

Aspire In The Community Ltd

Aspire Respite Support Services

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 30 August 2016 and was announced. The provider was given short notice of the visit. This was because we needed to be sure key staff would be available for us to speak with. At the last inspection June 2014, the service was judged compliant with the regulations inspected.

Aspire Respite Support Services is a care home registered to provide care for up to three younger adults who have a diagnosis of a learning disability and/or mental health. At the time of this inspection two beds were being used for longer term placements and one bed was used as a respite service which six people used for 42 to 62 nights each year. The accommodation consisted of three apartments each with their own facilities, including a well equipped kitchen and lounge area, separate bedroom and individual bathing facilities. People who used the service had access to local community facilities such as shops, pubs and churches.

The service did not have a registered manager. However, the service was actively looking to appoint a manager and while this process is taking place the nominated individual who was one of the managing directors for the organisation was acting as the 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 and associated Regulations about how the service is run.

Some people we spoke with had limited verbal communication. However, they very clearly indicated they felt safe and were happy living in the home, liked the staff and did the activities they liked to do. Picture cards were used for some people who used the respite bed for holiday stays to help them express their thoughts and wishes.

There was a strong person centred and caring culture within the service. (Person centred means that care is tailored to meet the needs and aspirations of each person, as an individual.) The vision of the service was shared by the management team and staff.

There were enough skilled and experienced staff and there was a programme of training, supervision and appraisal to support staff to meet people's needs. Procedures in relation to recruitment and retention of staff were robust and ensured only suitable people were employed in the service.

The acting manager was aware of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). There were policies and procedures in place and key staff had been trained. This helped to make sure people were safeguarded from excessive or unnecessary restrictions being placed on them.

Medications procedures were in place including protocols for the use of 'as and when required' (PRN) medications. Staff had received training in medication management and medication was audited in line with the provider's procedures. There was good guidance for staff regarding how people expressed pain or

discomfort, so they could respond appropriately and seek input from health care professionals, if necessary. People had access to a good range of health care services and staff actively advocated for people if they felt health care services were not as responsive as they should be.

People were encouraged to make decisions about meals, and were supported to go shopping and be involved in menu planning. We saw people were involved and consulted about all aspects of their care and support, where they were able, including suggestions for activities.

We observed good interactions between staff and people who used the service. People were happy to discuss the day's events and one person told us about their likes and interests. One person told us how they liked to cook and invited staff to join them for a meal.

People told us they were aware of the complaints procedure and said staff would assist them if they needed to use it.

They had systems in place to assess and monitor the quality of the service and to continually review safeguarding concerns, accidents and incidents. Where action plans were in place to make improvements, these were monitored to make sure they were delivered. We saw copies of reports produced by the acting manager and by an external assessor. The reports included any actions required and these were checked each month to determine progress.

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.

Staff knew how to recognise and respond to abuse correctly. They had a clear understanding of the procedures in place to safeguard people from abuse.

There were enough qualified, skilled and experienced staff to meet people's needs. We saw when people needed support or assistance from staff there was always a member of staff available to give this support. There were robust recruitment systems in place to ensure the right staff were employed

Medicines were stored and administered safely. Staff were appropriately trained to support people with this task.

Is the service effective?

Good 

The service was effective.

People were supported to have their assessed needs, preferences and choices met by staff that had the necessary skills and knowledge. Staff received regular supervision to ensure they were given the opportunity to discuss their development and training needs.

We found the service to be meeting the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) and the staff we spoke with had good knowledge of this.

People were supported to eat and drink sufficient to maintain a balanced diet. People were supported to maintain good health, have access to healthcare services and receive on going healthcare support.

Is the service caring?

Good 

The service was caring.

People told us they were happy with the support they received. We saw staff had a warm rapport with the people they cared for. Relatives spoke positively about the staff at all levels and were

happy with the care.

People had been involved in deciding how they wanted their care to be given and relatives told us they discussed this before they stayed at the home.

Is the service responsive?

Good ●

The service was responsive.

