they enjoyed their role and were passionate about caring for people. One carer told us; "(the person) lives with me full time and previously had issues with challenging behaviour. This service has completely changed her life around". Another carer said; "This job is really rewarding and I feel we are really making a difference".

People who used the service and their carers described each other as friends and family. Three of the carers we spoke with had been with Adult Placement for between 20 and 30 years and told us they wouldn't have continued in this role if they didn't enjoy caring for people. We visited one of the carer's homes and saw photographs of carers and the person they cared for, at different stages of their lives. We were told; "We think of (the person) as a daughter".

As part of the inspection, people who used the service came to the office with their carers to speak with us. We observed people were comfortable in the presence of carers and it became apparent that caring relationships had been developed. Carers were knowledgeable about people they cared for and displayed a good understanding of their support needs, likes/dislikes and personal preferences. At one house we visited, we observed one person quietly enjoying completing a colouring book. They appeared comfortable in their surroundings and told us they liked living there. They told us; "I like my carer and everything is ok with me".

The carers we spoke with had a good understanding about how to treat people with dignity and respect. One carer told us; "It's important that I let (the person) choose things to show them respect. I aim to close doors when they use the bathroom and cover them up when they get out of the shower". Another carer told us; "I treat people exactly the same as I would like to be treated. If ever I was told something in confidence, then I would respect that".

Carers were also able to describe how they promoted people's independence wherever possible. One carer said; "(the person) has no road skills so I try and promote their independence by walking them to the curb and teaching them how to stop". Another carer said; "We encourage (the person) to choose their own clothes to keep their independence. If they like something then they will stroke it". Another carer added; "I

encourage (the person) to dress themselves and help to set the table during meal times".



Our findings

The service was responsive to people's needs. One carer said; "It's all going ok so far. We provide support to (the person) with helping to get in and out of bed, washing, showering, administering medication and meal preparation. Someone from the office comes out and does a review each year to check things are ok".

People were referred to the service through the community team for people with learning disabilities. If a person expressed interest in accessing the service their social worker would do an initial assessment of their support needs. Staff visited the person to explain about the service and carried out a detailed assessment to ensure the service could provide an appropriate level of care and support to meet the person's needs. The staff would also meet the person's relatives to discuss how the service could help provide appropriate support.

For long term placements the person using the service would be able to meet with the carer as often as required for them to feel comfortable. This would then progress to overnight stays and then a weekend. The placement would not start until both the person using the service and the carer were happy and service ensured the person's needs could be met appropriately and safely.

The service also used a 'matching process' in determining which carer's people would wish to be supported by. The matching process took into account the personalities, likes, dislikes and character of both carers and people who used the service. This meant that person centred care was provided based on people's individual choices. One carer said to us; "I find it very useful to build relationships based on people's likes and dislikes".

Each person who used the service had their own care plan. This provided guidance to carers about how to care for people. People had care plans in place in relation to health, self-care, leisure, mobility, eating and drinking and sensory/communication. These contained lots of person centred information about people's families, religion, culture, likes and dislikes of food and what types of activities they liked to undertake. We found that reviews of care plans had lapsed and this was acknowledged by the service co-ordinator. We were assured these would be completed following our inspection.

Carers told us how they supported people with activities of daily living in order to develop skills in certain areas. One carer said; "We encourage (the person) to help do their own laundry and cleaning. They also don't properly understand money or how to use public transport so we are currently providing lots of support in these areas". Another person receiving care attended a local college and was doing an animal

welfare foundation course. This person also had a placement at the college doing work experience on the college farm every Friday.

Carers and people who used the service also told us they were able to go on trips and holidays to places where they wanted to go. One carer told us; "We are looking at going to Crete this year. (the person) actively chose where they wanted to go and looked at brochures so we are going to try and sort it out". Another carer told us; "We always aim to do holidays twice a year. We like staying in cottages in different parts of England and would also like to go abroad".

There was a system in place to investigate and respond to complaints appropriately, with the policy and procedure being linked to that of Salford City Council. The carers and people we spoke with told us they had never had to make a complaint about the service they had received. We were told most issues didn't lead to a complaint and were dealt with informally on the phone or face to face. We were told the service worked in a 'no-blame' culture and encouraged feedback from people.

The service also collated compliments and thank-you cards when received from relatives and family members. One thank-you card read; 'We would like to pass out best wishes and thanks for your kindness and help with (the person) over the past 12 months. The Adult Placement team has been a great help. (The person) has settled into her new home well, has made nice friends and is feeling less scared and worried these days'.

People had access to activities within the local community. One carer told us; "(The person) enjoys going out all the time. (The person) goes to a session on Monday where she can access chair exercise and art and they often go ten pin bowling as well". Another person said; "I enjoy doing art work and doing activities at the day centre. I enjoy cooking and like making soup". Another person told us; "I like swimming and playing on my Xbox". Another carer added; "I provide sessional support to one person as day support. It's mainly so they can engage in social activities. We go to drama groups, out for lunch and for long walks".



Our findings

There was a registered manager in post. 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 not present on the day of our inspection and in their absence; staff from the Adult Placement support team facilitated our inspection.

All the staff we spoke with throughout our inspection who were either Adult Placement carers or workers in the office, demonstrated to us that they were clear about their role. They spoke positively about the leadership of the service and knew the lines of responsibility within the organisation. There were staff briefings each morning and lots of informal telephone calls daily, with people also dropping into the service office regularly.

Carers we spoke with told us they felt the Adult Placement scheme was both well-led and managed. One carer told us; "Yes I would say the service is well managed. If ever I've had a problem, I can ask for advice. You are guided through everything and I have no concerns". Another carer told us; "We have been with the service for many years do don't really have much to compare with. Management aren't pushy, are friendly and always seem available". Another carer added; "They are very well organised". A fourth carer also said to us; "I have always found them to be very good".

We found that before carers could start their role, management were involved in the panel process to ensure their suitability. The role of the panel is to consider the applications and assessments for all people wishing to become Adult Placement carers. The aim of the panel process is to ensure that selection of carers is fair and transparent and to ensure management can comprehensively assess and evidence carers have sufficient skills, experience and knowledge to fulfil the role. The panel also ensures that potential carers understand the values and principles and will offer person centred, family based care and support to people.

The service undertook 'carer reviews' to monitor the quality of service being provided. This provided a focus on people living in the household, actions agreed from the previous meeting, training requirements and compliments/complaints. The service also undertook competence checks covering areas such as communication, leading healthy lifestyles, awareness of safeguarding, providing person centred care and finances. There were also health and safety checklists undertaken for carers. This covered utilities,

emergency procedures, domestic safety, kitchen safety/food, health and medication. We saw actions were agreed if certain areas needed to be improved, which ensured people received an improved quality of service as a result.

Carers told us that staff from the office came to their home to conduct an annual review of the placement. This ensured placements were still working well and were appropriate. One carer said to us; "Someone from the office comes out to do a review each year and we are fully involved in that process".

We found systems were in place for the reporting of notifications to CQC, and incidents that involved people that used the service had been reported to us as required. We saw that there were systems and procedures in place for recording of untoward incidents, accidents and events. This information was accessible to look at on people's individual care records as they occurred.