

## Aspirations Care Limited

# Aspirations (Northampton)

### 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 

### Overall summary

This unannounced inspection took place on the 6 and 22 July 2015. Aspirations (Northampton) provide personal care and supported living for people living with learning disabilities in their own homes. There were 46 people receiving personal care during this inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People received their care and support from sufficient numbers of staff that had been appropriately recruited and had the training to provide safe care. People's care plans were individualised and had been completed with the involvement of staff, advocates and family that knew them well. People's care and support took into account their individuality and their diverse needs.

# Summary of findings

People's care needs and any associated risks were assessed before they used the service. Risks were regularly reviewed and, where appropriate, acted upon with the involvement of other professionals so that people were kept safe. People's medicines were appropriately managed and safely stored.

People were supported by staff that received the managerial guidance they needed to do their job. Staff were suitably supported to carry out their roles.

Staff had the training and acquired skills they needed to support people with challenging behaviours to enable them to take part in activities in the community. People

were supported to maintain their links with the community and with significant others, such as friends and relatives. People were supported in a practical and emotional way during times of change.

People were supported to have enough to eat and drink to help protect them from the potential adverse effects of poor nutrition and people's healthcare needs were met.

Appropriate and timely action was taken to address people's complaints or dissatisfaction with the service provided. There were systems in place to monitor the quality and safety of the service.

# Summary of findings

## 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.

People received their care and support from sufficient numbers of staff that had been appropriately recruited and had the training to provide safe care.

People's medicines were appropriately managed and safely stored.

People's care needs and any associated risks were assessed before they used the service.

Risks were regularly reviewed and, where appropriate, acted upon with the involvement of other professionals so that people were kept safe.

Good



### Is the service effective?

The service was effective.

Staff knew their responsibilities as defined by the Mental Capacity Act 2005.

Staff had the training and acquired skills they needed to support people and enable them to take part in activities in the community.

People were supported to have enough to eat and drink to help protect them from the potential adverse effects of poor nutrition.

People's healthcare needs were met.

Good



### Is the service caring?

The service was caring.

People were supported by staff that knew them well.

People's care and support took into account their individuality and their diverse needs.

People's privacy and dignity were respected.

People were supported in a practical and emotional way during times of change.

Good



### Is the service responsive?

The service was responsive.

People were supported to maintain their links with the community and with significant others, such as friends and relatives.

People's care plans were individualised and had been completed with the involvement of people that knew them well.

Appropriate and timely action was taken to address people's complaints or dissatisfaction with the service provided.

Good



### Is the service well-led?

The service was well-led.

Good



# Summary of findings

There were systems in place to monitor the quality and safety of the service.

People were supported by staff that received the managerial guidance they needed to do their job.

# Aspirations (Northampton)

## 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 unannounced inspection was carried out by an inspector and took place on the 6 and 22 July 2015. Before our inspection, we reviewed information we held about the provider including, for example, statutory notifications that they had sent us. A statutory notification is information about important events which the provider is required to send us by law.

During this inspection we were unable to meet or speak with people who used the service due to their complex needs and behaviours however we spoke with five relatives. We looked at the care records of the four people. We spoke with the registered manager, and ten staff. We looked at six records in relation to staff recruitment and training, as well as records related to quality monitoring of the service by the provider and registered manager.

We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, maintenance schedules, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

# Is the service safe?

## Our findings

People were safeguarded against the risk of being cared for by persons unsuited to, or previously barred from, working in a care home because staff were appropriately recruited. Staff were checked for criminal convictions and satisfactory employment and character references were obtained before they started work.

People were safeguarded from physical harm or psychological distress arising from poor practice or ill treatment. Managers and care staff understood their responsibilities to respond to allegations of abuse and protect people. Where staff had suspected ill treatment or poor practice they had followed the correct procedures and reported this to their manager. All concerns had been passed to the local authority safeguarding team and the manager had carried out investigations where safeguarding team had requested this.