We found that peoples' needs were thoroughly assessed prior to them staying at the service. A relative told us they had been consulted about the care of their relative before and during their stay at the home.

Communication with relatives was very good. One family member we spoke with told us that staff always notified them about any changes to their relatives care.

The service had a complaints procedure that was accessible to people who used the service and their relatives. People told us they had no reason to complain as the service was very good.

Is the service well-led?

Good ●

The service was well led.

The systems that were in place for monitoring quality were effective. Where improvements were needed, these were addressed and followed up to ensure continuous improvement.

People were regularly asked for their views. Regular meetings were used to ensure continued involvement by people living at the home.

Accidents and incidents were monitored monthly by the acting manager to ensure any triggers or trends were identified.

Aspire Respite Support Services

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 30 August 2016 and was announced. The provider was given 48 hours' notice because we needed to be sure that someone would be in. The inspection was undertaken by an adult social care inspector. At the time of this inspection two beds were being used for longer term placements and one bed was used as a respite service which six people used at various times of the year to give the family carers some respite from their caring roles. We spoke with one person in detail and also spoke with the relatives of the six people who used the respite bed. We spoke with two support staff, a team leader and the acting manager. We observed how staff interacted and gave support to people throughout this visit.

Before our inspection, we reviewed all the information we held about the home including notifications that had been sent to us from the home. We had received a provider information return (PIR) from the provider which helped us to prepare for the inspection. 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 looked at documentation relating to people who used the service, staff and the management of the service. We looked at two people's written records, including the plans of their care. We also looked at the systems used to manage people's medication, including the storage and records kept. We looked at the quality assurance systems to check if they were robust and identified areas for improvement. We also received very positive written information from two social care professionals.

Is the service safe?

Our findings

We asked if people felt safe in the home and they said that they did. For instance, one person said, "I feel very safe, the staff take care of us and they are all very nice." Some people had limited verbal communication. However, they very clearly indicated they felt safe and happy living and staying at the service. We saw staff supporting people and they interacted well with them, people were relaxed, happy and well cared for. Relatives we spoke with told us that their family member was kept safe and supported by well trained staff. One relative said, "I was really anxious as my [family member] had only recently moved from children's services but the manager understood my family members support needs and they are very settled when they use the respite service." Another relative said, "I would know if something was wrong but my [family member] is always happy and settled when they go, and they are the same when they come back home."

We spoke with staff about their understanding of protecting adults from abuse. They told us they had undertaken safeguarding training and would know what to do if they witnessed bad practice or other incidents that they felt should be reported. They said they would report anything straight away to the acting manager. We saw staff had received training in this subject.

Staff we spoke with told us that there were sufficient staff on duty to make sure people were safe and that their needs were met and the service operated in a flexible way. We were told by staff that if they needed additional help then this was available. The acting manager told us that on some occasions some people needed two to one ratios so that people were safe in the community when accessing activities. This was always provided. The acting manager also worked some shifts so that they could have hands on experience working and supporting people.

Support staff knew how to identify if a person may be at risk of harm and the action to take if they had concerns about a person's safety. People's plans included risk assessments. These told the staff about the risks for each person and how to manage and minimise these risks. People's needs had been assessed and their care given in a way that suited their needs, without placing unnecessary restrictions on them. The service had an effective system to manage accidents, and incidents and to learn from them, so they were less likely to happen again. This helped the service to continually improve and develop, and reduced the risks to people.

Where the risk had been identified that people might display behaviour that was challenging to the service, there was clear guidance to help staff to deal with any incidents effectively.

There were emergency plans in place to ensure people's safety in the event of a fire. We saw there was an up to date fire risk assessment and people had an emergency evacuation plan in place in their records. Routine monthly checks were completed in each of the three apartments.

We found that the recruitment of staff was robust and thorough. This ensured only suitable people with the right skills were employed by the service. The acting manager showed us files for newly employed staff which also included their induction records.

