

Aspire Community Benefit Society Limited

Aspire Specialised

Supported Living Service

Inspection report

2 Westfield Court
Lower Wortley Road
Leeds
LS12 4PX

Date of inspection visit:
08 September 2020
09 September 2020
10 September 2020
14 September 2020

Date of publication:
07 October 2020

Ratings

Overall rating for this service	Inspected but not rated
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Is the service safe?	Requires Improvement 
Is the service well-led?	Good 

Summary of findings

Overall summary

About the service

Aspire Specialist Supported Living Service provides support to assist people to live more independently in Supported Living premises in Leeds. At the time of the inspection eight people were supported across two sites. At one site, seven people lived within a purpose-built accommodation with large gardens which opened in March 2020. Accommodation was split into two separate buildings, with capacity for up to 14 people. Further support packages were planned as more people moved in over the coming weeks. A further person was also supported at separate accommodation nearby.

The way the service was set up and staff worked promoted the principals and values underpinning Registering the Right Support.

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

People and relatives we spoke with praised the service and said that staff were kind and caring and had helped people settle into the service well. We found some improvements were required to medicines management procedures, the management team responded positively to these issues and we were confident they would be promptly addressed.

Risks to people's health and safety were assessed and appropriately managed. The service had worked closely with professionals to help meet people's needs. Detailed and person-centred risk assessments were in place. Incidents were recorded although more robust analysis was required to track themes and trends over time. There were enough staff deployed to ensure people received appropriate care and support, the main accommodation was over staffed as some people had yet to move in. Staff adhered to good infection prevention practice.

The service had operated almost entirely under COVID-19 restrictions and this had made setting up a new service very challenging. We concluded the management and staff team had worked well during this time, providing extensive on the ground support to people and staff to help reduce risks to people.

Whilst the service had only been operating for several months, we found care and support was person-centred and with support being tailored to people's individual needs. People, staff and relatives all praised the service and the management team. Governance systems were in place and these were continuing to be adapted and developed as the service progressed. People's views and feedback were acted on and used to make improvements to the service. More formal feedback mechanisms continued to be developed.

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 25 July 2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on our inspection schedule. We completed a focussed inspection. During this inspection we looked at two key areas Is the service safe? and Is the service well-led? We do not look at all the five key questions during a focussed inspection. Therefore, the service was not given an overall rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

Details are in our safe findings below

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Aspire Specialised Supported Living Service

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.

This was a focussed inspection to check safety and leadership within the home. The service was registered in July 2019 and began operating in March 2020. We wanted to check these key areas of service provision now it was fully operational.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in two 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of our site visit. Due to the COVID-19 pandemic, we needed to check the COVID-19 status of the service and make arrangements to visit people's home's safely to reduce the risk of infection transmission.

Inspection activity started on 8 September 2020 and finished on 14 September 2020. We visited the main supported living premises and offices on 9 September 2020.

What we did before the inspection

We reviewed information we had received about the service since it registered with us. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and three relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, service manager, and support workers. We reviewed a range of records. This included elements of three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received feedback from a professional who works with the service.

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 for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was not complete assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Some improvements were needed to medicines systems to provide us with assurance they were consistently managed in a safe way. We had confidence in the registered manager who began immediately improving systems to address the points we raised.
- In most cases Medicine Administration Records (MAR) were well completed, and all medicines could be accounted for. However, one person received a variable dose of a medicine and the amount administered had not been consistently recorded.
- Basic medicines checks took place, although more detailed audits were required. We saw new paperwork was in the process of being introduced to address this. Staff received training in medicines management, were observed and formal competency assessments carried out, although some staff still needed these completing. A plan was in place to address.
- Medicines were stored safely and appropriately. Clear records were kept and there was an effective strategy to keep the use of "as required" medicines to a minimum. Although staff knew people well, some "as required" protocols needed more detail adding to help ensure they were offered in a consistent way.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from abuse and improper treatment. People, relatives and staff said they felt people were safe living in the service. People had so far been cared for by a small staff team which helped people to feel safe and secure and helped positive relationships develop. Staff received training in safeguarding vulnerable adults and were familiar with procedures.
- Safeguarding incidents had been reported to the local authority and action taken to investigate them and reduce the risk of a re-occurrence, although more time would need to pass to judge the long term safety record of the service. The management team had good oversight of safeguarding matters and worked closely with people and staff, so they knew how support was being delivered.