People's assessed needs were safely met by sufficient numbers of experienced staff on duty. Each person had a team of staff allocated to them; all staff had in-depth knowledge of people's needs. People received care from staff that knew them well; staff understood how to maintain people's safety and well-being as they had insight into people's complex needs.

People were protected from the risks associated with living in their homes. Staff regularly updated risk assessments for

the health and safety of people in their own homes. Staff checked that equipment designed to help protect people from possible harm were working such as the carbon monoxide alarms, fire alarms and fire extinguishers. Where staff identified that items required repair this was passed onto the manager, and followed up at the next check.

Peoples' individual plans of care contained risk assessments to manage risks such as safety in the community, for example travelling in a car. Care plans were devised to mitigate the risks; these included very detailed information to provide guidance for staff to follow to help prevent any triggers for challenging behaviours that could put people at risk whilst in the community. Individual plans of care were reviewed on a regular basis to ensure that risk assessments and care plans were updated regularly or as changes occurred.

There were appropriate arrangements in place for the management of medicines. Staff that had received training in the safe administration, storage and disposal of medicines. Staff followed guidelines for recording that medicines were given and regular checks were undertaken by the managers to check staff compliance to the policy and the levels of stock.

Care plans accurately provided staff with up-to-date information about people's healthcare needs, their mobility, and other factors that had to be taken into consideration so that safe care was provided.

# Is the service effective?

## Our findings

People were provided with effective care and support. New people were assessed on referral to the service to enable the service to determine whether they were able to meet their needs and to put individual plans of care in place. Individual plans of care contained details about people's preferred preferences; where possible people were involved in the development of their individual plans of care and they knew what they contained. People were involved in decisions about the way their support was delivered and staff understood the importance of obtaining people's consent when supporting them with their daily living needs. Staff demonstrated their understanding of the importance of obtaining consent to care.

People's care plans contained assessments of their capacity to make decisions for themselves. Where people did not always have the capacity the details of people that could help with making decisions on their behalf in their best interests such as an advocate, family and care managers were clearly indicated in the care plans. Some people were unable to communicate verbally, however as people were cared for by staff that knew them well and understood their behaviours people's consent to care was sought by the monitoring of people's behaviour, staff gauged people's consent by their emotional well-being and compliance to care.

Staff had a good knowledge of people's individual care needs; in particular the need to manage complex behaviours by means of behavioural support plans which enabled staff to consistently provide effective care tailored to the needs of each person. Effective communication systems were in place to ensure that staff were updated when people's needs changed; staff told us they were regularly updated and that they fed back any concerns that they had about people's well-being to the manager so that appropriate action could be taken such as referrals to a GP or other appropriate health professional.

People were supported to have enough to eat and drink to help protect them from the potential adverse effects of poor nutrition. Staff bought and prepared the food, and

where possible involved the person in choosing or preparing their meals. Care plans provided information for staff on how to present meals for example; one person required their food to be cut into small pieces. Records showed that people had regular nutritious meals which included a range of fruit and snacks.

People's needs were met by staff that were effectively supervised. Staff received supervision with their manager; staff told us that the managers were readily approachable for advice and guidance. The supervisions were used to discuss subjects such as staff training needs and discussions about team working to ensure that people's needs are met.

People benefited from receiving support from staff that were skilled and experienced. People were supported by staff that had undergone training in Positive Behaviour Management which the provider had found to reduce the use of physical interventions. Staff told us they were confident that they were able to effectively support people when they start to show signs of challenging behaviour as they understood people's personal triggers which led to the behaviours; staff used diffusion and distraction techniques to prevent the triggers which allowed for the planning of activities and community access.

However, the provider could strengthen the training provided to staff to meet the individual physical needs of the people they care for, such as care of diabetes. Newly recruited staff received an induction that prepared them for their role. They also initially worked alongside an experienced member of staff and completed their induction training programme before they took up their care duties.

People were supported to maintain good health; there were systems in place to ensure that people received regular healthcare checks such as dentist and well woman checks. There were appropriate arrangements for people to receive medical care in a hospital; information sheets that contained the important details of each person were readily available to take in an emergency. People had easy read information about hospital visits to prepare them for planned appointments.