We checked four staff files and found appropriate checks had been undertaken before staff began working for the service. We saw a reference to confirm that a satisfactory Disclosure and Barring Service (DBS) check had been undertaken. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Medicines were stored and administered safely. Staff and some people that used the service were aware of what medicines were to be taken and when they were required. All medication was stored appropriately. Where people were unable to consent to taking their medications we saw appropriate mental capacity assessments had been undertaken. There was an audit system in place to make sure staff had followed the provider's medication procedure. We saw the acting manager had carried out regular checks to make sure medicines were given and recorded correctly. Staff had received training in the safe management of medicines and regular competency checks were undertaken by managers to ensure staff were adhering to policies and procedures.

Some people were prescribed medicines to be taken only 'when required', for example painkillers and medication to help with agitation. The support worker we spoke with knew how to tell when people needed these medicines and gave them correctly. We were shown protocols to assist staff when administering these types of medication.

Is the service effective?

Our findings

People were supported to live their lives in the way that they chose. The acting manager told us that people living at the home were encouraged to maintain their lifestyles with the support and encouragement of staff. People told us that staff helped them to develop their person centred plans (PCP) which detailed the support they would need to undertake certain tasks. For example, assistance with personal care, likes/dislikes and things they enjoyed doing. Relatives we spoke with told us that they were very satisfied with how support was delivered at Aspire. One relative we spoke with told us that their family member was very settled living at the service. They said, "They [staff] know what to look for when my [family member] mental health deteriorates. They [staff] act quickly and know the strategies to implement during these times." Another relative said, "We were all fully involved and the manager came and asked us the right questions so that they could understand my [family members] support needs. Another relative said, "They [staff] try to follow the usual routine and minimise any unexpected things that may upset my [family member]."

Some people who used the respite service were unable to communicate verbally to us. We spoke with their relatives who told us that the staff knew their [family members] very well. For example, staff knew what to look for if the person was happy or sad.

People's care records showed that their day to day health needs were being met. People had access to their own GP and hospital professionals. One relative told us that staff went with their family member to hospital appointments, although most relatives said they liked to accompany their family member and then communicated any changes to the staff at the service. Records showed that people were supported to also access other specialist services such as chiropody and dental services.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). 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 were being met. The care plans we saw demonstrated that people's mental capacity had been considered. Throughout the care plan we saw it detailed whether the person had the capacity to make and communicate decisions about their day to day care, along with more complex decisions, such as their health care needs or financial expenditure. The acting manager told us that three people who used the respite service and one long stay person had an authorised DoLS during their stays at the service.

The staff we spoke with during our inspection understood the importance of the MCA in protecting people

and the importance of involving people in making decisions. We were told that all staff had received training in the principles associated with the MCA and DoLS.

Records we looked at confirmed staff were trained to a good standard. Team leaders, senior support workers and support workers had obtained nationally recognised certificates in learning disabilities. The acting manager told us all staff completed a comprehensive induction which included, care principles, service specific training such as, equality and diversity, expectations of the service and how to deal with accidents and emergencies. Staff were expected to work alongside more experienced staff until they were deemed to be competent.

The staff we spoke with told us about the training they had received which was specific to the service provided. The training covered all aspects of supporting people that used the service. It was clear from our observations that the training staff received was fully integrated into the way people were supported. The acting manager told us that all staff also received conflict resolution and physical intervention training which were created on a bespoke basis, drawing on proven core modules, and were tailored to meet the specific needs of people who used the service. Relatives we spoke with told us that the staff really understood how to treat people as an individual. One relative said, "Staff enable my relative to lead a fulfilling life and not treating them as disabled." Another relative said, "They [staff] know my [family member] very well. They always make sure they communicate with us and tell us how they have been during their stay."

The acting manager was aware that all new staff employed 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.

Systems to support and develop staff were in place through regular supervision meetings with the acting manager. These meetings gave staff the opportunity to discuss their own personal and professional development as well as any concerns they may have. Appraisals were also in place.

Staff confirmed to us that they received regular supervision on an individual and group basis, which they felt supported them in their roles. Staff told us the acting manager was always approachable if they required advice or needed to discuss something. They said regular staff meetings and handovers were also used to support staff and they felt able to discuss any problems they may be experiencing.