Assessing risk, safety monitoring and management

- Risks to people's health and safety were assessed and managed. People had detailed risk assessments in place which had been continuously developed and reviewed as they had moved into the service and staff had got to know them. People, relatives, staff and health professionals were all fully involved in this process. Risk assessments and care plans were detailed and person-centred. Staff were very knowledgeable about the people they supported.
- Restrictive practices were only used as a last resort and in people's best interests following consultation with people, relatives and professionals. Care planning showed that other options were fully explored before restrictions were considered, staff also shared this philosophy. The service had worked closely with

the landlords of the supported living environments to develop bespoke environmental solutions to meet people's individual needs and improve safety.

- The service took positive risks to help meet people's needs. For example, careful planning had taken place to allow people to undertake activities and see their relatives during the COVID-19 pandemic with detailed and personalised risk assessments put in place to support this.

Staffing and recruitment

- At the time of the inspection, there were sufficient levels of staff to ensure people's needs were met. We observed staff were visible and attentive to people's individual needs. However, the service was currently overstaffed, as a number of people who were due to start using the service had been delayed by the COVID-19 pandemic. People, relatives and staff told us there were enough staff to ensure people received the right care in line with their assessed needs.
- Staff were recruited safely to help ensure they were of suitable character to work with vulnerable people. A values-based recruitment process was in place, and people who used the service were involved in the recruitment of staff.

Preventing and controlling infection

- Appropriate measures were in place to prevent and control infection. We observed staff wearing personal protective equipment (PPE) appropriately and staff had a good understanding of when it should be worn. Staff supported people to maintain a clean-living environment and enhanced cleaning was in place due to the COVID-19 pandemic. We looked around supported living premises and found staff supported people to maintain a clean and hygienic living environment.
- Clear COVID-19 guidance and risk assessments were in place to support both the safety of people who used the service and the staff team.

Learning lessons when things go wrong

- Whilst the service had only been operating for a limited period, and therefore we could not assess its safety record over time, we saw examples of the service learning lessons when things went wrong. For example, following behaviours that challenge, adaptations had been made to people's homes and staff practice to help improve people's safety. The service had liaised with external professionals to help improve people's care and support arrangements.
- Incidents were reported and recorded, and staff were clear on the procedures to follow. These were sent to head office so that oversight of the service could be maintained. Incidents were discussed during multi-disciplinary team meetings. We identified that more robust monthly analysis for each person was needed to analyse for themes and trends. We raised this with the registered manager and had confidence it would be addressed.

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. The 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.

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

- People and relatives told us that so far, the service had met individual needs and people had settled in well. However, the service had not yet operated for long enough to demonstrate that people received sustained good outcomes over time. The staff team practiced a person-centred approach and it was clear that management and staff had people's best interests at heart, standing up for people and their rights, promoting equality.
- Whilst staff said it had been a challenging time opening the service under the pandemic, they said that they felt involved in how the service operated, and that they had a real influence on how people's support was planned, and the service operated. People and relatives also said they were involved in the creation and review of care plans.

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 registered manager was open and honest with us about the challenges of the service and they demonstrated they had communicated with people following incidents and when things had gone wrong. Relatives told us that communication with the service had been good, they had been communicated with following incidents and the service listened to any issues or concerns they had, making adaptations and improving the service, addressing any 'teething problems.'

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

- The service had opened during the COVID-19 pandemic. This had been an extremely challenging time to start operating and the registered manager had prioritised ensuring people settled into their new support regimes, spending extensive time with them to understand their needs. We concluded they had been effective in this regard. Whilst there were some minor areas for improvement identified due to having to prioritise other things, we had confidence in the service and management to ensure continuous improvement of the service.
- The management team had good oversight of the service. During the set-up of the main supported living site, management had been on site 24 hours a day to support staff and ensure the safety and welfare of all. Management had a very good understanding of the people they supported, the key challenges and how they were going to address.
- Systems to assess, monitor and improve the service were in place and were being further developed. a

comprehensive audit of the service had been undertaken by senior management and improvements were being made as a result. Some auditing procedures for example relating to medicine management needed to be more robust, we had confidence these would be addressed.

- We saw evidence the provider was committed to continuous improvement of the service. This included making improvements to Mental Capacity Act practice following a provider wide review and ensuring policies and procedures were updated with the latest best practice.

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

- People and relatives told us they felt involved and engaged with. We saw evidence people's views were sought and used to make improvements to the service or their care and support arrangements. Key worker meetings with each person were in the process of being set up and staff had individual meetings about how to support each individual, which they said were useful and valuable. More formal mechanisms for seeking feedback such as surveys and reviews were also planned.

Working in partnership with others

- During the set-up of the service, the COVID pandemic had struck and the resulting lack of face to face support from professionals had been extremely challenging. However, the service told us some degree of normality was returning and they felt working relationships with others were good. We saw evidence of robust care and support plans developed from close working relationships with others.