# Is the service caring?

## Our findings

People were cared for by staff that were committed to providing good quality care. Staff showed a compassion for the people they cared for and gave examples of how they communicated with people who could not verbally communicate. People were cared for by staff that were committed to providing their care, this was demonstrated by staff who had looked after individuals for many years. Staff told us about the importance of having staff that knew the clients well, “it is vital that people are looked after by people that know them properly so that people feel comfortable and staff know how to keep people safe”. We saw that new staff took time to get to know people and were supported by the regular staff. One relative told us that staff knew the person who used the service very well and added “the staff are very good, we’re quite pleased with the care [person] is getting”.

Most people were unable to verbally communicate, however, relatives told us they were very happy with the

care the people using the service received. They described how caring the staff were, one relative said “[the staff] are so kind and caring, they take [person] out shopping, and [person] is so happy”.

Staff recognised when factors could affect people’s quality of life. One member of staff described how people who shared living accommodation had increasingly different physical needs and showed concern that one person could potentially miss out on social activities. The member of staff had ensured the manager was aware of the situation and processes were in place to maintain the social activities of the person.

People were supported in a practical and emotional way during times of change. People had access to an advocate to help them make important decisions in their lives. Managers ensured as much as possible that people were cared for by staff who knew the person well, so that in times of change in people’s lives staff could help people to adjust to the changes.



# Is the service responsive?

## Our findings

People could not always be involved in planning and reviewing their care due to their complex needs, so staff who knew the people well, advocates and families were involved in reviewing plans of care. The way people responded to their care and support was accurately recorded. Their care and treatment was planned and delivered in a way that had the most positive impact on people's behaviours. We saw that care was reviewed regularly to ensure that people received care that met their changing needs.

People's support was organised to fit in with people's daily routines, such as when they took part in activities in the community. Each person had a team of staff, some teams were dedicated to just one person. The teams supported people to live their daily lives with as much meaningful activity and personal fulfilment. Peoples' care was planned around what they enjoyed such as swimming, one member

of staff said "[person] is a real water baby, they love swimming". We saw that their care was structured around proving staff to enable them to carry out the swimming regularly.

Staff understood the importance of maintaining people's relationships with their friends and families. People were helped to be prepared to see their families and plan for special occasions such as birthdays or father's day by making cards or buying presents. Staff put a lot of thought into helping people demonstrate their emotions to their families through these activities.

There were appropriate policies and procedures in place for complaints to be dealt with. There were arrangements in place to record complaints that had been raised and what had been done about resolving the issues of concern. Those acting on behalf of people unable to complain or raise concerns on their own behalf were provided with written information about how and who to complain to.

# Is the service well-led?

## Our findings

People were supported by a team of staff that had the managerial guidance and support they needed to do their job. People benefited from receiving care from a cohesive team that was enabled to provide consistent care they could rely upon.

There was a registered manager in post. The registered manager had the knowledge and experience to motivate staff to do a good job. Staff said the manager used regular supervision and appraisal meetings with staff constructively and were always available if they needed advice.

People were assured of receiving care from a service that was competently managed on a daily as well as long-term basis. Records relating to the day-to-day management were kept up-to-date and individual care records we looked at accurately reflected the care each person received.

People's care records had been reviewed on a regular basis and records relating to staff recruitment and training were fit for purpose. Records were securely stored to ensure confidentiality of information.

Policies and procedures to guide staff were in place and had been updated when required. We spoke with staff that were able to demonstrate a good understanding of policies which underpinned their job role such as safeguarding people, health and safety and confidentiality.

People's entitlement to a quality service was monitored by the audits regularly carried out by the registered manager and the team managers. The registered manager had identified that team managers carried out different audits to each other and recognised that these required standardising so that quality monitoring was consistent throughout the service. Audits were analysed and evaluated, and steps were taken to improve the service from feedback from relatives.