Support staff assisted people to have a balanced diet of their choice. Most people who used the service were encouraged to go with staff to obtain shopping during their stay. One person who used the service told us that they liked to cook for staff and often invited staff to join them for a meal. Where people needed support with making choices and communicating their preferences pictorial menus and objects were used to help people with this.

Where people did not communicate verbally relatives were involved in informing staff about their family members likes and dislikes in relation to their meals. Staff told us that some people liked to prepare their own meals and required very little supervision. Others required more support from staff. Each person had a meal time activity plan devised prior to commencing their stay at the home, which included meals out of the home at local pubs and fast food restaurants.

Is the service caring?

Our findings

People experienced care that was empowering, supportive and individual to their needs. Staff were respectful, compassionate and caring which helped to create a safe environment where people could develop skills and independence. Relatives we spoke with told us they were fully involved in developing their family member's plans. The support plans described how people wanted to receive their support and told staff who was important to them and things they liked to do. For example, visiting the cinema, swimming, walking and shopping. They also told us how they needed support with hospital and other health appointments.

People told us that staff were respectful and spoke to them in a way that made them feel at home. One person we spoke with said, "Staff respects my wishes by always ringing my door bell before asking if it's okay for them to come into my apartment."

Relatives we spoke with said the care was excellent. One relative said, "I would recommend this service to anyone." Another said, "We are very involved in everything that my [family member] gets involved in when they are in respite. We complete an admission form and that tells staff any changes in things like medication or their health. They are very good." Another said, "The communication with the service is excellent. They keep us informed all the way through their stay."

We observed staff interacting with people in a positive encouraging way. People were asked what they wanted to do during their time at the service and there was lots of encouragement given to people to undertake household tasks like cooking their own meals and tidying their accommodation.

We saw that staff attended to people's needs in a discreet way, which maintained their dignity. Staff also encouraged people to speak for themselves and gave people time to do so. They engaged with people in a respectful and encouraging way, to help them to be as independent as they could be.

One relative we spoke with told us that staff were caring and supportive. They said they were very satisfied with the care provided and felt involved in their family members care. They told us that when their family member was admitted for a holiday stay staff communicated any necessary information so that they could enjoy their break. Things like a planner with suggested activities. One relative said, "We asked for some of the activities to be changed and this was done immediately."

Staff retention was good, and staff knew people well and had built good relationships. They came across as very committed and there was a nice, relaxed atmosphere. One staff member we spoke with said, "We all work to the same set of values, we all make sure the care is centred on the individual."

We looked around the apartments and the acting manager told us that each person had their personalised bedding ready for each admission. They told us this helped to settle people who used the service and personalise their stay at Aspire.

Is the service responsive?

Our findings

We found people who used the service received personalised care and support. They were involved in planning the support they needed. We looked at two person centred plans for people who used the service. One person we spoke with told us they were happy for us to look at the records and they told us they were aware of the plan and what was included in the records. Each person also had a separate health action plan which included things medical staff should know if the person became ill and needed hospital attention. This information was recorded using a traffic light system. For example red indication what was important for health professionals to know. Amber indication that was important to them and green indication what made them happy.

The plans were kept under constant review as well as a formal review each year when all health care agencies were involved. We saw records of reviews which had taken place which was very detailed. Relatives we spoke with confirmed that they had been involved in the review process.

We spoke with a care manager from one of the placing authorities for one person who used the service they said, "The person I represent has a severe learning disability and has complex and challenging behaviour. Alongside this their sole carer is very anxious and so the manager works as part of their core team supporting the team, ensuring consistency and ensuring good communication to the carer. In terms of activities the supports workers developed a very personalised and robust weekly planner which included supporting the person to take part in activities of their choice."

Staff we spoke with told us that they worked flexibly to ensure people who used the service could take part in activities of their choice. They said activities such as attending social events and going for meals were arranged around people who used the service. One person we spoke with told us they liked to cook meals for staff and invite them to join them to make it a social event. A relative we spoke with told us that the service helped their family member to maintain their activities during their holiday stays at Aspire. Another relative told us that their family member needed support from two staff to engage in activities in the community and they said staff were always available to facilitate this.

