

Aspire In The Community Ltd

The Gate

Inspection report

Barnsley Road
Dodworth
Barnsley
South Yorkshire
S75 3JR

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30 August 2016

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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 December 2013, the service was judged compliant with the regulations inspected.

The Gate is registered as both a supported living service and a domiciliary care service for people with learning disabilities and associated complex needs living in their own homes. At the time of this inspection the service was supporting four people. The support packages ranged from 11 hours to 53 hours per week.

The service did not have a registered manager. However, the service was actively looking to appoint a manager and while this process was 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.

People we visited told us that the service had really helped them to achieve their independence and increased their confidence. They were very complimentary about the staff that supported them. People we spoke with said they would definitely recommend the service to others.

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 enjoyed meeting with friends and had a keen interest in cars and motor cycles.

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. People told us the acting manager was approachable and would respond to any questions they had about their relatives care and treatment.

People were encouraged to retain as much of their independence as possible and those we spoke with appreciated this.

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.

The Gate

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 the service was supporting four people. The support packages ranged from 11 hours to 53 hours per week.

We visited with one person in their home and also spoke to two people who used the service on the telephone. We spoke with the relatives of the three people who used the community support service, two support staff, a team leader and the acting manager.

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.

Is the service safe?

Our findings

People we spoke with told us they felt safe in their own homes and staff were available to offer support when needed to help them maintain their independence. One person said, "I am independent, staff wait for me to let them into my house. A relative we spoke with told us that staff were very respectful when visiting their family member. They always ask permission before entering the house and always show us their badge so we know who they are. They said, "If it's a new member of staff supporting my relative the manager always makes sure they are introduced to my [family member] so we know who they are." Another relative said, "My [family member] is extremely vulnerable when they visit certain places so staff always go with [family member] to make sure they are safe and friends don't take advantage of [family member]."

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 available 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 additional support to take part in activities in the community. 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.

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 administered in people's homes. A person we spoke with told us they did not need support to take their medications and another person told us that there was a system in place so that they knew if they had taken their medication. This helped reduce the risk of taking their medications twice. The person told us this system was working very well and was safe. Some relatives we spoke with told us that they managed their [family members] medication.

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.

Is the service effective?

Our findings

People were supported to live their lives in the way that they chose. People who used the service told us that they were supported by staff who understood their needs. People told us that staff helped them to plan their meals and they were supported to go shopping. One person we spoke with told us they liked to cook but needed staff support to ensure the meal was cooked safely. Some people also received nutritional support from their family. Part of the social activities also included meals out at restaurants and cafés of their own choice.

People we spoke with 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 the 'The Gate'. One relative we spoke with told us that their family member had grown in confidence with the help and support from staff. They said, "The original package of care was not working because the hours were not enough to enable my [family member] to do activities. The manager helped to get that changed. My [family member] is much happier and we can see the improvements it has made to their life."

Some people told us that staff also supported them to make and attend doctors' appointments. Other people told us that they were able to manage their own health care needs. One relative we spoke with told us that support staff assisted their family member with doctors and hospital appointments, but always feedback the outcome which was agreed with their family member.

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 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.

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.

Is the service caring?

Our findings

Staff working with people in their own homes ensured that they empowered them to live how they wanted to. We spoke with people who used the service and they told us the care and support provided was consistently good. Relatives we spoke with told us that they thought the service respected people's wishes while offering encouragement and support to enable their family member to be as independent as possible. One relative said, "The difference in my [family member] is wonderful. Staff understand their needs and they have made such a difference."

The support plans for people who used this service were established using information from the placing authority, family members and each individual. Some people had chosen to not have their written plans in their homes as this identified them as needing support. We visited one person who confirmed that they preferred not to have their support plan at their home.

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. Another person had a guardian who told us how staff had supported their family member to move into their own flat. This enabled them to be more independent. The guardian said, "They [staff] keep me in the loop we have regular face to face and telephone meeting and I would recommend the service to anyone. The communication is excellent."

People told us that staff were respectful and spoke to them in a way that was respectful. One person we spoke with said, "Staff respect my wishes, today we had planned to go out but I just don't feel like it so staff suggested things we could do as an alternative."

Another person we spoke with told us that staff always maintained their dignity and they never felt embarrassed when staff were assisting with personal care. They told us that this was important to them. A relative told us that their family member preferred a male staff member to give their support. They said, "Previous care companies promised us male staff as my [family member] relates better to a male but it only happened on a few occasions. The Gate have always met our expectations and they ensure only males support my [family member] they are really good."

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."

Is the service responsive?

Our findings

We found people who used the services received personalised care and support. They were involved in planning the support they needed. We looked at two support plans for people who used the service. It was clear that the plans were person centred and reviewed as the persons support needs changed. Support plans included things medical staff should know if the person became ill and needed hospital attention.

People we spoke with told us they knew what was written about them by staff and staff always discussed how they could support them better. The plans also told us the activities that people were involved in on a daily basis, what was working well and things that may have changed.

The plans were kept under constant review as well as a formal review every six months 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. A care manager from the placing authority told us, "I looked through numerous care plans and records which were detailed and evidenced based. The annual care plan was received six monthly meeting best practice and ensured the plans were relevant."

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 go for walks in a park close to where they lived. Another person said, "Staff supported me to go swimming, bowling and going to the cinema." A relative we spoke with told us that staff had helped their family member to be more confident when they were out in the community. They also helped with developing household tasks like cooking and cleaning their home.

People were provided with information about the service. This was 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 thanks 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 was 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.

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. Without exception everyone we spoke with told us that the communication within the service was excellent.

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.

We asked how the service worked in partnership with other organisations and the acting manager gave examples of working with mental health professionals GPs and social work teams to ensure the people's whole care package helped them to remain independent. For example some people also used the day services which were run from 'The Gate' premises. We also received positive feedback from care managers

from the placing authorities.