People were provided with information about the service. This is called a 'Service User Guide'. The information was set out in different format such as easy read format which included photographs and pictures used to illustrate the main points.

The acting manager told us there was a comprehensive complaints' policy and procedure, this was explained to everyone who received a service. It was written in plain English and there was an easy read version which was available to those who needed it in that format. We looked at the records which also included a section for compliments and we saw a number of relatives had sent in cards following their family members stay to thank staff for the service and support they provided. The acting manager told us that they met regularly with staff, people who used the service and relatives to learn from any concerns raised to ensure they delivered a good quality service.

People we spoke with did not raise any complaints or concerns about the care and support they received. The relatives we spoke with told us they had no concerns but would discuss things with the staff or the manager if they needed to raise any issues. Relatives told us that they would highly recommend the service to others in similar circumstances.

Staff told us if they received any concerns about the service they would share the information with the team leader or the provider. They told us they had regular contact with their manager both formally at staff meeting and informally when the acting manager carried out observations of practice at the service. This ensured good communication and sharing of information.

Is the service well-led?

Our findings

The service did not have a registered manager at the time of the inspection. However, the service was actively looking to appoint a manager and while this process is taking place the nominated individual who was one of the managing directors for the organisation was acting as the manager.

The acting manager told us that the provider had a clear vision and set of values that the service works towards. This involved treating people with dignity and respect and enabling people who used the service to be independent while ensuring their rights and choices were maintained.

We spoke with a community mental health care manager who worked with one person who used the service they said, "I have found the communication from the manger and staff excellent, I have found that their responses are prompt when dealing with certain problems in managing the care of my client. All the procedures were followed and adhered to appropriately, NHS 111 were called immediately when required and they were given feedback from health professionals staff and ensured risk assessments were updated and introduced to all staff."

We also spoke with a social care manager who said, "I was impressed with the staffs approach, very welcoming but questioning whom I am and looking at my badge. Some staff were free from 1to1 support and were cleaning the property and preparing for their next activity. Their approach seemed calm and confident something that I think is important in a home environment." They went on to say that they had a great deal of confidence in how the home was managed demonstrating clear values and a strong leadership which helped guide staff.

People who used the service were actively encouraged to give feedback about the quality of the service. Relatives we spoke with told us they had regular meetings where they were encouraged to raise concerns and to talk about things like outings, holidays, activities and food.

Observations of interactions between the registered manager and staff showed they were inclusive and positive. All staff spoke of a strong commitment to providing a good quality service for people staying in the home. They told us the acting manager was approachable, supportive and they felt listened to. One member of staff said, "We all work as a team. Most of the staff have worked here for a number of years so that says we all love working with the people we support." Another member of staff told us how they felt supported by the team leader and the acting manager who was always available if needed for advice.

Staff were able to attend regular meetings to ensure they were provided with an opportunity to give their views on how the service was run. Daily handovers were also used to pass on important information about the people who used the service. Staff told us that it was important to communicate information to each other, especially if they had been away from work for a few days. We observed handover from the morning shift to the afternoon shift. This was managed professionally and the information helped to set out what was needed to make the shift run smoothly.

The provider had effective and robust systems in place to monitor and improve the quality of the service provided. Monitoring of the service included looking at how the acting manager audited things like health and safety, infection control and medication. We saw there were clear fire risk assessments in place and regular maintenance of the fire alarm system took place to ensure equipment was well maintained.

Accidents and incidents were monitored by the acting manager to ensure any trends were identified. We were shown how accidents or incidents were monitored to reduce the risk of their reoccurrence. The acting manager confirmed that they knew all notifications that should be reported to the Care Quality Commission.

The acting manager showed us an external audit of the service which had been conducted in September 2015. It identified areas for improvement. The acting manager showed us the action plan established following the audit which showed timescales and outcomes. This told us that they had listened to external professionals to improve the service.